CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cords, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber, M.D. Title: Commissioner of Health — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KP 23907

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66281

CERTIFICATE OF DEATH.

59 E 66281

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 Caroline ST., 1st WARD)

2-FULL NAME Edwin Lentz

(a) RESIDENCE NO. 1131 Hillman St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary J Lentz

6 DATE OF BIRTH (month, day, and year) 2/28/63

7 AGE: Years 68 Months 0 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mariner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Philip F Lentz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliza A. Amy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mrs Mary J Lentz 1131 Hillman St

15 Filed MAR 5 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-4-31

17 I HEREBY CERTIFY, That I attended deceased from 2-22, 19 31, to 3-4, 19 31,

that I last saw h alive on 3-4, 19 31,

and that death occurred, on the date stated above, at 7 45 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Contributory uremia

Duration: 1 week

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 2/22/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. B. Kendall M. D.

19 (Address) Bet J & Ellwood-Wigand

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem.

DATE OF BURIAL 3/6 1931

20 UNDERTAKER J. J. Tabor & Sons

ADDRESS 1319 Light

Spec.—1-15-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66282 E 66282

CERTIFICATE OF DEATH.

16-68 10 8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1513 Poplar Grove ST. WARD)

2.-FULL NAME Mary E. Baker

(a) RESIDENCE NO. 1513 Poplar Grove ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-22-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	72	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER James Lunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md

12 MAIDEN NAME OF MOTHER Lucia Smith

13 BIRTHPLACE OF MOTHER (city or town) Harford Co (State or country) Md

14 Informant Mrs Dennis Smith (Address) 1513 Poplar Grove St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3 1931

17 I HEREBY CERTIFY, That I attended deceased from March 1 . 19 31. to March 3 . 19 31.

that I last saw her alive on March 3 . 1931

and that death occurred, on the date stated above, at 6 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos L. C. Clinton, M. D.

(Address) 149 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 3/7/31

20 UNDERTAKER George J. Roth Inc

ADDRESS 1735 Madison Ave

TION is very important See instructions on back of certificate.

E. 66283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 ✓ E 66283

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1835 - Aisquith St. St. 97 Ward)

2-FULL NAME Mary Catherine Poffenty

(a) RESIDENCE NO. 1835 - Aisquith St. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence (in city or town where death occurred) 84 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Poffenty

6 DATE OF BIRTH (month, day, and year): 6/22/1847

7 AGE: Years 83 | Months 6 | Days 11 | If LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md

PARENTS

10 NAME OF FATHER: Thomas E. Poffenty

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Poffenty

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Interment (Address): Wm. Poffenty 1835 Aisquith St.

15 Filed _____ Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5th 1921

17: I HEREBY CERTIFY, That I attended deceased from July 5th 1921, to March 5, 1921, that I last saw h alive on March 1, 1921, and that death occurred, on the date stated above, at 8:45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Contributory Senility

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ___ yrs. ___ mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. S. Lowe, M. D.

19 21 (Address) 1900 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. Date of Burial 3/9/21

20 UNDERTAKER: George G. Robb, Inc. Undertakers ADDRESS 1735 Harford Avenue.

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificate.

Spec—12825—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

E 66284

REGISTERED NO. E 66284

1-PLACE OF DEATH

City of BALTIMORE: (No. 432 E. Lafayette Avenue 12-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Dorethea Bradford

(a) RESIDENCE NO. 432 E. Lafayette Avenue St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): 4-11930

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
		11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Morris Bradford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Shanahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant (Address): Mrs. Elizabeth Bradford, 432 E. Lafayette Avenue

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-5 1931

17 I HEREBY CERTIFY, That I attended deceased from 3-3, 1931, to 3-5, 1931, that I last saw her alive on 3-4, 1931, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH was as follows*: Bronchial Pneumonia

CONTRIBUTORY (Secondary) (duration) None yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ... M. D.

(Signed) ... 19... (Address) 432 E. Lafayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loney Green Cemetery Date of Burial 3/7/31 19...

20 UNDERTAKER: George J. Ruth, Inc. ADDRESS 1735 Harford

Undertakers

1735-Harford Avenue

OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. Very important.

Spec.—1-30—M. & T.—250 Bks.

E 66285 ✓ E 66285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

36

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. N-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Tannie Clark

(a) RESIDENCE NO. 2640 Dulaney ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Geo. Washington Clark

6 DATE OF BIRTH (month, day, and year) [illegible] 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. County

PARENTS

10 NAME OF FATHER John H. Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto County Md.

12 MAIDEN NAME OF MOTHER Emily Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto county Md.

14 Informant Mrs Hubbard (Address) 2640 Dulaney St

15 Filed — 1931 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-4-31

17 I HEREBY CERTIFY, That I attended deceased from 2-26, 19 31, to 3-4 19 31, that I last saw her alive on 3-4, 19 31, and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Toxemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Infection of R. upper extremity 3 1/2 wks. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 3/1/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) M. F. Bixby M. D.

, 19 (Address) St. Agnes' Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL, CREMATION~~ OR REMOVAL Woodlawn Cemetery Md.

DATE OF BURIAL Mar 6 1931

20 UNDERTAKER H. Hufford

ADDRESS 452 N. Bdto St

Spec—9-30—A. & Co.—250 Blks.

66286 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66286

CERTIFICATE OF DEATH

82-004

1 PLACE OF DEATH Baltimore City Hospitals REGISTERED NO. 8-17

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jessie Keeke

(a) RESIDENCE NO. (Usual place of abode) 2029 E. Lanvale ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willian

6 DATE OF BIRTH (month, day, and year) April 29, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Norfolk Va.

PARENTS

10 NAME OF FATHER: Louis Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Katie Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Record of Balto. City Hosp.

15 Filed 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-4-31

17 I HEREBY CERTIFY, That I attended deceased from 11-24-30, 19, to 3-4-31, 19

that I last saw her alive on 3-4-31, 19

and that death occurred, on the date stated above, at 2:45 A. m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis.
Left hemiplegia.

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Fred M. Dunbaugh M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Mar 7 1931

UNDERTAKER: F. B. Wehrmann

ADDRESS: 1300 Eutaw Place

THIS IS very important. See instructions on back.

Spec.—0 20—A & Co—250 Bks.

66287

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

66287

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH: Baltimore City Hospitals — St. G-46 WARD

CITY OF BALTIMORE: (No.) Paul Szech

2. FULL NAME

(a) RESIDENCE NO. 2639 Aisquith St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver 023

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Augusta Scherf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records of Balto. City Hosp.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-31

17 I HEREBY CERTIFY, That I attended deceased from 3-3-31, 19 , to 3-5-31, 19

that I last saw him alive on 3-5-31, 19

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma right humerus.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Fred M. Dunkwalt M. D.

. 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mathews Cemetery

DATE OF BURIAL: 3/9 1931

20 UNDERTAKER: J. H. Cook ADDRESS 1217 E. Fayette St.

66288 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 66288

CERTIFICATE OF DEATH 92-001 REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 927 N. Fulton Ave (WARD) 46-27

2 FULL NAME Eva Purdy

(a) RESIDENCE NO. (Usual place of abode) 927 N. Fulton Ave WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced. (write the word) Widowed

5a If (married), widowed, or (divorced) (or) WIFE of Hutchinson

6 DATE OF BIRTH (month, day, and year) About Jan 31 1882

7 AGE Years About 48 | Months 11-10 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

10 NAME OF FATHER Chas R. Kines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Frances Putnam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

PARENTS

14 Informant Raymond E. Kines

(Address) 927 N. Fulton Ave

15 3-5 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 26th, 1931, to Mar 4th, 1931, that I last saw h EW alive on March 4th, 1931, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (duration) yrs 8 mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Europe L. Elkins M. D.

28 W 25th St.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden

DATE OF BURIAL 3/6/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Paul St

TION is very important. See instructions on back of certificate

Spec.—6-30—A. & Co.—250 Blks. Dr Black June 5 29 [illegible] 04 5 1/4 to 12
20 E. Preston St

66289 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2225 W. Lexington St. (Ward) 70-64

REGISTERED NO. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm E. Goldsborough

(a) RESIDENCE NO. 2225 W. Lexington St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of Elizabeth Goldsborough

6 DATE OF BIRTH (month, day, and year) Aug 23rd 1835

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
95	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (state or country) Delaware

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (state or country) Delaware

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Delaware

14 Informant (Address) Mary E. Old 2225 W. Lexington St

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28 1931 to Mch 3 1931

that I last saw h[illegible] alive on March 2 1931

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis - Nephritis
Prostatitis - Cystitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(signed) Chas F Bloker M. D.

Mch 4 1931 (Address) 20 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U. S. National Cemetery — DATE OF BURIAL: 3/6/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

5 1931 C. HAMPSON JONES, M. D.

Spec.—9-30—A. A Co.—250 Blks

E 66290

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66290

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1213 East Lanvale St (WARD)

2 FULL NAME Isaac H. Webb

(a) RESIDENCE NO. 1213 E. Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~single~~ ~~married~~ Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~WIFE of~~ Mary E. Webb

6 DATE OF BIRTH (month, day, and year) Oct 2nd 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69 70		5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 60

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Alfred E Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

11 Informant (Address) John H. Webb 1213 W. Lanvale St

5-15-1931 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 4th 1931

17

I HEREBY CERTIFY, That I attended deceased from 3/2 1931 to 3/4 1931

that I last saw h~~im~~ alive on 3/4 1931

and that death occurred, on the date stated above, at 3.30 P. M.

The CAUSE OF DEATH was as follows:

Apoplexia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(signed) L. Lee Magruder M. D.

3/5 1931 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 3/7 1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate

1-30—M. & T.—100 B—50L

E 66291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 66291

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 713 WARD)

2-FULL NAME James J. Gilligan

(a) RESIDENCE NO 1035 N. Gay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) about 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Joseph B. Corrigan
(Address) 4713 Albemarle St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Degeneration

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) J. J. [illegible] Coroner, M. D.
3/5/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross (Harford Rd Cemetery	3/7/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

TION is very important. See instructions on back of certificate.

E 66291 C. HILLSEN JONES, M. D. 6-1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66292

REGISTERED NO. E 66292

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) St Agnes Hospital (Ward) 20-7

2-FULL NAME Peter F. L. Burk

(a) RESIDENCE NO. 6206 Frederick Ave (Catonsville) Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Minnie V. Burk

6 DATE OF BIRTH (month, day, and year) Dec 23rd 1877

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
53	2	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Ship Building
(c) Name of employer Balto Ship Building Co

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Minnie V. Burk 6206 Frederick Ave

15 Filed MAR 5 1931 (By) H. HANSON JONES JR. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Gun Shot wound Right Temple
(duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) Shock
(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? 6206 Frd Rd

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Wm F. Cade M. D.

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cemetery

DATE OF BURIAL 3/7/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Last statement is important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 66293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66293

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 S. Calhoun St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isabella Eberhart

(a) RESIDENCE NO. 234 S. Calhoun St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Henry Eberhart

6 DATE OF BIRTH (month, day, and year) Sept. 18, 1850.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jane Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. George Eberhart (Address) 234 S. Calhoun St.

15 Filed 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/3/31

17 I HEREBY CERTIFY, That I attended deceased from 2/28/, 1931, to 3/3/, 1931,

that I last saw h[illegible] alive on 3/3/, 1931,

and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral thrombosis (duration) yrs. 1 hr. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Edward J. Terry, M. D.

3/3/, 1931 (Address) 710 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL 3/6/31 19

20 UNDERTAKER Harry H. Dietz Co — ADDRESS 4101 Edmondson Ave

Spec.—1-30—M. & T.—250 Bks.

66294½

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 66294

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp ST., 18-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Zepp

(a) RESIDENCE NO. 1304 Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 7 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cleaner & Dyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard County Md

PARENTS

10 NAME OF FATHER J. F. Zepp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hilary Land

12 MAIDEN NAME OF MOTHER Ruth Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mary Land

14 Informant (Address) Howard F. Zepp Ellicott City Md

Filed —, 19— Registrar

R 6-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from 3-3, 1931, to 3-5, 1931, that I last saw him alive on 3-5, 1931, and that death occurred, on the date stated above, at 10 45 P.m.

The CAUSE OF DEATH was as follows:

Acute cardiac failure

Myocardial degeneration

Chronic Parenchymatous nephritis (duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Lupus Erythematosus Chronic Bronchitis 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Arthur Cain M. D.

3/5, 1931 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lutheran Cedar Cem

DATE OF BURIAL Mar 8 1931

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City

Cor.—10-18-29—A Co.—100 Blks.

E 66295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 66295

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of Baltimore: (No. Good Shepherd Hosp. Ward) 12

2-FULL NAME Callie Marshall.

(a) RESIDENCE NO. Poplar Grove St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Four. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 Color or Race Col'd | 5 Single, Married, Widowed or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. E. Marshall

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE 31 | Years 30 | Months | Days | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Silas Bowen Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Lucie Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Geo E Marshall Poplar Grove

15 Filed C. H. [illegible] JOHNS M. D. Registrar

Fee

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 3rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Autopsy

(Signed) [illegible] M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Asbury Cemetery | DATE OF BURIAL. March 1931

20 UNDERTAKER Lottie Gross | ADDRESS 1408 Ashland Ave

OF DEATH in plain terms, so that it may be properly classified. Each statement important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 66296

HEALTH DEPARTMENT—CITY OF BALTIMORE

107 1001 E 66296

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH :

CITY OF BALTIMORE: (No. 1120 Hollins St. ST. 18-24 WARD)

2-FULL NAME Francis Joseph Eyler

(a) RESIDENCE NO. 1120 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ood

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles E. Eyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamestown Va

12 MAIDEN NAME OF MOTHER Marie Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) Chas Eyler 1120 Hollins St

15 Filed MAR 6 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5-1931

17 I HEREBY CERTIFY, That I attended deceased from February 23, 1931, to March 5, 1931, that I last saw him alive on March 4, 1931, and that death occurred, on the date stated above, at 6.40 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) Anthony V. Bucholtes, M. D.

3/6, 1931 (Address) 37 S Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Mar 7 1931
20 UNDERTAKER	ADDRESS
Robert Brotherton	Calhoun & Hollins

Spec.—1-30—M. & T.—250 Blks

E 66297 HEALTH DEPARTMENT—CITY OF BALTIMORE 46 E 66297

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hosp.

CITY OF BALTIMORE: (NO. 19-38 ST., WARD)

2-FULL NAME Mrs. Matia Ganzman

(a) RESIDENCE NO. 543 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Frederick Ganzman

6 DATE OF BIRTH (month, day, and year) July 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) St Agnes Hospital

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Barbara Seelbeyer

(Address) 1802 N. Broadway

15 Filed 6-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1931

17 I HEREBY CERTIFY, That I attended deceased (from 3/2, 1931, to 3/4, 1931.

that I last saw h e alive on 3/4/31, 19

and that death occurred, on the date stated above, at 7:30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of esophagus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Oesophageal obstruction (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laryngoscopic exam.

(Signed) C. W. Peake M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer March 7 1931

DATE OF BURIAL

ADDRESS

20 UNDERTAKER The Mrs. H. S. Frink 2512 Wilkins Ave

Spec.—1-30—M. & T.—250 Blks.

E 66298

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 66298

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 8 North Monroe ST. 70-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Hannah Miller.

(a) RESIDENCE NO. 8 North Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad Miller.

6 DATE OF BIRTH (month, day, and year) Nov. 18, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	13	15

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland.

14 Informant (Address) Henry Buchsbaum. 8n. Monroe St.

15 Filed 3-6 1931 H. UPSHUR JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931, to Mar 3, 1931, that I last saw h Elive on Mar 3, 1931, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dawson Hall M. D.

3/6 1931 (Address) 3027 W. Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Mar. 6 1931

20 UNDERTAKER George L. Schnabel ADDRESS 2101 Eutaw Ave.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66299

E 66299

CERTIFICATE OF DEATH.

5-8 93-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 566 N. Gay ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gershon Zerdin

(a) RESIDENCE NO. 566 N Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Harry Zerdin 566 N. Gay St

15 Filed 6-1931, 19 Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1930, to March 4, 1931, that I last saw h[illegible] alive on March 4, 1931, and that death occurred, on the date stated above, at 11:20 a. m.

The CAUSE OF DEATH* was as follows:

Ch Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. G. Hornstein, M. D.

3/5, 1931 (Address) 73 Mosmith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Wash. Road

DATE OF BURIAL 3-6-1931

20 UNDERTAKER Jack Heins, 1439 E. Balto

ADDRESS

CAUTION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66300

CERTIFICATE OF DEATH

27-54 92001

REGISTERED NO. E 66300

1 PLACE OF DEATH Lonsdale

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. WARD)

2 FULL NAME Lottie Levin

(a) RESIDENCE NO. Colored Free negress ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry Lee

6 DATE OF BIRTH (month, day, and year) 63

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 63

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Edmund Lunsford

(Address) Belvedere & Greenspring

15 Filed 6 1931 19 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-4-31

17

I HEREBY CERTIFY, That I attended deceased from 2-23, 1931, to 3-4, 1931

that I last saw h[illegible] alive on 3-4, 1931

and that death occurred, on the date stated above, at 10.28 P.M.

The CAUSE OF DEATH* was as follows:

Ch. card. valvular disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Edmund Levin M. D.

3/4 1931 (Address) Lonsdale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bells Hebrew Cemetery

UNDERTAKER: Hof Levinson & Bro

DATE OF BURIAL 3/6 1931

ADDRESS 1127 E Balto St

IMPORTANT. See INSTRUCTIONS on

Cor.—1-13-22—M&T—100 Blks.

E 66301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66301

REGISTERED NO. 184

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) NO. Union Memorial Hos. ST. 12-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Dushane George

(a) RESIDENCE NO. 5 Guilford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 28 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Schoolboy 8th.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Dushane George

11 BIRTHPLACE OF FATHER (City or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Theresa E Illenda

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Hungary

14 Informant Theresa E George
(Address) 5 Guilford Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot wound
in Abdomen or
Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) John H Mowbray M. D.
(Coroner)

3/6 1931 (Address) 26 32 Reed

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Mar 9 1931

20 UNDERTAKER Harry Ellmaker & Son ADDRESS 2132 Rodgers Ave

IMPORTANT: See instructions on back of certificate.

Oct 1991 MARSHALL JONES, M. D.

Spec.—9 30—A. & Co.—250 Blks

HARRISON 1501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66302

CERTIFICATE OF DEATH.

107 E 66302

REGISTERED NO.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 923 So Baylis ST. 26-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Birdie Harrison

(a) RESIDENCE NO. 923 So. Baylis ST. ..... WARD .....
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Pennley Carroll Oct. 1st 1902

6 DATE OF BIRTH (month, day, and year) Oct 1st 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27 29		1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 027

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Pennley Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Lillie Aykin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Interment (Address) Elmwood Cem 923 S. Baylis

15 Mar 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27/31

17

I HEREBY CERTIFY, That I attended deceased from 2/27, 1931, to Mar 3, 1931

that I last saw her alive on Mar 3, 1931

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. H. Hatcher M. D.

3/4 1931 (Address) 1 rust Par Hr

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Columbia S. C. DATE OF BURIAL. Mar 5 1931

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1725 Eastlanding

Cor.—10-10-29—A Co.—100 Bks.

E 66303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66303

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Mercy Hospital St. (Ward)

2-FULL NAME Joseph Hall

(a) RESIDENCE NO. 620 Brandt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	C	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
Unknown.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) Unknown

(State or country) Md

PARENTS

10 NAME OF FATHER Joseph Hall

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country) Md

12 MAIDEN NAME OF MOTHER Rosa Bowers

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Md

14 Informant Rosa Hall

(Address) 620 Brandt Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Mortimer M. D.

3-5-31 (Address) 1632 Orleans St

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary Cemetery	Mar. 6, 1931
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1720 Eastlem Ave.

OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks

E 66304

E 66304
24 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No 97-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Dixon

(a) RESIDENCE NO. 665 Washington Blvd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 4 mos. — ds. | How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Virgil Dixon

6 DATE OF BIRTH (month, day, and year) May 22-1898

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	32	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H W 027

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Shriver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) ~~Johns Hopkins Hospital~~

MAR 6 - 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5-1931

17

I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1930, to March 5, 1931

that I last saw he alive on March 5, 1931

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism. with Exophthalmos.
Adenoma of thyroid.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) 1 hour mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 3-5-31

Was there an autopsy? no

What test confirmed diagnosis? Basal metabolism

(Signed) Conrad Acton M.D.

3-5, 1931 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Mar 9 1931
20 UNDERTAKER Jos Jacobs & Son	ADDRESS 2178 Pen

TION IS very important. See instructions on back of

Spec.—9-30—A. & Co.—200 Blks.

66305 HEALTH DEPARTMENT—CITY OF BALTIMORE F 66305

CERTIFICATE OF DEATH. 23V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) (ST. 13 WARD)

CITY OF BALTIMORE: (NO

2 FULL NAME Klemens Potrzuski

(a) RESIDENCE NO. 2213 Eastern ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Nov. 23, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Philip Potrzuski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Magaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Hospital Records

15 Filed MAR 6 - 1931 WILLIAM H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4, 1931

17 I HEREBY CERTIFY. That I attended deceased from Oct. 30, 1930, to March 4, 1931

that I last saw h in alive on March 4, 1931

and that death occurred, on the date stated above, at 5.45 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) David Jeuna M. D.

3-4, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus DATE OF BURIAL March 7 1931

20 UNDERTAKER J. W. Ozgowski ADDRESS 1921 Eastern ave

ATTENTION is very important. See instructions on back

Spec.—1-30—M. & T.—250 Bks

(E 66306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 66306

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 S. Patterson Pk. Ave ST. 7-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Konert

(a) RESIDENCE NO. 610 S. Patterson Pk. Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) House Work

(c) Name of employer : At home

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Samuel Bednasz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Olga Ei

(Address) 610 S. Patterson Pk. Ave

MAR 6 - 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 .19 31. to 3-5 .19 31

that I last saw h alive on 3-4 .19 31

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Carcinoma of Stomach

(duration) 3 yrs mos

CONTRIBUTORY (Secondary) acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Fred Hurdon M. D.

(Address) 610 S Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

B. Oak Lawn Cem

DATE OF BURIAL

Mch 8 1931

ADDRESS

20 UNDERTAKER

Thos. Ozgunek, 930 Eastern Ave.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66307

E 66307

93-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1210 Belvidere Ave

CITY OF BALTIMORE: (No. 57-54 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura G. Thompson

(a) RESIDENCE No 1210 Belvidere Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. E. Thompson

6 DATE OF BIRTH (month, day, and year): June 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Garrett Maynard

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Co. Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country)

14 Informant: Frank E. Thompson (Address) Parkton Md

15 [illegible] M. D. (Address) [illegible]

MAR. 6 - 1931 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1931, to March 6, 1931, that I last saw her alive on March 5, 1931, and that death occurred, on the date stated above, at 3:15 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation
Pulmonary Edema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Fatal Regurgitation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) [illegible], M. D.

, 19 (Address) 4037 Falls Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster, Balto Co. Md	Mar 8 1931
20 UNDERTAKER	ADDRESS
P. Markle & Son	White Hall Md

TION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Bks.

245407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66.002 E 66308

REGISTERED NO.

E 66308

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST. 25-32 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) May

2 FULL NAME Edna Robie

(a) RESIDENCE NO. 2337 Annapolis Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if not born in U. S.? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced (or) WIFE of Frederick P. Robie

6 DATE OF BIRTH (month, day, and year) Nov 27, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Edgar Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Rose Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

11 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed MAR 5 1931 HARRIET JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 3 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Mar 3, 1931

that I last saw her alive on Mar 3, 1931

and that death occurred, on the date stated above, at 11:15 P. M.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism.
Dyspnoea

(duration) 3 yrs. —— mos. —— ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of ——

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Benj. M. Baker Jr. M. D.

Mch 4 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Evergreen Cem. Brooklyn N.Y.	Mar 7 to 31
20 UNDERTAKER Wm. J. Packer Bond	ADDRESS North & Pa

TION is very important. See instructions on

MAR 6 1931

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66309 E 66309

CERTIFICATE OF DEATH. 79-001 REGISTERED NO. 15=65

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley Santee, Jr.

(a) RESIDENCE NO. 2519 Windsor Hills, (Talbot Rd.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug, 22, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	11	13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Clearfield, Pa

PARENTS

10 NAME OF FATHER Wesley Santee, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Haven, Conn.

12 MAIDEN NAME OF MOTHER Dorothy Dimeling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Clearfield, Pa.

14 Informant Hosp. record (Address)

15 FILED 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 5th, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 4th, 1931, to Mar. 5th, 1931, that I last saw him alive on Mar. 5th, 1931, and that death occurred, on the date stated above, at 8:25 P. m.

The CAUSE OF DEATH* was as follows:

Coryza

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumococcic Meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? — Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical + lab.

(Signed) R. Shackelford M. D.

3/5/1931 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Clearfield, Pa.

DATE OF BURIAL Mar. 8 1931

20 UNDERTAKER Wm. J. Tucknet Son

ADDRESS Mt Pa Ave.

Spec.—1-30—M. & T.—250 Blks.

E 66310 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 48 E 66310

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No.) Lanvale & Calvert ST., 10 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Dionede

(a) RESIDENCE NO. 3433 E Monument ST., WARD 1 AVE

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Dionede

6 DATE OF BIRTH (month, day, and year) Oct 29 1875

7 AGE Years 55 Months 3 Days 4 If LESS than 1 day, hrs. or min. 5

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Louis Campagrasso

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Emmanuel Marmo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Joseph Dionede 3433 Eutaw Pl

15 Filed Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-4-31

17 I HEREBY CERTIFY, That I attended deceased from 3-1-31, 19..... to 3-4-33, 19....., that I last saw h alive on 3-4-33, 19....., and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Cancer Cervix uteri Apparently.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyuria Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3-2-31

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) W W Trundle M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 3/6/31

20 UNDERTAKER Forge & Farley

ADDRESS Fulton & Fayette

C. MAURICE JONES, M. D.

MAR 6 1931

1-30—M & T—100 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 66311

CERTIFICATE OF DEATH

E 66311

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 3-4 WARD)

2-FULL NAME James Jenkins

(a) RESIDENCE NO. 247 E Eutaw ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos 1 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 247 E Eutaw

Did an operation precede death? Date of.

What diagnosis? Path

Who confirmed diagnosis? Dr Flexner

(Signed) Geo Grady Coroner, M. D.

, 19 (Address) 113 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19 MAR - 1931

20 UNDERTAKER

ADDRESS

MAR 6 - 1931 W. W. JONES, M.D.

UNIVERSITY OF MARYLAND

TION is very important See instructions on back of certificates.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66312 E 66312

1-PLACE OF DEATH 23 REGISTERED NO.

CITY OF BALTIMORE: (No. 1124 E Lombard ST. 18-29 WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joe Reyna

(a) RESIDENCE NO. 1124 E Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2 3			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) I find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cut T B

(duration) yrs. ..... mos. — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. ..... mos. — ds.

18 Where was disease contracted if not at place of death? 1124 E Lombard

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Hist

(Signed) H C Blay, M. D.
Coroner

, 19 (Address) 23 N Penna

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 6 - 1931

20 UNDERTAKER: Commissioner Health

ADDRESS

TION is very important See instructions on back of certificates.

MAR 6 - 1931 H. Lucy Jones, M. D.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66313 24 E 66313

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1725 Lafayette Ave. ST., (WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Jones

(a) RESIDENCE No. 629 Jasper. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed _____, 192_ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH was as follows:

I B Mucous Colitis

Exhaustion (duration) yrs. _____ mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. _____ mos. — ds.

18 Where was disease contracted if not at place of death? 629 Jasper

Did an operation precede death? _____ Date of _____

Was there an autopsy? No

What tests confirmed diagnosis? Microscopic Findings

(Signed) Geo Glass, M. D. Coroner

, 19 (Address) 723 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAR — 1931 19

20 UNDERTAKER

ADDRESS

Commissioner Health

THE MORGUE

For the Board

TION is very important See instructions on back of certificates.

1-20—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66314 +108 E 66314

CERTIFICATE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute to University Hospital WARD)

2-FULL NAME Lizzie Jenkins

(a) RESIDENCE NO. Ethan, Va. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Salis Jenkins

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House-work
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ethan, Va

PARENTS

10 NAME OF FATHER James B. Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza J. Cattegris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Irene Jenkins

(Address) 915 Lemmon St

15 Filed MAR 5 - 1931 19.. Registrar C. J. [illegible] JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Miller, M. D. Coroner

(Address) 219 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cemetery — DATE OF BURIAL 3 1931

20 UNDERTAKER Arnold Rippel — ADDRESS [illegible]

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66315 E 66315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

78

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (ST.) 20-70 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William Regan

(a) RESIDENCE NO. 14 N. Morley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ ~~deceased~~ Inez Dennett - Regan

6 DATE OF BIRTH (month, day, and year) Nov. 19/87

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43		3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Regan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Stubbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) William Regan 14 N. Morley St.

Filed 6-1931, 19 C. [illegible] JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-31

17 I HEREBY CERTIFY, That I attended deceased from 1-13, 19 31 to 3-5, 19 31.

that I last saw him alive on 3-5, 19 31.

and that death occurred, on the date stated above, at 2:15 a.m.

The CAUSE OF DEATH* was as follows:

Encephalitis - subacute

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? 14 N. Morley St.

Did an operation precede death? No Date of ~

Was there an autopsy?

What test confirmed diagnosis? Clinical & Physical

(Signed) Robt Denver, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	March 9 1931
20 UNDERTAKER	ADDRESS
Martin Fahey & Sons	827 W. North Ave

Spec.—9;30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66316

CERTIFICATE OF DEATH

E 66316

REGISTERED NO. 116

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2012 Linden Ave ST. 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Virginia E. Dondiken

(a) RESIDENCE NO. 2012 Linden Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 ~~single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of Joseph M. Dondiken

6 DATE OF BIRTH (month, day, and year) Jan. 2 1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Elias Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sophia Datrow.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mary E. Dondiken 2012 Linden Ave

15 Filed . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5 / 31

17 I HEREBY CERTIFY, That I attended deceased from July 1 . 19 00 , to March 5 . 19 31

that I last saw h[illegible] alive on March 5 . 19 31

and that death occurred, on the date stated above, at 8.45 A m

The CAUSE OF DEATH* was as follows:

Carcinoma of gall bladder

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cancer

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm Kostka M. D.

. 19 (Address) Owings Mills Md

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: March 7 1931.

20 UNDERTAKER: Martin Duffy & Sons — ADDRESS: 1827 N. North Ave.

TION is very important. See instructions on back.

Spec.—1-30—M. & T.—250 Blks

E 66317 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66317

CERTIFICATE OF DEATH. 159

1-PLACE OF DEATH University Hospital REGISTERED NO.
CITY OF BALTIMORE: (No. Lombard & Greene Sts. 11-15 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Patterson

(a) RESIDENCE NO. 108 E. Read ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 28, 1931

7 AGE	Years	Months	Days	If LESS than 1 day 37 hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Elmer Miller

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Violet May Patterson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania

14 Informant
(Address)

15 Filed ___, 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 19 31, to Mar. 1, 19 31,
that I last saw her alive on Mar. 1, 19 31,
and that death occurred, on the date stated above, at 5:15 P. m.
The CAUSE OF DEATH* was as follows:
Prematurity

(duration) yrs. mos ds.
CONTRIBUTORY (Secondary) Pneumonia Bronchial
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Emil P. Novak, M. D.
3-2-1931 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

MAR 2 1931 C. HAMPSON JONES, M. D. Commissioner of Health. UNIVERSITY OF MARYLAND

Spec.—1-30—M. & T.—250 Blks

E 66318

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66318

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Bland

(a) RESIDENCE NO. 1222 Madison Ave (Mother's Address). ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Feb 23, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child - 3 days old

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George Ligreomb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Nellie May Bland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address)

15 Filed 6 1931, 19 C. HILLMAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1931, to Feb 26, 1931, that I last saw him alive on Feb. 26, 1931, and that death occurred, on the date stated above, at 10 20 A m.

The CAUSE OF DEATH* was as follows: Acute cardiac dilatation Pulmonary hemorrhage

(duration) one hr 20 min

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not a disease

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical signs & symptoms and autopsy

(Signed) Frank A. Langbein M. D.

2/26, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health
1931

Spec.—1-30—M. & T.—250 Blks.

E 66319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66319

CERTIFICATE OF DEATH.

145

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., 20-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rose Traiste Luckert.

(a) RESIDENCE NO. 449 Yale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Mr Milton Luckert

6 DATE OF BIRTH (month, day, and year) Feb 25 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frank A. Wagner

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Edina Hartlove

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant (Address) Hospital Chart + Husband

15 Filed . 19 By C. HAMPSON JONES, M. D. Registrar

6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25 . 1931 . to March 4 . 1931 .

that I last saw her alive on March 4 . 1931 .

and that death occurred, on the date stated above, at 2:40 a.m.

The CAUSE OF DEATH* was as follows:

Streptococcic septicemia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Puerperal infection

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) Roof Dever M. D.

. 19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 3/7/31

20 UNDERTAKER Geo Lumbach — ADDRESS 525 N Eutaw St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-03 66320

66320

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 602 N. Londonave ST. 20-21 (WARD)

2-FULL NAME Marie Welch

(a) RESIDENCE NO. 602 N. Londonave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Welch

6 DATE OF BIRTH (month, day, and year): June 27 1892

7 AGE: Years 38 Months 7 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Nicholas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mr. Patrick Doyle 602 N. Londonave City

15 Filed: MAR 6 1931 16 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/4 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931, to Mar 4, 1931,

that I last saw h[illegible] alive on Mar 4, 1931

and that death occurred, on the date stated above, at 10:30 p. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart.

CONTRIBUTORY (Secondary) { Cirr. Hypertrophic (duration) yrs. mos. ds.
Auricular Fibrillation. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Type

(Signed) H. L. Fleming, M. D.

3/4, 1931 (Address) Catonsville, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL 3/7/31 19

20 UNDERTAKER: John Kenny Sr. ADDRESS 22 N. Greene

CAUSE OF DEATH in plain terms, and the duration of each cause. See reverse side of certificates.
TION is very important. See instructions on back of certificates.

I-30—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 66321

97-001 L 66321

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. City Hospital STD 6-4 WARD)

2-FULL NAME Charles Stevens

(a) RESIDENCE NO 124 Presque St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 1-6-1931 C. HAMPSON JONES, M. D., Registrar

By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest find that said deceased came to Her death by (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 124 Presque

Did an operation precede death? Date of

What was the autopsy?

What test confirmed diagnosis?

(Signed) H. C. Hayes Ex Phy, M. D.

Coroner

, 19 (Address) 43 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL MAR 6 - 1931

20 UNDERTAKER Commissioner of Health.

ADDRESS

For Wm F Woods

TION is very important See instructions on back of certificate.

Spec.—2-29-28—L. P. S.—200 Blks.

E 66322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 66322

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Mosher ST. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kate E. Green

(a) RESIDENCE NO. 1228 Mosher ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: Wm. J. Green

6 DATE OF BIRTH (month, day, and year): May 21. 1866

7 AGE: Years 64; Months 9; Days 12; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Maryland

PARENTS

10 NAME OF FATHER: John Dietzbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Maryland

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Maryland

14 Informant: Wm. J. Green

(Address): 1228 Mosher St.

15 Filed 6 1931, 19 W.P.A. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5-1931

17 I HEREBY CERTIFY, That I attended deceased from July 18th, 1928, to March 5th, 1931, that I last saw her alive on March 5th, 1931 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

3/5, 1931 (Address) 1663 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 3/9 1931

20 UNDERTAKER: J. M. Cook

ADDRESS: 1317 E. Pratt St.

Cor.—10-10-29—A Co.—100 Blks.

E 66323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001 ✓ 178 E 66323

1-PLACE OF DEATH

City of Baltimore: (No. 113 W. Mulberry St. St. 4-25 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M. Plunkett.

(a) RESIDENCE NO. 113 W. Mulberry St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 4 mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower

3a If ~~married, widowed,~~ HUSBAND of ~~WIFE of~~ Ida R. Plunkett.

6 DATE OF BIRTH (month, day, and year) November 4, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	57	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Edward J. Plunkett.

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Susan Mann.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

14 Informant Paul E. Plunkett. (brother)
(Address) 2043 Edmondson Ave.

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminatin gas poisoning.
Occidental death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Eimhardt, M. D.

3/6/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 3/7 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blk. (Ranelle McKay Van Vleet)

E 66324

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66324

CERTIFICATE OF DEATH.

+ 48

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No.) 337 Calvert St. ST. 17-44 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Peter Van Vleet

(a) RESIDENCE NO. Memphis Tenn. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Peter Van Vleet (deceased)

6 DATE OF BIRTH (month, day, and year) May 13th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hernando Miss.

PARENTS

10 NAME OF FATHER Angus McKay

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Rebecca Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant daughter Mrs W D Connor (Address) 4 [illegible] Washington DC

15 6-1931 G. HARRISON JONES, M. D. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1931, to March 6th, 1931,

that I last saw h[illegible] alive on March 6th, 1931,

and that death occurred, on the date stated above, at 10 20 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix uteri

generalized to Peritoneum (Carcinomatosis)

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 1st 1931

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Samuel McClanahan, M. D.

March 6 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Memphis, Tenn

DATE OF BURIAL 3/6 1931

20 UNDERTAKER W. M. Cook

ADDRESS 127 N Paul St

Spec.—9-30—A. & Co.—250 Blks.

E 66325

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 66325

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals S 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Lilly Webster

(a) RESIDENCE NO. 1423 Argyle ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) July 22, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Hilery Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Attaway Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Died Mch 6 1931 C. HAMPSON JONES, M. D. Registrar

Fee: Paid

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mch. 3, 1931, to March 4, 1931

that I last saw her alive on March 4, 1931

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 4 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Lewis M. D.

3-5 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 3-6 1931

20 UNDERTAKER Laurence Easton

ADDRESS 916 Park ave

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66326 93-004 E 66326

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 66326

1-PLACE OF DEATH

City of Baltimore: (No. Montgomery House. 100 N. Front St. 5-8 Ward)

2-FULL NAME Lucas L Alrich.

(a) RESIDENCE NO. Montgomery House 100 N. Front St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ---- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 16, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	66	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Newspaper reporter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Delaware.
(State or country)

PARENTS

10 NAME OF FATHER Lucas Alrich.

11 BIRTHPLACE OF FATHER (city or town) Delaware.
(State or country)

12 MAIDEN NAME OF MOTHER Matilda Cann.

13 BIRTHPLACE OF MOTHER (city or town) Maryland.
(State or country)

14 Informant Clifton P. Alrich. (brother)
(Address) 3119 Crittinton Place.

15 [illegible] 19 [illegible] Registrar

6 - 1931 APH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt M. D.

3/5/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Churchtown Md.	Mar 7 1931
20 UNDERTAKER Chenoweth & Son	ADDRESS 1310 Eutaw St

IMPORTANT. See instructions on back of certificate.

Spec.—2-29-32—L. F. S.—500 Blks.

E 66327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66327

REGISTERED NO. 108

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. schooner "Sandy Hook" ST. 24-35 WARD)

2—FULL NAME Baby Daniel Smith

(a) RESIDENCE NO. Sandy Hook Schooner Foot of Ander St.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 29-1928

7 AGE: Years 2 | Months 4 | Days 7 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment) in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Daniel Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown Md

12 MAIDEN NAME OF MOTHER Ida Parks.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe Md

14 Informant Daniel Smith Schooner (Address) Foot of Ander St. Sandy Hook

15 [illegible] 19 [illegible] Registrar

- 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6/31

17 I HEREBY CERTIFY, That I attended deceased from 2/26 . 1931 . to 3/6 . 1931

that I last saw h[illegible] alive on 3/6 and that death occurred, on the date stated above, at 4:45 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

CONTRIBUTORY (Secondary) (duration) yrs. mos. 14 ds. acute cardiac dilatation

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

. 19 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL March 6 19 31

20 UNDERTAKER Highest Funeral Home

ADDRESS [illegible] Broadway

1-30—M. & T.—100 B—50L

E 66328

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66328

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 201 Clara Alley 2x0 St. 4-28 (WARD)

2-FULL NAME John T. Hart

(a) RESIDENCE NO. 1609 Mc Henry ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Julia B. Hart

6 DATE OF BIRTH (month, day, and year) Apr. 3 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: B. & O. Railroad

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Eugene A. Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Pauline Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Julia B. Hart

(Address): 1609 Mc Henry St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

R R-Ac- Strp. Yards Mc Henry.

Multiple Fractures

(duration) ..... yrs. ..... mos. — ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? — —

What were confirmed diagnosis? —

(Signed) G. H. Wades Coroner, M. D.

, 19 (Address) 1730 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Mar 7 19 31

20 UNDERTAKER: Harry H. Dritzke — ADDRESS: 4101 Edmondson Ave.

THIS is very important. See instructions on back of certificate.

G. HAMILTON JONES, M. D.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66329

CERTIFICATE OF DEATH.

94-6 of E. 66329

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2219 Aiken ST. 9-44 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane M. Wicksell

(a) RESIDENCE NO. 2219 Aiken ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George D. Wicksell

6 DATE OF BIRTH (month, day, and year) Oct 28 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	8	10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brandon Vermont

PARENTS

10 NAME OF FATHER Alexander Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs Annie L. Tyrrill

(Address) 2214 Aiken St.

15 Filed 6 1931 H. Hilgen Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 5 1931 to Mar 5 — 1931.

that I last saw h[illegible] alive on Mar 5 1931.

and that death occurred, on the date stated above, at 11.10 P. m.

The CAUSE OF DEATH* was as follows: Angina Pectoris duration 1 hour

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) E Wells Hemming M. D.

3/6, 1931 (Address) 7000 Hallins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood cemetery	March 7 1931
20 UNDERTAKER	ADDRESS
William C Black	727 N Broadway

Spec.—9-30—A. & Co.—250 Blks

Dr Forde
4522 Roland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

66330

CERTIFICATE OF DEATH

131 E 66330

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 4328 Evans Chapel Rd. 27-Sep Road

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Rutledge

(a) RESIDENCE NO 4328 Evans Chapel Rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elanora

6 DATE OF BIRTH (month, day, and year) Feb 17th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Officer

(b) General nature of industry, business, or establishment in which employed (or employer) 861

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Silk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Elonora Rutledge

(Address) 4328 Evans Chapel Rd

15 Filed 6-1931 C. HAMPSON JONES, M. D. Registrar

R.P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5-1931

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1930, to March 4, 1931.

That I last saw him alive on March 4, 1931

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Uremia. Right cerebral hemorrhage (Left Hemiplegia.
Chronic Nephritis -

(duration) 2 yrs. 11 mos. — ds.

CONTRIBUTORY (Secondary) Benign hypertrophia prostate

(duration) yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? yes Date of May 5-1931

Was there an autopsy? no -

What (est confirmed diagnosis? Cystoscopy - Prost. -

(Signed) Dr. M. Gibson Forde M. D.

3/5. 1931 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL West Liberty Md Cemetery

DATE OF BURIAL 3/8 1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Spec.—9 20—A. & Co.—250 Blks.

246030 HEALTH DEPARTMENT—CITY OF BALTIMORE

L 66331 CERTIFICATE OF DEATH + 127 L 66331

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE. (No 7-9 ST. WARD)

2. FULL NAME Dr George Lockwood

(a) RESIDENCE NO 1726 Mass Ave ST. WARD Washington D C
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 3, ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

8a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 054

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) K Y

PARENTS

10 NAME OF FATHER Geo

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Y

12 MAIDEN NAME OF MOTHER Mary Bigelow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn

(1) Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 3 , 1931 , to Mar 6 , 1931

that I last saw h/m alive on Mar 6 , 1931

and that death occurred, on the date stated above, at 8.40 p m.

The CAUSE OF DEATH* was as follows:

Cholecystitis Chronic
Common Duct Stone

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Mar 3

Was there an autopsy? No

What test confirmed diagnosis? operation

(Signed) Harvey Mitchell Jr M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington D.C.	March 6 1931
20 UNDERTAKER	ADDRESS
John C. Mitchell & Sons	1900 Eutaw Place

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66332

REGISTERED NO. E 66332

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Home Memorial Hosp (Street) (Ward)

2-FULL NAME William H. Agnes

(a) RESIDENCE NO. 2 Poplar Ave St., Ward

(Casual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
M	W	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Agnes

6 DATE OF BIRTH (month, day, and year) 1-8-50

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	71	8	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Harford Co Md

PARENTS

10 NAME OF FATHER John H. Agnes

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Wallace

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant [illegible]
(Address) [illegible]

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an accident
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said accident
(Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Internal injuries due to Mule kick accidental

(duration) yrs. mos. da.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/6 1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Highland Cemetery — DATE OF BURIAL March 9 1931

20 UNDERTAKER C. Ernest Dorr — ADDRESS Jarrettsville

OF DEATH in plain terms so that it may be important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66333

CERTIFICATE OF DEATH.

62-001 E 66333

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 17 W. Cross St. 21-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W. Hissey

(a) RESIDENCE NO. 17 W. Cross ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie D. Hissey

6 DATE OF BIRTH (month, day, and year): Feb. 11, 1874

7 AGE — Years: 57 — Months: — Days: 22 24 — If LESS than 1 day, hrs or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): Produce 033

(c) Name of employer: Sterling Co. Baltimore Md

9 BIRTHPLACE (city or town) (State or country): —

PARENTS

10 NAME OF FATHER: Geo. W. Hissey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Sarah Hutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mrs. Annie D. Hissey

(Address) 203 St. Helena Ave.

15 Filed 7-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1931, to Mar. 5, 1931, that I last saw h/M alive on Mar. 5, 1931 and that death occurred, on the date stated above, at 11:50 A m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) T. R. P. Campbell M. D.

Mar 6, 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Mar 7 1931

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

TION is very important. See directions on back

R

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66334 23 ✓ E 66334

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Clifton ave. St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John E. Keefer

(a) RESIDENCE No. 1503 Clifton ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice S. Keefer

6 DATE OF BIRTH (month, day, and year) June 9 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8.	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dispatcher

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Rolls

(c) Name of employer United Rolling Mills

9 BIRTHPLACE (city or town) (State or country) Westminster Carroll Co Md

PARENTS

10 NAME OF FATHER John Keefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jennie Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs. Alice S. Keefer 1503 Clifton ave

15 Filed 1931 C. H. WILLIAM JONES, M. D. Registrar

R 1 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from April, 1927, to March 5, 1931,

that I last saw h[illegible] alive on March 5, 1931,

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Norbert Coleman, M. D.

(Address) 1216 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Evergreen Cem. Cremation	March 9 1931
20 UNDERTAKER	ADDRESS
Harry W. Ellen	1949 W. North ave

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66335 — 93003 — E 66335

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirm ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Leonard Rohn

(a) RESIDENCE No. Corner Patterson Park and Fairmont Avenue. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Rohn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant (Address) Mrs. Barbara Kibey 220 N. Elizabeth St.

15 Filed G. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 27, 1931, to March 5, 1931, that I last saw him alive on March 5, 1931, and that death occurred, on the date stated above, at 9:20 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, with general debility.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Richard C. Cumming, M. D.

M. A. 19 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL March 9 1931

20 UNDERTAKER Jos. F. Stein — ADDRESS 156 N. Luzerne

Spec.—9-30—A. & Co.—250 Blks.

246054

HEALTH DEPARTMENT—CITY OF BALTIMORE

66336

CERTIFICATE OF DEATH.

107-01 66336

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE. (No. 6-9 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Annie Rathkraight-

(a) RESIDENCE NO. 206 N. Chester ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 6 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 28-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Charles Rockhaught

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Wrightel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March-6-1931

17

I HEREBY CERTIFY, That I attended deceased from March 2. 1931, to March 6. 1931

that I last saw her alive on March 6. 1931

and that death occurred, on the date stated above, at 345A m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X-Ray

(Signed) H. C. Goodwin M. D.

3/6. 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Mar 9 1931
20 UNDERTAKER Loken Ullrich	ADDRESS 2008 Eden

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66337

35 E 66337

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH Mt. Sin Hosp.

City of BALTIMORE: (No. _____ St., 9-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas C. Brandon

(a) RESIDENCE NO. 1241 E Fayette Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	63	1	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Henry C Brandon
11 BIRTHPLACE OF FATHER (City or town) Germany
(State or country)
12 MAIDEN NAME OF MOTHER Mary O'Day
13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Hospital Record
(Address)

15 Filed MAR 7 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5 1931

17 I HEREBY CERTIFY, That I attended deceased from 1-25-31, 19____, to 3-5-31, 19____,
that I last saw h alive on 3-5-31, 19____,
and that death occurred, on the date stated above, at 8 50 P. m.
The CAUSE OF DEATH* was as follows:
Urethral stricture.
(duration) infancy mos. da.
CONTRIBUTORY (Secondary) (1) Uremia and
(2) Myocardial failure
(duration) yrs. mos 1 da.

18 Where was disease contracted
If not at place of death? at home
Did an operation precede death? Yes Date of Feb 6 1931
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H K Lynn M. D.
, 19 (Address) Mt Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mount Olivet Cem	Mar 9 1931
20 UNDERTAKER John Welch	ADDRESS 2008 Orleans

OF DEATH in plain terms, so that it may be properly classified. Physicians are requested to fill out all items carefully and accurately. Every item is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66338

REGISTERED NO. 3 1 L 66338

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirm. ST. 713 WARD)

2-FULL NAME Antonia Nemic

(a) RESIDENCE NO. 959 N. Washington ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs mos ds. How long in U. S., if of foreign birth? 45 yrs. mos ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Nemic

6 DATE OF BIRTH (month, day, and year): Jan 9/1872

7 AGE: Years 59 | Months 1 | Days 24 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Czechoslovakia

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Czechoslovakia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Czechoslovakia

14 Informant: James Nemic

(Address) 959 N. Washington St

15 Filed G. H. [illegible] JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): mar/6/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis & Uremia

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] Coroner. M. D.

(Address) 508 E. North Ave 3-7-31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cemetery

DATE OF BURIAL: March 9 1931

20 UNDERTAKER: George W. Zirkin

ADDRESS: 1737 E Eager St

TION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66339

CERTIFICATE OF DEATH

23 E 66339

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 312 E. 27th St. ST. 17-50 WARD)

2 FULL NAME Earl. Chester. Bell

(a) RESIDENCE NO. (Usual place of abode) 312 E. 27th St. ST. WARD

Length of residence in city or town where death occurred About 35 Years How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Mary Bell

6 DATE OF BIRTH (month, day, and year) March-20-1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brass Moulder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph. R. Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Ella Woolry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant (Address): Mrs. Mary Bell 312 E 27th St.

15 Filed: C. H. Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March-6-1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931 to March 6, 1931

that I last saw him alive on March 5, 1931

and that death occurred, on the date stated above, at 11;45 A.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the lungs.

(Duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) — (Duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

3/6 (Signed) Frank M. Arden M. D.

1931 (Address) 2701 N. Calvert St.

(State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: March 9 1931

20 UNDERTAKER: Harvey Arnold & Sons. Inc. — ADDRESS: 1301 E Eager St

CAUSE OF DEATH must be plainly stated. See instructions on back of certificate. TION is very important.

1-30—M & T.—100 B—50L

E 66342 C

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

REGISTERED NO. E 66340

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) 252 S Bethel ST., 3-4 WARD)

2-FULL ~~NAME~~ Josie Brown

(a) RESIDENCE NO 252 S Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of married

6 DATE OF BIRTH (month, day, and year) June 6, 1882

7 AGE 48	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	49	June	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Driver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Jas L Lumber Company

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknow (State or country)

14 Informant Jolodie Brown

(Address) 252 S. Bethel Street

15 Filed 3, 1931 C. H. [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6- 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ptosis of Int
AC Indigestion
(duration) yrs. mos. 1 ds

CONTRIBUTORY (Secondary) AC Carded Dil
(duration) yrs. mos. — ds

18 Where was disease contracted —
If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) A C Glades, M. D.
Coroner

, 19 (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL Mar 9 1931

20 UNDERTAKER Theodore C White — ADDRESS 1138 N. Wolfe St

TION is very important See instructions on back of

Spec.—8-16-29—L. F. S.—100 Bks.

E 66341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓ E 66341

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 214 N. Biddle (WARD) 11-25

2—FULL NAME John Dorsey

(a) RESIDENCE NO. 214 N. Biddle WARD
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dorsey

6 DATE OF BIRTH (month, day, and year) April 2-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Geo. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hannah Fatchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Dorsey

(Address) 214 N. Biddle St. Balto. Md.

15 Filed ..... 19.. Registrar

C 7 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/31

17 I HEREBY CERTIFY, That I attended deceased from 2/31/31, 19.. to Mar 4, 19 31

that I last saw h[illegible] alive on Mar 4, 19 31

and that death occurred, on the date stated above, at 12:10 a. m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) 2 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis (duration) about 2 yrs. 2 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) John H Tomlinson, M. D.

(Address) 1012 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 3/4/31

20 UNDERTAKER Samuel Llewellyn

ADDRESS 1138 Biddle

Spec.—9-30—A. & Co.—250 Blks

66342 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 66342

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 651 W. Lexington St. Ward 4-25)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary C. ~~Bourdeau~~ Dougaree

(a) RESIDENCE NO. 651 W. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alexander Dougaree

6 DATE OF BIRTH (month, day, and year): Jan 6- 1858

7 AGE: Years 73 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Oliver Reeder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Mrs. Dougaree 651 W. Lexington St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/5/31

17 I HEREBY CERTIFY, That I attended deceased from 3/1/31 19 , to 3/5/31 19

that I last saw h alive on 3/5/31 19

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardio-Vascular Renal disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benj. Samuels M. D.

. 19 (Address) 2128 W. Monty Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Mar. 7-1931

20 UNDERTAKER: Margaret E. Flynn — ADDRESS: 1422 Light St.

TION IS VERY IMPORTANT. USE TYPEWRITER.

Spec.—9-30—A. & Co.—250 15s.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66343

CERTIFICATE OF DEATH.

131 E 66343

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1611 N. Broadwy St 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARY E. HEUISLER

(a) RESIDENCE NO. 1611 N. Broadwy ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H. Heuisler

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John. P. Harmon

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs. Ruby V. Moellgen
(Address) 1611 N. Broadwy

15 Filed MAY 7 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1929, to Mar 5, 1931 that I last saw h[illegible] alive on Mar 4, 1931 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic
Nephritis Chronic.
Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) E. Howard Tourdo M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Baltimore Cemetery

DATE OF BURIAL
Mar 7 1931

20 UNDERTAKER
Fred Lueckhoff Son

ADDRESS
7401 Belair Rd

TION IS VERY IMPORTANT

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66344

CERTIFICATE OF DEATH

26-41

VE 66344

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3141 Weaver Avenue ST. WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME RUTH M. JAGER

(a) RESIDENCE No. 3141 Weaver Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chicago, Ill.

PARENTS

10 NAME OF FATHER William F. Jager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Mary Kienast

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Iowa

14 Informant William F. Jager
(Address) 3141 Weaver Avenue

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 2nd, 1931, to March 6th, 1931

that I last saw her alive on March 6th, 1931

and that death occurred, on the date stated above, at 12:00 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

1 Year (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

Following Measles (duration) yrs. mos. 2. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) L. L. Gordy M. D.

3-6, 1931 (Address) Hospital Rd & Overlea Lane

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Mar. 7, 19 31
20 UNDERTAKER	ADDRESS
Frederick Lassahn Co	7401 Belair Rd

FILL IN very important. See instructions on reverse side.

1-30—M. & T.—100 B—50L.

66345 HEALTH DEPARTMENT—CITY OF BALTIMORE 9 ✓ E 66345

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (Ward) 25

2-FULL NAME George H. Steinmiller

(a) RESIDENCE No. 1034 Pinehurst St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 51 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: X Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Sept 11 1930

7 AGE — Years: — Months: 5 1 Days: 28 29 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

PARENTS

9 BIRTHPLACE (City or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Wm F. Steinmiller

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Louise H. McCall

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Wm F. Steinmiller

14 Informant: Wm F. Steinmiller

(Address) 1034 Pinehurst Ave

15 Filed MAR 7 - 1931 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whooping Cough

3 Weeks (duration)

CONTRIBUTORY (Secondary): Broncho Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1034 Pinehurst Ave

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) L. V. McGladdery, M. D. Coroner

, 19 (Address) 1436 Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Mar 7th 19 31

UNDERTAKER: F. B. Shipley

ADDRESS: 1850 N Dallas St

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66346

CERTIFICATE OF DEATH

34 ✓ E 66346

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.) (1-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME GEORGE A. HYMES

(a) RESIDENCE No 416 N. Robinson ST., ... WARD ...

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine V. Hymes

6 DATE OF BIRTH (month, day, and year) May 30, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectioner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George M. Hymes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Athaway Gay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Katherine V. Hymes (Wife)

(Address) 416 N. Robinson St.

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aortitis-Syphillitic

Aortic Insufficiency

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

3/7/31 (Address) 508E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar. 9, 1931

20 UNDERTAKER Henry Sander & Sons. Inc. ADDRESS Baltimore St. & Broadway.

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66347

CERTIFICATE OF DEATH

67 E 66347

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 S. East Ave. ST. 26-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME GUSTAV ALEXANDER BACHMANN

(a) RESIDENCE No. 201 S. East Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Bachmann

6 DATE OF BIRTH (month, day, and year) Sept. 29, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	70	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer): of Oil Burners
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Frieda H. Long (Daughter)

(Address) 201 S. East Ave.

15 Filed , 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide

Gun Shot Wound of Head

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Stroke

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Blades, Coroner, M. D.

, 19 (Address) 143 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Mar. 9. 1931

20 UNDERTAKER: Henry Sander & Sons, Inc. ADDRESS: BALTIMORE ST. & BROADWAY

TION is very important See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66348

CERTIFICATE OF DEATH.

11 2001 E 66348

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 907 W Barre (St.) 21-29 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Catherine F. Scullen

(a) RESIDENCE NO. 907 W Barre ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late James Scullen

6 DATE OF BIRTH (month, day, and year) Nov 25. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69.	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Francis Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Agnes Gallagher #907 W Barre St

15 Filed MAR 7 - 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6/1931

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to March 6, 1931

that I last saw h alive on March 6, 1931

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C W Knotts M. D.

3/6, 1931 (Address) 1274 Hillsdale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	3/9/1931
20 UNDERTAKER John F. Cowan & Son	ADDRESS 908 Hollins St

CAUSE OF DEATH must be plainly written. See instructions on back of certificates. TION is very important.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66349

CERTIFICATE OF DEATH.

23 E 66349

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1241 S. Decker Ave St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Peter Krzyzanowski

(a) RESIDENCE NO. 1241 S. Decker Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Krzyzanowski

6 DATE OF BIRTH (month, day, and year) Aug.

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	46.	7		:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer do

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Anthony Krzyzanowski

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Poland

14 Informant Anna Krzyzanowski

(Address) 1241 S. Decker Ave

15 Filed _____, 19__ James M. B. _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pul T.B.,

(duration) 2 yrs. 2 mos. ___ ds.

Exhaustion

(duration) ___ yrs. 1 mos. ___ ds.

M. D.

(Coroner)

(Address) 143 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Monicas Cem

Date of Burial: Mar. 9 1931

20 UNDERTAKER: Wilbur J. Feldmeier

ADDRESS: 1000 E. Lanvale

Mar 7 1931

Very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66350

CERTIFICATE OF DEATH

59 ✓ E 66350

REGISTERED NO. _____

1-PLACE OF DEATH Md Gen. Hospital

City of BALTIMORE: (No. 16-67 St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary E Gosnell

(a) RESIDENCE NO. 611 Dennison St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
f.	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm A L Gosnell

6 DATE OF BIRTH (month, day, and year) February 16 1812

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	58	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Howard Co

(State or country) Md.

PARENTS

10 NAME OF FATHER Chas. T. Mullen

11 BIRTHPLACE OF FATHER (City or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Penn

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Unknown

14 Informant Hospital Record

(Address)

15 Filed _____ 19 _____ _____ Registrar

MAR 7 - 1931 H. _____ JONES, _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-31

17 I HEREBY CERTIFY, That I attended deceased from 2-5-31, 19___, to 3-5-31, 19 31,

that I last saw h Alive on 3-5-31, 19___,

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes,

_____ (duration) 3 yrs. (?) mos. _____ ds.

CONTRIBUTORY (Secondary) Diabetic gangrene

_____ (duration) _____ yrs. 2 mos. _____ ds.

18 Where was disease contracted

If not at place of death? at home.

Did an operation precede death? Yes Date of 2-28-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. T. Clements M. D.

3/5/31 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Cat Cem Md

Date of Burial Mar 9 1931

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 N Gay St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Blks.

E 66351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-4 E 66351

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 720 Dryden Drive St. 66 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME (Herman J. Fischer, Jr.) Herman J. Fischer Jr

(a) RESIDENCE NO. 720 Dryden Drive St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hahn Fischer

6 DATE OF BIRTH (month, day, and year) March 20, 1881

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	49	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer John R. Lemmert

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Herman J. Fischer

11 BIRTHPLACE OF FATHER (City or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Erbe

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mr. Harry Hahn

(Address) 720 Dryden Drive

Filed MAR 7 - 1931 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1931

J.W.K 3/19/31

17 I HEREBY CERTIFY, That I attended deceased from June 2 1930 to March 6 1931

that I last saw h[illegible] alive on March 4 1931

and that death occurred, on the date stated above, at 5 30 p. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Cerebellar tumor (duration) 1 yrs. 1 mos 1 ds.

(duration) 8 yrs. 8 mos 4 ds.

18 Where was disease contracted ____

If not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) James D. Heuisler M. D.

3/6. 1931 (Address) 721 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Date of Burial Mar 9 1931

20 UNDERTAKER Joseph B Cook ADDRESS 603 N Gilmor St

OF DEATH in plain terms, so that it may be of certificates. very important. See instructions on back of

Spec.—1-30—M. & T.—250 Bks.

E 66352 HEALTH DEPARTMENT—CITY OF BALTIMORE 108 E 66352

CERTIFICATE OF DEATH.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St Agnes Hospital ST. 20-70 WARD)
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME 3516 Old Fredericks Road

(a) RESIDENCE NO. Mr Fred. LeMoyne ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Nellie

6 DATE OF BIRTH (month, day, and year) Feb 9 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	0	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Welder
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 086

9 BIRTHPLACE (city or town) (State or country) Conn.

PARENTS
10 NAME OF FATHER John LeMoyne
11 BIRTHPLACE OF FATHER (city or town) (State or country) France
12 MAIDEN NAME OF MOTHER Mary Ellington
13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Mr Fred LeMoyne
(Address) 3516 Old Fredericks Rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-31

17 I HEREBY CERTIFY, That I attended deceased from 3-2 .19 31. to 3-6 .19 31.
that I last saw him alive on 3-6 .19 31.
and that death occurred, on the date stated above, at 2.50 p. m.
The CAUSE OF DEATH* was as follows:
Tobacco Amaurosis - bilateral

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination
(Signed) Robert Steele, M. D.
, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Dale Cemetery Wilmington North Carolina	Mar. 8, 19 31.
20 UNDERTAKER Wm J. O'Flatt	ADDRESS 1692 Mor Lafayette

MAR 7 - 1931 H. D. JONES M. D.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66353 — 1461 — E 66353

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) 911 N. Madeira St. 7-12 (Ward)

2 FULL NAME Catherine E. Cahlan

(a) RESIDENCE NO. 911 N. Madeira St. Ward
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles E. Cahlan

6 DATE OF BIRTH (month, day, and year) Feb 26 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24		4 11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto.

PARENTS
10 NAME OF FATHER Henry Rotteradelli
11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto
12 MAIDEN NAME OF MOTHER Magd Mullers
13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto

14 Informant Charles E. Cahlan
(Address) 911 N. Madeira St

15 Filed 1931, 19 Registrar
Fee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 31

17 I HEREBY CERTIFY, that I attended deceased from Feb 20 1931, to Mch 7, 1931
that I last saw h[illegible] alive on Mch. 7, 1931
and that death occurred, on the date stated above, at 1.30 P.M.
The CAUSE OF DEATH* was as follows:

Malignant Carcinoma

(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Acute Parenchymatous Nephritis
(duration) yrs. 1 mos. 16 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? Willet Rogers
What test confirmed diagnosis?
(Signed) Wilbur H. Rogers M. D.
(Address) 801 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: May 11 1931
20 UNDERTAKER: Frank Brashear ADDRESS: Woodland

Spec.—9-29—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66352 — 23 E. 66354

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals C.H.D. (WARD) 6-10

CITY OF BALTIMORE: (No) REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John L. Connelly

(a) RESIDENCE NO. 223 N. Port st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in (1) city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Connelly

6 DATE OF BIRTH (month, day, and year) July 8, 1885

7 AGE. Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Patrick Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine McDonough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records (Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1931, to March 6, 1931

that I last saw h im alive on March 6, 1931

and that death occurred, on the date stated above, at 12.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Feine M. D.

3-6, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dale Lawn — DATE OF BURIAL March 9, 1931

20 UNDERTAKER Frank V. Pistone — ADDRESS 2818 E. Baltimore

Cor.—10-10-29—A Co.—100 Blks.

E 66355 : HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 E 66355

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 103 Tunbridge Road St. 27-48 Ward)

2-FULL NAME William Werckenthien

(a) RESIDENCE NO. 103 Tunbridge Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (Write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie S. Werckenthien

6 DATE OF BIRTH (month, day, and year) February 5, 1885

7 AGE Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
46	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work President
(b) General nature of industry, business, or establishment in which employed (or employer) Island Export Co.
(c) Name of employer Hamburg

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Gustav Werckenthien

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Mrs Marie Werckenthien
(Address) 103 Tunbridge Road

15 Filed ..., 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Carbolic Acid Poison Suicide

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ... M. D.

3/6, 19... (Address) 3632 Roland Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	March 7, 31
20 UNDERTAKER E. Leroy Stiffler, Inc.	ADDRESS 125 E. North Ave.

IMPORTANT. See instructions on back of certificate. OF DEATH in plain terms, so that it may be

Spec.—1-30—M. & T.—250 Bks.

E 66356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

E 66356

REGISTERED NO. 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1042 N. Mound St. (WARD) 16-22

2-FULL NAME Lucy L Dunn

(a) RESIDENCE NO. 1042 N. Mound ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
F	Col	married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Jacob Dunn

6 DATE OF BIRTH (month, day, and year) June 28-12

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Va

PARENTS

10 NAME OF FATHER Thomas Chandler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Annie Upshur

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Interment (Address) Annie Chandler 1042 N. Mound St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4/31

17 I HEREBY CERTIFY, That I attended deceased from 1/14/31 to 3/4/31

that I last saw her alive on 3/2/31

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Pulmonary - T-B.

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3/6, 1931 (Address) 912 Edmondson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 3-7-1931

20 UNDERTAKER Adam M. Chase & Son

ADDRESS 638 N. Gilmor

Cor.—10-10-29—A Co.—100 Bks.

Geo Lee Gillis

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66357 X 181 ✓

1-PLACE OF DEATH

City of Baltimore: (No.) Union Memorial Hospital (St., Ward)

REGISTERED NO. 66357

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Lena Gillis

(a) RESIDENCE No. 1 Chesterhill Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Gillis

6 DATE OF BIRTH (month, day, and year) Feb 21 1909

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
22		39	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Virginia

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant husband
(Address) Catonsville Md

15 Filed MAR 1 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, and (Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

I- Lobar Pneumonia-Both Lungs

Duration Scht hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Over)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Sam Hamrick, M. D.

3/7, 1931 (Address) 223 Orlando

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frizellburg Md.	Mar 9 1931
20 UNDERTAKER Jr. Francis Reese	ADDRESS Westminster Md.

OF DEATH is in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

66358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 E 66358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 N. Charles ST. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Agnes Landers

(a) RESIDENCE NO. 3107 N. Charles ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 8 mos. 14 ds. How long in U. S., if of foreign birth? 78 yrs. 8 mos. 14 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) June 22, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Landers

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary C. Gee

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Ireland

14 Informant Charles J. Landers
(Address) 3107 N. Charles Street

Filed 7-1931 19 [illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1929 to Mar. 6 1931.

that I last saw h or alive on Mar. 5 1931.

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation
and pulmonary oedema

6 hours
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Gen. arter. sclerosis + See over
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. L. Hazard, M. D.

Mch. 7 1931 (Address) 1172 Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/10 19 31

20 UNDERTAKER Henry W. Myers Son

ADDRESS 605 N. Calvert

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66359

CERTIFICATE OF DEATH

92-001 E 66359

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3508 Eastern Ave. St. 16-37 Ward)

2-FULL NAME Fannie Katzenstein Kaufman

(a) RESIDENCE NO. 3508 Eastern Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mather Kaufman

6 DATE OF BIRTH (month, day, and year) Dec. 14, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50	2	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER Abraham Katzenstein

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Matilda Schwartz

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mr. Kaufman
(Address) 3508 Eastern Ave.

15 Filed 8-1931 C. HAWSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) R. Rheumatism

(duration) — yrs. — mos. — ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? — Date of

What was there an autopsy? —

What test confirmed diagnosis? History

(Signed) G. C. Wades, M. D.

17 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	5/9/ 1931
20 UNDERTAKER Harris Sondheim & Son	ADDRESS 1902 Eutaw Place

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

24607

HEALTH DEPARTMENT—CITY OF BALTIMORE

66360

CERTIFICATE OF DEATH

89-001

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No 11-24 ST. WARD 1

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eleanor Freeland

(a) RESIDENCE NO. 525 Park Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 10 1860

7 AGE: Years 70 | Months 6 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS
10 NAME OF FATHER: Samuel H. Freeman
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12 MAIDEN NAME OF MOTHER: S. P. Perry
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 8-1931 by C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6/31

17
I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to March 6, 1931
that I last saw [illegible] alive on March 6, 1931
and that death occurred, on the date stated above, at 3:35 P. M.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Otitis Media

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At home.
Did an operation precede death? Yes. Date of 3/4/31
Was there an autopsy? No.
What test confirmed diagnosis? Spinal Puncture
(Signed) A. M. Fisher M. D.
3/6 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.
DATE OF BURIAL: March 9 1931

20 UNDERTAKER: Henry Wendeln & Son
ADDRESS: Baltimore Md.

E 66361 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66361

CERTIFICATE OF DEATH

93-003
REGISTERED NO.

1 PLACE OF DEATH
CITY OF BALTIMORE. (No.) 2645 N. Calvert (St.) 17-50 (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Amelia Keene Gillespie (Mrs Hamuth)

(a) RESIDENCE NO. 2645 N. Calvert St. (Usual place of abode) ST. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced (or) WIFE of James M. Gillespie, Sr., Dec'd

6 DATE OF BIRTH (month, day, and year) Nov. 9, 1847

7 AGE: 84 Years; 3 Months; 25 Days; If LESS than 1 day, hrs. min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS
10 NAME OF FATHER: Fred Hamuth
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Mary A. Davids
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: William A. Gillespie
(Address) 2645 N. Calvert St

15 Filed 8-1931
G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6-1931

17
I HEREBY CERTIFY, That I attended deceased from Jan 26, 1931 to March 6, 1931
That I last saw h[illegible] alive on March 6, 1931
and that death occurred, on the date stated above, at 6.10 P. M.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

Duration (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Signs
(Signed) Theodore D. Davis M. D.
19 31 (Address) 2627 Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes state: (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount
DATE OF BURIAL: March 9/31
20 UNDERTAKER: Henry J. Cox Funeral Svc.
ADDRESS: 1711 Eutaw & Richard Sts

Spec.—1-12-23—M&T—500 Blks.

E 66362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-09 2 66362

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 516-Lyndhurst St. (St.) 70-71 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME LeRoy J. Connolly

(a) RESIDENCE NO. 516-Lyndhurst St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) 9/2/1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or XXXX
	32	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Radio Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Martin J. Connolly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna McDonough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Winifred N. Jenkins 516-Lyndhurst St.

15 Filed ---- . 19 ---- Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 . 1931 . to Mar 6 . 1931 .

that I last saw him alive on Mar 6 . 1931

and that death occurred, on the date stated above, at 8 P m

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) L. A. Lally, M. D.

. 19 (Address) 3517 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 10/31/31

UNDERTAKER George J. Kuhn Inc

ADDRESS 1735 Harford

TION is very important. See instructions on back.

R 6 1931 C. HAMPSON JONES, M.

Spec—1-12-23—M&T—500 Blks.

E 66363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66363

CERTIFICATE OF DEATH.

REGISTERED NO. 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 11- E. Fort Avenue (ST.) 23-34 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Snyder

(a) RESIDENCE NO. 11- E. Fort Avenue ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Snyder

6 DATE OF BIRTH (month, day, and year) 1/18/1885.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	19	XXXX

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John A. Houck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Mary Duggan

13 BIRTHPLACE OF MOTHER (city or (State or country) Balto. Co. Md.

14 Informant (Address) Peter Snyder 11-E. Fort Ave.

15 Filed MAR 8, 1931, 19 NKA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931, to March 7, 1931, that I last saw her alive on March 7, 1931 and that death occurred, on the date stated above, at 2.1 m

The CAUSE OF DEATH* was as follows:

Carcinoma of breast
Indefinite
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. L. Campbell M. D.

Mch 7, 1931 (Address) 16 x x Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 3/11/31 19

20 UNDERTAKER Geo. J. Roth Son

ADDRESS 1731 Hanover St

TION is very important

Spec.—1-12-23—M&T—500 Blks.

E 66364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66364

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728-Chilton Street ST. 9-46 WARD)

2-FULL NAME Lena C. Kramer

(a) RESIDENCE NO. 1728-Chilton Street ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6 DATE OF BIRTH (month, day, and year) 10/10/1893

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	4	28	XXXX

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry W. Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna,

12 MAIDEN NAME OF MOTHER Margaret Eagan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.,

14 Informant Edgar D. Kramer
(Address) 1728-Chilton Street

15 Filed 8-1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-1931

17 I HEREBY CERTIFY, That I attended deceased from ..., 1927, to Nov 6, 1931, that I last saw h[illegible] alive on March 6, 1931 and that death occurred, on the date stated above, at 830 P m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 8 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Standish McElroy, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 3/9/31, 19

20 UNDERTAKER George D. Butler Jr.

ADDRESS 173-Hoffman

TION is very important. See instructions on the

Cor.—10-10-29—A Co.—100 Bks.

E 66365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 35-004

E 66365

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2063 Kenedy Avenue St., 9-18 Ward)

2-FULL NAME Edward V. Claus

(a) RESIDENCE NO. 2063 Kenedy Avenue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Bensel

6 DATE OF BIRTH (month, day, and year) 1-28-1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Broom Mfg Co.
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Fred C. Claus

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Josephine Wellering

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md

14 Informant Kate Claus
(Address) 2063 Kennedy Avenue

15 [illegible] 1931 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) mar 5/31 1892

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? (no)

What test confirmed diagnosis?

(Signed) [signature] M. D.

3/6/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem — DATE OF BURIAL 3/9/31 19

20 UNDERTAKER Geo. J. Roth Inc — ADDRESS 1735 Harford

OF DEATH in plain terms, so that it may be understood. Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 blks

E 66366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66366

CERTIFICATE OF DEATH.

55-005

1-PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (NO. 15-64 ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Berkowitz

(a) RESIDENCE NO. 3314 W Cardenas Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Israel Berkowitz

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Berkowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) 1431 E Baltimore St

Filed 8-1931 C. HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1931 to Mar 7, 1931, that I last saw h alive on Mar 6, 1931, and that death occurred, on the date stated above, at 3 35 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tumor

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? (Decompression)

Did an operation precede death? Yes Date of 3/4/30

Was there an autopsy? Partial Autopsy

What test confirmed diagnosis?

(Signed) M Bkirsh M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel — DATE OF BURIAL 3-8- 1931

20 UNDERTAKER Jack Levine, 1439 — ADDRESS E Balti St

1-30—M. & T.—100 B—50L

E 66367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207

E 66367

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH :

CITY OF BALTIMORE: (No. Sinai Hospital ST., 7-13 WARD)

2-FULL NAME Max Sena

(a) RESIDENCE NO Brooklyn, N.Y. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertha Sena

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Jack Lewis
(Address) 1439 Eutaw St

15 Filed 3-8-1931 C. HAMILTON JONES, M. D. Registrar
By: MMA

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia. Embolism Rt Pulm. Vein. Pyo-pneumothorax. Gas bacillis Infection.

(duration) yrs. mos.
CONTRIBUTORY (Secondary) Accidental fracture (RT tibia & fibula 9 wks

18 Where was disease contracted if not at place of death? at home Frac- Penna RR. Sta (Balto

Did an operation precede death? no Date of

Was there an autopsy? yes at Sinai Hospital

What test confirmed diagnosis?

(Signed) J. H. Wallis, M. D.
Coroner

Mar. 19/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York N.Y.

DATE OF BURIAL 3/8 1931

20 UNDERTAKER Jack Lewis

ADDRESS 1439 Eutaw St

TION is very important. See instructions on

Spec.—9-30—A. & Co.—250 Blks

E 66368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66368

CERTIFICATE OF DEATH.

115-002

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital WARD 17-56

2 FULL NAME Mildred Fell

(a) RESIDENCE NO. 4625 Park Heights Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 10 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	4 3	2 26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Louis Fell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rosa Katzman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Hospital Records
(Address)

Filed 8-1931, 19 C. HARRISON JONES, M. D.
By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 6, 1931

17

I HEREBY CERTIFY, That I attended deceased from 3/3/31, 19..., to 3/6/31, 19...

that I last saw her alive on 3/6/31, 19...

and that death occurred, on the date stated above, at 6 15 P. M.

The CAUSE OF DEATH* was as follows:

Ludwig's Angina

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3/5/31

Was there an autopsy? No Surgeon's Name Dr. Lake

What test confirmed diagnosis? Clinical Diagnosis

(Signed) J. Leyko M. D.

..... 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodeph Shalom — DATE OF BURIAL 3/8/31, 19

20 UNDERTAKER Jack Levine — ADDRESS 1439 E Baltimore St

TION is very important. See instructions on back of

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66369

92-001

E 66369

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Lilly Hospital (St.) 15-22 (WARD)

2-FULL NAME Robt McKnight

(a) RESIDENCE NO. 370 Whatcoat ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	Co	~~Div~~ Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	32	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Grandma McKnight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wealthy McKnight (Address) Nansemond Va

15 Filed 8-1931, 193 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Mitral Stenosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. ds.

18 Where did disease contracted if not at place of death? 370 Whatcoat St.

Did operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) G. C. Hudgins, M. D. Coroner

, 19 (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arlington Va	3-8 1931
UNDERTAKER Lamb Easton	ADDRESS 916 Va

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66370

46

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 651 Hanover ST. 21-30 WARD)

2-FULL NAME John Stewart

(a) RESIDENCE NO. 651 Hanover ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 023
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lillie Stewart
(Address) 651 Hanover St

15 Filed MAR 8 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1931 to Mar 5, 1931.
that I last saw him alive on March 6, 1931.
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:
Gastric Carcinoma

(duration) yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [illegible] M. D.
, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery
DATE OF BURIAL 3-9 1931
20 UNDERTAKER Dennis Enoch
ADDRESS 516 Park

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66371

CERTIFICATE OF DEATH

82-001 E 66371

1-PLACE OF DEATH Baltimore Trust Company

City of Baltimore: (No. Light & Redwood Sts. St. 13-52 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph S. Hudgins.

(a) RESIDENCE NO. 3738 Beech Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of Florence Hudgins.

6 DATE OF BIRTH (month, day, and year) June 19, 1858

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	72	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Grain merchant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John R. Hudgins.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Sarah J. Cummings.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Elizabeth March. (niece)
(Address) 3738 Beech Ave.

15 Filed 8-1931 C. HARPER JONES, Registrar
By ARH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 6, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Leinhardt, M. D.

3/6/ 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Md.	1931
20 UNDERTAKER	ADDRESS
Mitchell Sons	Place

IMPORTANT. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 66372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-00E 66372

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4026 Belle Ave. (WARD) 45-23

2 FULL NAME Dennis R. Holmes

(a) RESIDENCE NO. 4026 Belle Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary E. Richmond

6 DATE OF BIRTH (month, day, and year): March 1862

7 AGE — Years: 69 — Months: 11 — Days: 22 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Silver plating

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Robert Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Ruth Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mrs. Richmond B. Holmes
(Address): 4026 Belle Ave.

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar
... 1931 ... By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6, 1931

17:

I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to March 6, 1931

That I last saw h... alive on March 6, 1931

and that death occurred, on the date stated above, at 3 P M

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage & paralysis

(duration) ... yrs. (mos.) 2 ds.

CONTRIBUTORY (Secondary): arterio sclerosis - hypertension (duration) about 10 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. S. Gullett M. D.

March 7/31 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem.

DATE OF BURIAL: March 9, 1931

UNDERTAKER: John O. Mitchell & Sons

ADDRESS: 1900 Eutaw Place

TION is very important. See instructions on back of

R 8 1931

Spec.—9-30—A. & Co.—250 Blks

E 66373 HEALTH DEPARTMENT—CITY OF BALTIMORE 66373

CERTIFICATE OF DEATH

108
REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No 3518 W. Harrison Ave, St 15-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ida Maisel

(a) RESIDENCE NO 3518 W. Harrison Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 26 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Maisel

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Herman —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) S. Levine 1439 E. Balto St

15 8-1931 HARRY JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-31

17 I HEREBY CERTIFY, That I attended deceased from 2-26 , 19 31 , to 3/7 , 19 31

that I last saw h.e alive on 3/7/31 , 19 31

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 1 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Hubert Bailey M. D.

, 19 (Address) 5142 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon — DATE OF BURIAL 3-8- 19 31

20 UNDERTAKER Jos. Levine, 1439 E. Balto St ADDRESS

TION is very important. See INSTRUCTIONS on BACK OF CERTIFICATE

Spec.—1-30—M. & T.—250 Bks.

E 66374

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66374

CERTIFICATE OF DEATH.

REGISTERED NO. 8-2001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1005 N. Lanvale ST. 16-23 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Frances Turner

(a) RESIDENCE NO. 1005 N Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: George Turner

6 DATE OF BIRTH (month, day, and year): Nov 20, 1866

7 AGE: Years 64 | Months 3 | Days 14/12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: Abraham Chalk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Ella Gibson 1005 N. Lanvale St.

C. HARRISON JONES, M.D. Registrar

8 JUL 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to Mar 4, 1931, that I last saw her alive on Mar 4th 1931 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Harry G Brown M. D.

3/5, 1931 (Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem

DATE OF BURIAL: 3/8 1931

ADDRESS: 3/8

20 UNDERTAKER: Edmund B Wesley

ADDRESS: N Eden

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66375 46 E 66375

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2817 Alameda, Boulevard. STREET OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth. F. Snyder,

(a) RESIDENCE NO. 2817 Alameda Boulevard WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjaman Snydell,

6 DATE OF BIRTH (month, day, and year) 6/26/53,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER August Wissing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER F. Habig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Laura Monks

(Address) 2817 Alameda Blvd.

15 Filed MAR 8-1931 G. HAMPSON JONES, M. Registrar

Fee 10.00

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Mar. 7, 1931, that I last saw h alive on Mar 7, 1931 and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. W. Rogers, M. D.

3-8, 1931 (Address) 11 W. Paul & Preston Sts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Paul's Lutheran (City) King & Vito Balto Co. Md	3/10/1931
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Son	3124 Pitkin Rd.

Spec.—9-30—A. & Co.—250 Blks

66376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66376

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3438 Ninth St. Ward 13)

REGISTERED No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Matilda Newman

(a) RESIDENCE No. 3438 Ninth St. Ward

(Usual place of abode) (If not in Baltimore give city or town and State)

length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? about 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Newman

6 DATE OF BIRTH (month, day, and year): Dec. 24-1886

7 AGE: Years 44 | Months 7 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Charles Newman 3438 Ninth St Boarder

15 3-8-1931 19 Registrar C. HARRISON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/5/31

17

I HEREBY CERTIFY, That I attended deceased from 2/4, 1931, to 3/5, 1931

that I last saw h[illegible] alive on 3/4, 1931

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. Chronic Cds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) Chronic ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine +++

(Signed) Wm Swanson M. D.

3/7 1931 (Address) 122 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Mar. 9 1931

UNDERTAKER: Margaret A. Flynn — ADDRESS: 1422 Pig St.

IMPORTANT: See instructions on reverse side

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

66377 — CERTIFICATE OF DEATH. — 92-001 — 66377

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1251 Battery ave. St. 24-33 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John P. Steinner

(a) RESIDENCE NO. 1251 Battery ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Brown Steinner

6 DATE OF BIRTH (month, day, and year) July 2. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	8	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Bridge Maker
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Caroline Co. Md

PARENTS
10 NAME OF FATHER Archibald Steinner
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Emily Sard
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment (Address) Mrs. John P. Steinner, 1251 Battery ave

15 8 APR 1931 19 C. HARPER JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3.7.1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 18 1930 to March 7 1931
that I last saw h[illegible] alive on March 4 1931
and that death occurred, on the date stated above, at 9.00 P m.
The CAUSE OF DEATH* was as follows:

Chronic Valv Heart Dis (duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Dr J. Turlington M. D.
3.8. 1931 (Address) 1026 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. — DATE OF BURIAL: March 10 1931

20 UNDERTAKER: Margaret A. Flynn — ADDRESS: 1422 Light

Spec.—9 30—A & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

66378

CERTIFICATE OF DEATH.

107 L 66378

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1257 S. Decker Ave ST 1-1 WARD)

2 FULL NAME Frances Lewandowska

(a) RESIDENCE NO 1257 S. Decker Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victor Lewandowski

6 DATE OF BIRTH (month, day, and year) March 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Jozef Lewandowski 1237 S. Decker Ave

15 FILED 8-1931 19 C. HARRISON JONES, M. D., City Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1931. to Mar. 5, 1931.

That I last saw h er alive on March 5, 1931.

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis, & Bronchial-Asthma.

(duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia.

(duration) - yrs. - mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Stilibaus Artigiani M. D.

19 (Address) 2942 E. Fayette Street.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL March 9 19 31

20 UNDERTAKER John M. Weber U.R. ADDRESS Canton

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66379 59 ✓ E 66379

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 LINDEN AVE St. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME THOMAS ANDERSON DORSEY

(a) RESIDENCE NO. 1504 LINDEN AVE ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ABOUT 67 years yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of BETTIE DORSEY

6 DATE OF BIRTH (month, day, and year) DEC. 12, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or ~~town~~) BALTIMORE (State or ~~country~~) MD.

PARENTS

10 NAME OF FATHER THOMAS A. DORSEY

11 BIRTHPLACE OF FATHER (city or town) (State or country) BALTO. COUNTY MD.

12 MAIDEN NAME OF MOTHER MARIA S. HANCE

13 BIRTHPLACE OF MOTHER (city or ~~town~~) BALTO. (State or ~~country~~) MD

14 Informant Lawrence A. Dorsey (Address) 241 W. Lanvale St.

15 Filed MAR 9 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-31

17 I HEREBY CERTIFY, That I attended deceased from 10-14-25, 19..., to 3-7-31, 19...,

that I last saw h i alive on 3-7-31, 19...,

and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mel

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acetonaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ~~Autopsy~~ Laboratory Findi

(Signed) Jno L Fetterolf, M. D.

3-8-31 (Address) 1400 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Drummond Cem

DATE OF BURIAL 3-9-1931

20 UNDERTAKER W. M. Jenkins & Son Co.

ADDRESS Preston & Ins Calhoun

Spec.—9-30—A. A. Co.—250 Blks.

66330 HEALTH DEPARTMENT—CITY OF BALTIMORE 3

CERTIFICATE OF DEATH. 93 66330

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 5511-Belleville Av ST. 75 WARD 25

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Elizabeth Wilson

(a) RESIDENCE NO. 5511-Belleville Av ST. 29 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? 70 yrs. 11 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: John F. Wilson

6 DATE OF BIRTH (month, day, and year): May-25-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	12 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore Pennsylvania.

PARENTS

10 NAME OF FATHER: Jacob Kull

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) Germany

12 MAIDEN NAME OF MOTHER: Miss Miller

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country) Germany

14 Informant: Mrs. W. C. Spicknall 4 Duth

(Address) 5511-Belleville Av.

15 [illegible] 19 [illegible]

Registrar

9-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7: 31

17

I HEREBY CERTIFY, That I attended deceased from July, 1930, to March 7, 1931

that I last saw him alive on March 6, 1931

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Smith M. D.

(Address) 4309 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: May-9 1931.

20 UNDERTAKER: Stewart McConnell & Bailey — ADDRESS

IMPORTANT: See instructions on reverse side

Spec.-7-17-26—A Co.—200 Bks.

E 66381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 66381

REGISTERED NO. 4521

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Dent

(a) RESIDENCE NO. 1416 Vincent St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col. Afrcan	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - Maggie Dent.

6 DATE OF BIRTH (month, day, and year) Oct 2, 1884

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	46	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Charles Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER William Dent

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Ann

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Hospital Record

(Address)

15 Filed C. HAMILTON JONES, M. D. Registrar

Mar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5th 19 31

17 I HEREBY CERTIFY, That I attended deceased from March 2, 19 31, to March 5, 19 31,

that I last saw him alive on March 5, 19 31,

and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis C. Cromwell, M. D.

, 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

Date of Burial MAR 7 1931 19

20 UNDERTAKER Frank M Seitz

ADDRESS 709 W 33rd

OF DEATH in plain terms, so that it may be properly classified. very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66382 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 126 E 66382

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1232 N. Potomac St. 8-11 (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Kiriake Agostolou.

(a) RESIDENCE NO. 1232 N. Potomac St. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bill Agostolou.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Nick Fountsis.
(Address) 437 N. Broadway

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1931 to March 6, 1931
that I last saw him alive on March 6, 1931
and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Pertonitis

(duration) yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) General Septicemia

(duration) yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & Symptoms

(Signed) Samuel J. Silverstein M. D.

..., 19... (Address) 2 W. Preston

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL March 9, 1931

20 UNDERTAKER Edmondson — ADDRESS Baltimore

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66383 | 66383

REGISTERED NO. 1314

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1244 Harget La St.) 9-18 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wilfred J Kidd

(a) RESIDENCE NO. 1244 Harget La ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Florence C Kidd

6 DATE OF BIRTH (month, day, and year) Oct 4 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Packer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James J Kidd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ida A Hammett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Florence C Kidd (Address) 1244 Harget La

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7/31

17 I HEREBY CERTIFY, That I attended deceased from 2/11 .19 31 . to 3/7 .19 31 .

that I last saw h[illegible] alive on 3/7 .19 31 . at 3.40 p m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows: Chronic interstitial nephritis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

3.1931 (Address) 1700 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Olive Cem Randallstown Md — DATE OF BURIAL. 3/10/31

20 UNDERTAKER George A Farley — ADDRESS Fayette & Fayette

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. B 66394

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2247 W Fayette ST. 20-6 WARD)

2 FULL NAME Eugene C Brown

(a) RESIDENCE NO. 2247 W Fayette ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	14/5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm P Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Agnes B Horgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant William P Brown
(Address) 2247 W Fayette

15 Filed MAR 5 1931, 19 C. HUGHES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6-1931

17

I HEREBY CERTIFY, That I attended deceased from 3/2 1931 to 3/6 1931

that I last saw him alive on 3/6 1931

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Signs

(Signed) Thos A Calm M. D.

3/5 1931 (Address) 2140 N Balto St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	3/9 1931

20 UNDERTAKER George A Farley Sucsr ADDRESS Fayette

Spec.-7-17-26—A Co.—200 Bks.

E 66385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003 E 66385

REGISTERED NO.

1-PLACE OF DEATH Md. General Hospital

City of BALTIMORE: (No. 13-57 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Denley

(a) RESIDENCE NO. 3106 Clement Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-5-31

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
			2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 000
(b) General nature of industry, business, or establishment in which employed (or employer)
(r) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Walter Denley

11 BIRTHPLACE OF FATHER (City or town) New York City
(State or country)

12 MAIDEN NAME OF MOTHER Ruth Mathew

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Hospital Records
(Address)

15 Filed ... 19 ... Registrar

R 9-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7 1931

17 I HEREBY CERTIFY, That I attended deceased from 3-5, 1931, to 3-7, 1931, that I last saw her alive on 3-7, 1931, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Patent Foramen Ovale

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted /

if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ... M. D.

. 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — Date of Burial March 9 1931

20 UNDERTAKER Horace F. Burgee — ADDRESS 363 Falls Rd.

OF DEATH in plain terms, so that it may be properly classified. Be sure to answer every question. Use ditto marks only when they will not be misunderstood. Do not use abbreviations except where directed. Every certificate must be complete and correct. Write plainly with pen and ink. Do not fail to sign certificate. Be very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E. 66386

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 ✓ E 66386

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH South Baltimore General Hospital ST. 21-31 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, MD.

2-FULL NAME William Marsh

(a) RESIDENCE NO. 1019 Bricese ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married: ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Edith Marsh

6 DATE OF BIRTH (month, day, and year) about 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min. ;
about	54	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odc

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Marsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Edith Marsh

(Address) 1019 S. Bricese St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-31

17 I HEREBY CERTIFY, That I attended deceased from March 3 . 1931 . to March 7 . 1931 . that I last saw him alive on March 7 . 1931 . and that death occurred, on the date stated above, at 6.25 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) pulmonary edema, acute passive congestion (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Clinical records

(Signed) Joseph S. Lauckaitis M.D.

. 19 (Address) South Baltimore Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem Ken Ave Cemetery

DATE OF BURIAL 3/11 1931

20 UNDERTAKER Jos Bork

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

Hommelsheim
3012-

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66387 E 66387

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3405 Piedmont Ave) 15-61 (WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. Louis E. Thalmitzer

(a) RESIDENCE No 3405 Piedmont Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 3 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER August Thalmitzer
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Rosa Hoffheimer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Louis E. Thalmitzer 3405 Piedmont Ave

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 31

17 I HEREBY CERTIFY, That I attended deceased from Feb 10 19 31 to March 8 19 31
That I last saw h[illegible] alive on March 7 19 31 7 30 a. m.
and that death occurred, on the date stated above, at 7 30 a. m.
The CAUSE OF DEATH* was as follows:
Myocarditis

(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Intestinal Nephritis
(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Sol Hommelsheim M. D.
3-8 19 31 (Address) 3002 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Levering Cemetery — DATE OF BURIAL 3 11 19 31

20 UNDERTAKER Wm Carter & Paul Parker — ADDRESS

Spec.—1-30—M. & T.—250 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66388 — 234 — L 66388

CERTIFICATE OF DEATH.

1-PLACE OF DEATH at home — REGISTERED NO. 2343

CITY OF BALTIMORE: (No. 6 Edmondson St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Dooter

(a) RESIDENCE NO. 2918 Glenmore Ave ST., WARD 24

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Camille Dooter

6 DATE OF BIRTH (month, day, and year) Aug 22nd 1887

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 663

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Waverly Press

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER John T. Dooter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Allentown Pa

12 MAIDEN NAME OF MOTHER Palmer Applegate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cedar Brook N.J.

14 Informant Camille Dooter

(Address) 2918 Glenmore Ave

15 Filed MAR 9 1931 C. HAVILAH JONES, JR. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-31

17 I HEREBY CERTIFY, That I attended deceased from 2-18-31, 19 , to 3-7-31, 19 .

that I last saw h alive on 3-7-31, 19 .

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Spinal Lues

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Dysentery

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Mt Kisco

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Blood Exam

(Signed) M. Hendrix, M. D.

, 19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	3/11/1931
UNDERTAKER Wm Cook	ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks.

66389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-004 No 66389

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1221 N. Bond ST. 8-13 WARD)

2 FULL NAME Wm T. Waugh

(a) RESIDENCE NO 1221 N. Bond ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~
~~WIFE of~~ HUSBAND of Sarah A. Waugh

6 DATE OF BIRTH (month, day, and year) Nov 19th 1851

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture Mfg

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER W. T. Waugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Elizabeth Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sarah A. Waugh
(Address) 1221 N. Bond St

15 Filed ... 19... C. HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby. 28 -, 1931, to Mar. 7 -, 1931 that I last saw him alive on March 7, 1931 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Paralysis of throat and right side of face. Hemoragic

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY ... —
(Secondary) —
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby M. D.

3/7/1931 (Address) 1223 N. Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn

DATE OF BURIAL 3/10 1931

20 UNDERTAKER J. H. Cook

ADDRESS 1217 E. Pratt St

Cor.—10-10-29—A Co—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66390 97 E 66390

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 41 S. Stricker St. 14-28 Ward)

2-FULL NAME Mary E. Scott

(a) RESIDENCE NO. 41 S. Stricker St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Widowed

5a If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of James N. Scott

6 DATE OF BIRTH (month, day, and year) Jan 24th 1845

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
86	1	2/12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm W. Williamson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs John P. Thompson
(Address) 4142 Wickens Ave

15 Filed ——— 19—— H. WILTON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Exhaustion (duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) M. O'Sladek, M. D.

19 (Address) 1423 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 3/9 1931

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec—0-30—A. & Co.—250 Blks

66391 HEALTH DEPARTMENT—CITY OF BALTIMORE 66391

CERTIFICATE OF DEATH.

93-023

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 6803 Everall Ave. (WARD) 27-43

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Koch

(a) RESIDENCE NO. 6803 Everall Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, ~~widowed, or divorced~~
HUSBAND of (~~or WIFE of~~) Wilhelmina E. Koch

6 DATE OF BIRTH (month, day, ~~and year~~) Oct 5th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) 006

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Martin Koch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wilhelmina E. Koch
(Address) 6803 Everall Ave

Filed MAR 9 1931 Registrar HARRY E. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, ~~day~~ and year) March 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from March 4th, 1931, to March 7th, 1931

that I last saw h~~e~~r alive on March 6, 1931

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Collapse

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Luttringer M. D.

(Address) 1840 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: March 10 1931

20 UNDERTAKER: Wm Cook 1217 E Fayette St — ADDRESS

1-30—M & T—100 B—50L

E 66392

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001 66392

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 S. Poppleton ST. 18-29 WARD)

2-FULL NAME John M. Applegate

(a) RESIDENCE No. 7 S. Poppleton ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Applegate

6 DATE OF BIRTH (month, day, and year) May 6-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Bl's
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER Cornelius Applegate

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. J.

12 MAIDEN NAME OF MOTHER Mary Moode

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. J.

14 Informant Margaret Applegate

(Address) 7 S. Poppleton St

15 Filed _____, 192 _____ H. STEN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency.

(duration) _____ yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Eugene Kelly Coroner, M. D.

3/8. 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 3/9 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66393

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. ____ WARD)

2-FULL NAME John Weiss-Schafer-Szafranski

(a) RESIDENCE NO. Ferndale, Md ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. 3 mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Gina Schaefer

6 DATE OF BIRTH (month, day, and year) Dec 19 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	2	17	15

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Gas Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Not known.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Gina Schaefer
(Address) Ferndale Md.

Filed ____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6 1931

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to March 6, 1931, that I last saw him alive on March 6, 1931, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Inguinal hernia, left — Strangulated.
(duration) ____ yrs. ____ mos. 12 hrs.

CONTRIBUTORY (Secondary) Myocardial insufficiency
(duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? yes Date of March 3, 1931

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Walter M. Faw, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A A Co. DATE OF BURIAL 3-10 1931

20 UNDERTAKER E & B Earle 115 E ADDRESS West St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66394

CERTIFICATE OF DEATH

107 001 E 66394

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1105 N. Gilmor ST. 16-32 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lola Lane

(a) RESIDENCE NO. 1105 N. Gilmor ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/30/29

7 AGE: Years 1 Months 3 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Wayland Holloman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Harrison

(Address): 1105 N. Gilmor St

15 [illegible]

Registrar

MAR 9 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6/31

17 I HEREBY CERTIFY, That I attended deceased from March 4 1931 to Mar 6 31 that I last saw h alive on March 6 1931 and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jas E Bell M. D.

19 (Address) 713 N. Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL 3/9 1931

UNDERTAKER: Thomas E. Kelson

ADDRESS 1303 Presstman St

Spec.—8-16-29—L. F. S.—100 Blks.

E 66395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 66395

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 W Preston ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen Cornelius Brown

(a) RESIDENCE NO. 307 W Preston ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 3 mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Brown

6 DATE OF BIRTH (month, day, and year) Sept. 16 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

PARENTS

10 NAME OF FATHER Matthew Mobley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince Georges Co Md

12 MAIDEN NAME OF MOTHER Sarah Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince Georges Co

14 Informant Harry Brown

(Address) Prince Georges Co

15 Filed MAR 9 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 31

17 I HEREBY CERTIFY, That I attended deceased from Febru 23 19 31 to Mch 7 19 31

that I last saw her alive on March 7 19 31

and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. ? mos. da.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Prince Georges Co

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

3/8, 1931 (Address) 1209 Pridemark

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woburn Cemetery Md.	3-9 1931
UNDERTAKER David Carlson	ADDRESS 916 Ga Ave.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66396

E 66396

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1856 Penna Ave) (St.) 14-20 (Ward)

2-FULL NAME Eline Tate

(a) RESIDENCE NO. Norfolk Va St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Fem.	Col.	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
26	25			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Tate M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 3-9 1931

20 UNDERTAKER Dent Carton

ADDRESS 916 Bank

OF DEATH in plain terms, so that it may be properly classified. Date of burial, cremation or removal is important. See instructions on back of certificate.

R 1931 ELLISON JONES, M D

Spec.—1-30—M. & T.—250 Blks.

E 66397 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66397

48

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Winchester ST., 11-23 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lou Ellen Smith

(a) RESIDENCE NO. 1107 Winchester ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F. | COLOR OR RACE: Blood | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced: HUSBAND of or) WIFE of Geo. Smith

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): Private
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Markus Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Sister 1107 Winchester St.

Filed 1931 C. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/8/31

17 I HEREBY CERTIFY, That I attended deceased from 3/5/31, 19..., to 3/8/31, 19..., that I last saw him alive on 3/6/31, 19..., and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma uterus

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Toxemia of pregnancy

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. Lee Slis, M. D.

3/8/31 (Address) 424 Madison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Merrymount Va

DATE OF BURIAL: 3-9 1931

20 UNDERTAKER: David Carter

ADDRESS 916 Bo...

Spec—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66398 E 66398

CERTIFICATE OF DEATH

95-002

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 623 Sterling ST. 5-8 (WARD)

2 FULL NAME Thomas Nicholas

(a) RESIDENCE NO. 623 Sterling ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie E. Nicholas

6 DATE OF BIRTH (month, day, and year): Dec 27/72

7 AGE — Years: 58 Months: 2 Days: 19

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Oyster

(c) Name of employer: Tolbert & Co Ltd

9 BIRTHPLACE (city or town) (State or country): Thomas Nicholas

PARENTS

10 NAME OF FATHER: Thomas Nicholas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Louise Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Marie Nicholas 623 Sterling St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 6/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931, to March 6, 1931

That I last saw h wife alive on March 6, 1931

and that death occurred, on the date stated above, at 12-05 P.M.

The CAUSE OF DEATH* was as follows:

Cardio-vascular Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. S. Mears M. D.

3/9/1931 (Address) 702 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edmondson

DATE OF BURIAL: 3/9/31

20 UNDERTAKER: Annie Hensley & Bell

ADDRESS: 15

Spec—9-30—A. & Co.—250 Blks

66399 E 66399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48

1 PLACE OF DEATH Baltimore City Hospitals S. 4-26 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Leatha Clark

(a) RESIDENCE NO. 724 W. Saratoga ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Clark

6 DATE OF BIRTH (month, day, and year) April 12, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry worker

(b) General nature of industry, business, or establishment in which employed (or employer) 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edward Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mandie Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-31

17 I HEREBY CERTIFY, That I attended deceased from 3-2-31, 19 , to 3-6-31, 19

that I last saw her alive on 3-6-31, 19

and that death occurred, on the date stated above, at 2:45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix with local metastases.

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinic. exam.

(Signed) Fred M. Ducharme M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Lawn DATE OF BURIAL 3/9 19 31

20 UNDERTAKER Samuel Hensley ADDRESS 1 N Eutaw St

Cor.—10-10-29—A Co.—100 Blks.

E 66400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54005 E 66400

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 155 N. Leary St. 16-23 (Ward)

2-FULL NAME Gladys Brown

(a) RESIDENCE NO. 155 N. Leary St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Fem'l	Col'd	Single

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22-1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Robt. Brown

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Mabel

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Gladys Brown
(Address) 155 N. Leary

15 Filed ——— 19—— Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Tumor on brain since birth

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 3/9 1931

20 UNDERTAKER Samuel Kemby ADDRESS [illegible]

OF DEATH in plain terms, so that it may be properly classified. Space must be filled. Terms used should be important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66401

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Agnes Hospital — REGISTERED NO. 31

CITY OF BALTIMORE: (No.) 4 Caroline ST., 2143 WARD 8

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Boardley

(a) RESIDENCE NO. 603 E Fairmount Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Louisa Boardley

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 54 Months ..... Days ..... If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): G&O

(c) Name of employer: .....

9 BIRTHPLACE (City or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Chas Boardley

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Matilda Lambert

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant (Address): Louisa Boardley 603 E Fairmount Ave

15 Filed ....., 19 .....

C. HAMPTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-7-31

17 I HEREBY CERTIFY, That I attended deceased from 2-27, 19 31 to 3-7, 19 31, that I last saw him alive on 3-7, 19 31, and that death occurred, on the date stated above, at 2:45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Chronic Nephritis (duration) yrs. mos. 10 days

CONTRIBUTORY (Secondary) Senile Psychosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3/5/31.

Was there an autopsy? No

What test confirmed diagnosis? Opinion

(Signed) W. H. Hamilton M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL 3/10 19 31

20 UNDERTAKER: Samuel Bowley — ADDRESS 1711 Bolton

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66402

CERTIFICATE OF DEATH.

59 V

E 66402

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Little Sisters of the Poor ST. 10-W (WARD)

2-FULL NAME Margaret Keyes

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Anthony Eshwai

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Hutchinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Preston & Valley

15 Filed 9-1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Mar 7, 1931, that I last saw h alive on Mar 6, 1931, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Cerebrum (duration) yrs. mos. Gangrene of foot

CONTRIBUTORY (Secondary) (duration) yrs. 1 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Boyd M. D.

3/9/31 (Address) 216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 10 1931
20 UNDERTAKER Peter McCausland	ADDRESS Greene

Spec.—9-30—A. & Co.—250 Blks.

66403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 66403

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 3401 Esther Pl. 7th WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Chas. Broseker

(a) RESIDENCE NO. 521 N. Bouldin ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yr. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): ~~Married~~ Widow

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ late Minnie Broseker

6 DATE OF BIRTH (month, day, and year) Oct 7/47

7 AGE: Years 81 Months 5 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Broseker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

14 Informant: Emma Broseker
(Address): 3401 Esther St.

Filed APR 5 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7/31

17
I HEREBY CERTIFY, That I attended deceased from Dec 27, 1930, to March 7, 1931
that I last saw h[illegible] alive on March 7, 1931
and that death occurred, on the date stated above, at 3.50 P. M.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis
Myocarditis
Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? Clinical
What test confirmed diagnosis? Clinical - Labora
(Signed) Hilbert Artigan M. D.
19 (Address) 2942 E. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk — DATE OF BURIAL: Mar 10 1931

20 UNDERTAKER: Smith Herring — ADDRESS: 2016 Orleans

IMPORTANT. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 6640 — 53 — E 66404

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 441 N. East Ave ST. 26-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Mildred Valentine

(a) RESIDENCE NO. 441 N. East Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced (or) WIFE of: Frederick W. Valentine

6 DATE OF BIRTH (month, day, and year): June 16, 1879

7 AGE: Years 51 | Months 8 | Days 20 | If LESS than 1 day, hrs or min. 22

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Martin Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Virginia

12 MAIDEN NAME OF MOTHER: Margaret C. Whalen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Frederick Valentine

(Address) 441 N. East Ave.

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1929 to Mar. 8, 1931

that I last saw her alive on Mar. 7, 1931

and that death occurred, on the date stated above, at 1:20 A. m.

The CAUSE OF DEATH* was as follows:

Osteo-sarcoma of left femur.

(duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? X-ray & Findings

(Signed) Vincent R. Loka M. D.

. 19 (Address) 845 N. Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pakwood

DATE OF BURIAL: 3/11 1931

20 UNDERTAKER: Philip Harmig

ADDRESS 2016 Orleans St

1-30—M. & T.—100 B—50L.

E 66405

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 66405

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals ST. 29 WARD)

2-FULL NAME John Merchel

(a) RESIDENCE NO 702 W. Lombard ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 24/6[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	12 10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Woodworker
(b) General nature of industry, business, or establishment in which employed (or employer) 614
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mathias Merchel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Dora

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant August Merchel

(Address) 1723 N. Port St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Exhaustion yrs. — mos. — ds.

CONTRIBUTORY (Secondary) — (duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? 702 W Lombard

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) [illegible] M. D. Coroner

19 (Address) 1730 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity	3/9 19 31
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66406 — 107-002 — E 66406

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE. (No.) 628 (St.) S. Dallas (Ward) 3-4

2-FULL NAME Jacob L. E. Hoffman

(a) RESIDENCE NO. 628 (Usual place of abode) St., S. Dallas. Ward .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Sept 19 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Adam J Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Marie Landon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Adam J Hoffman

(Address) 628 S Dallas St

15 9 - 1931 . 192 . HAMPSON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to Rio death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fiebre Tifoidea
Cap. Bronchales

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonia

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? History

(Signed) H. G. B. Wades, M. D. Coroner

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 9 1931
20 UNDERTAKER	ADDRESS
M. F. E. Duppel Inc	371 Ann St

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66407

CERTIFICATE OF DEATH

71-001

E 66407

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 2141 d Charles St) (Ward) 12-50

2. FULL NAME John T Fardy

(a) RESIDENCE NO. 2141 d Charles St. WARD

(If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if not foreign-born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Matthew J Fardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Louisa C. Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Charles B Fardy

(Address) 2141 d at Charles

15 Filed ... 19 ... Registrar C. H. [illegible] JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1931

17 I HEREBY CERTIFY, That I attended deceased from 1927 to March 8 1931

that I last saw h... alive on March 8 1931

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (secondary) Heart Trouble

Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed Diagnosis?

(Signed) C R Davis M.D.

M 3/11/31 2108 Broadway

(Address)

*State (b) Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Ca	March 10 31
20 UNDERTAKER	ADDRESS
Henry Hutchins & Son	Cathedral & Preston

TION is very important. See instructions on ... Lack of certificate.

Spec.—1-12-23—M&T—500 Blks.

E66408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001 E66408

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2522 Arunah Ave., ST. 16-68 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Kinsey

(a) RESIDENCE NO. 2522 Arunah Ave., ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: HUSBAND of William P. Kinsey

6 DATE OF BIRTH (month, day, and year) Sept. 9, 1851

7 AGE: Years 79 Months 6 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER George Wall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Rebecca Ungengler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) William P. Kinsey 2522 Arunah Ave.,

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 8, 1930, to March 8th. 1931.

that I last saw her alive on March 8th. 1931.

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis 3Yrs.

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Cumberland M.D.

. 19 (Address) 1st & Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 3/10 1931

ADDRESS

20 UNDERTAKER: Harry H. Witzke 4101 Edmondson Ave.,

INSTRUCTION is very important! See instructions on back of this blank.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66409 — 66409

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS — 5-X

CITY OF BALTIMORE (No. ! St. Ward) (Dietz)

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Nettie Deets.

(a) RESIDENCE No. 435 Aisquith St. (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Otis Charles Deets

6 DATE OF BIRTH (month, day, and year) Sept 16 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45?	5	22 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Launders. Ast

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Eastern Shore of Md.

PARENTS

10 NAME OF FATHER Charles Saunders.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie ? 3-8-31.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment (Address) Records of BALTIMORE CITY HOSPITALS

15 Filed MAR 9 - 1931 19 Registrar G. HARRISON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 19 31, to March 8, 19 31

that I last saw h er alive on March 8, 19 31

and that death occurred, on the date stated above, at 8:00 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or In Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/10 19 31.

20 UNDERTAKER Harry E. Mutzke

ADDRESS 401 Edmondson Ave.

TION is very important. See instructions on back of Certificate

Spec.—1-30—M. & T.—250 Bks.

E 66410 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66410

CERTIFICATE OF DEATH.

REGISTERED NO. 59

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Fulton & Gaterwood ST. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Whalen

(a) RESIDENCE NO. 109 N. Calender ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of William Whalen

6 DATE OF BIRTH (month, day, and year) April 4, 559

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William Whalen (Address) 10 [illegible] St.

Filed APR 9 - 1931 19 A. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 1931

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1931 to March 6 1931.

that I last saw her alive on March 6, 1931;

and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Infection right thigh

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/5/31 Incision of abscess.

Was there an autopsy? No.

What test confirmed diagnosis? Urinalysis & Bld. Chemistry.

(Signed) Robt Kerman, M. D.

, 19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fulton & Edmondson

DATE OF BURIAL 3/10/1931

20 UNDERTAKER Harry A. Mintzke. 4101 Edmondson Ave.

ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66411

E 66411

94-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2433 Mt Holly St., 15-66 Ward)

2-FULL NAME ~~Lewis~~ LEWIS L. Jordan

(a) RESIDENCE NO. 2433 Mt Holly St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel Jordan

6 DATE OF BIRTH (month, day and year): Feb 11 1882

7 AGE: Years 49 Months 6 Days 24 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work: Furniture trade 045

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country) Md

PARENTS

10 NAME OF FATHER: Wm F. Jones

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER: Louisa Hawkins

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country) Md

14 Informant (Address): Mabel Jordan 2433 Mt Holly

15 Date MAR 9 - 1931

C. HARRISON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Mar 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Virginia Victoria

(duration) Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) H B Funk, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	Mar 9 1931
20 UNDERTAKER: Wm Wickner Sons	ADDRESS: Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 66412 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66412

CERTIFICATE OF DEATH 131

1—PLACE OF DEATH Home for Incurables REGISTERED NO. 1352

CITY OF BALTIMORE: (No. 40th St a Resident St) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Annie Keller (KELLAR)

(a) RESIDENCE NO. Home for Incurables ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 037.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Columbia Peru.

PARENTS

10 NAME OF FATHER — Nicely

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah Schmaltz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records.

(Address) C. HARRISON JONES, M. D.

15 Filed MAR 9 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8-1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to March 8, 1931, that I last saw h.. alive on March 7, 1931 and that death occurred, on the date stated above, at 6 12 A.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis. Myocarditis. Chronic interstitial nephritis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ...ysis.

(Signed) F. Fleetwood, M. D.

, 19 (Address) Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem DATE OF BURIAL March 9 1931

20 UNDERTAKER W. J. Tickney & Sons ADDRESS North & Pa

Spec.—1-12-23—M&T—500 Blks.

E 06413

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06413

55-005

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH West Balt. General Hospital

CITY OF BALTIMORE: NO. 15-64 ST. (WARD)

2.-FULL NAME Elisha Lutz

(a) RESIDENCE NO. 2210 Poplar Grove ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Belle Lutz

6 DATE OF BIRTH (month, day, and year): Sept 4, 1861

7 AGE: Years 69 ~~70~~ Months 6 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer 634

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Co.

PARENTS

10 NAME OF FATHER: John George Lutz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Olive R. Lutz

(Address): 2210 Poplar Grove St. Balto. Md.

Filed MAR 9 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 8 1931

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to March 8, 1931, that I last saw him alive on March 8, 1931, and that death occurred, on the date stated above, at 10:30 Am.

The CAUSE OF DEATH* was as follows:

Abdominal Cyst.

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H J Eichman, M. D.

, 19 (Address) West Balt. Gen. Hosp.

*State the Disease Causing Death, or in dest'hs from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Ridge Cem.

DATE OF BURIAL: Mar. 10, 1931

20 UNDERTAKER: Wm. J. Pickup

ADDRESS: North Ave

(over)

SEE BACK OF CERTIFICATE. THION is very important See instructions on

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66414 — 66414

REGISTERED NO. 1081

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 3411 Southern Ave ST. 27-Hosp WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Fischer

(a) RESIDENCE NO. 3411 Southern Ave ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (~~name~~) Elizabeth M Fischer

6 DATE OF BIRTH (month, day, and year) May 3 1869

7 AGE: Years 61 Months 9 Days 10 If LESS than 1 day, hrs. or min. 3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: clothing Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 680

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md — ?

12 MAIDEN NAME OF MOTHER: Annie E — ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mrs Geo H. Fischer 3411 Southern Ave

15 Filed 1931 C. HUMPER JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-31 19

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1931, to March 6, 1931

that I last saw her alive on Mar 6, 1931

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J N Anthony M. D.

Mar 9 1931 (Address) 3100 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 3-9-31

20 UNDERTAKER: Wendell E. Humphreys

ADDRESS: 416 E Lafayette Ave.

THON is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66415

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66415

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.) St. Joseph's Hosp ST. 5-8 (WARD)

2-FULL NAME Martha Grand

(a) RESIDENCE NO. 131 N. Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced: HUSBAND of or) WIFE of John Grand

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Martinsburg W Va

PARENTS

10 NAME OF FATHER Pierce Grant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sallie Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Annie Clermont

(Address) 131 N Exeter Street

Filed JAN 6 - 1931 Harry Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to March 6, 1931,

that I last saw her alive on March 6, 1931,

and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Lawrence H. Zehr, M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hillsides Cem.

DATE OF BURIAL 3-9 1931

ADDRESS

20 UNDERTAKER Byron H Wright 1218 McCulloh St

Spec—9-30—A. & Co.—250 Blks

Helen R. Hardy

E6646 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66416

CERTIFICATE OF DEATH

87-001

43-34

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 157 S. Charles St. WARD

2 FULL NAME Helen R. Hardy.

(a) RESIDENCE NO. 157 S. Charles St. WARD

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female,	White,	Married.

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Hardy.

6 DATE OF BIRTH (month, day, and year) March 27, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64,	11,	9.	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. Prince George Co.,

PARENTS

10 NAME OF FATHER Alexander Hatton.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co., Md.

12 MAIDEN NAME OF MOTHER Margaret A. Simpson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Henry Hardy.
(Address) 157 S. Charles St.

15 Filed MAR 9 - 1931 C. H. Josh JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6-31

17 I HEREBY CERTIFY, That I attended deceased from Mar 3 1930 to Mar 6 1931

that I last saw her alive on Mar 6 1931

and that death occurred, on the date stated above, at 9:10P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical findings

(Signed) H. H. Campbell M. D.

3/8 1931 (Address) 164 W. Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem

DATE OF BURIAL. Thursday 1931

20 UNDERTAKER H. Howard Evans

ADDRESS 38 E. Hat. Ave

TION is very important. See instructions on back of certificate

Spec.—2-29-28—L. F. S.—500 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66417

CERTIFICATE OF DEATH

51

REGISTERED NO. 27-47

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Belgian Avenue ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME David Kirk

(a) RESIDENCE NO. 707 Belgian Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Kirk

6 DATE OF BIRTH (month, day, and year) June 14, 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	8	20 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER William Kirk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary --------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr W. O. Miller

(Address) 707 Belgian Avenue

15 Filed MAR 9-1931 C. Haupt [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to Mar 7, 1931.

that I last saw him alive on 3/6, 1931

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Cystoscopy - Path

(Signed) [illegible], M. D.

3/9, 1931 (Address) 20 W. N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown, Balto, County

DATE OF BURIAL March 9, 31

20 UNDERTAKER Leroy Stiffler, Inc.

ADDRESS 125 E. North Ave

1-30—M. & T.—10M B—50L

E 66418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO. E 66418

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 15-21 WARD)

2-FULL NAME Mary I. Crew

(a) RESIDENCE NO 1720 N. Fulton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Marion Crew

6 DATE OF BIRTH (month, day, and year) Feb 1/11

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Clara City, Minn

PARENTS

10 NAME OF FATHER George Gressing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ada E. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Marion Crew
(Address) 1720 N. Fulton Ave

Filed MAR 9 1931 O. HAMPSON JONES, M.D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia- followed by premature delivery(6 1/2 months gestation)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos Davis Coroner, M. D.

3/9/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestertown Md

DATE OF BURIAL 3/9 1931

20 UNDERTAKER Wm Cook

ADDRESS 129 N Paca

GIVE INFORMATION ON BACK OF CERTIFICATE. See instructions on back of certificate. CAUTION is very important.

Spec—9-30—A. & Co.—250 Blks.

St. Keiper ✓

E 66419

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66419

CERTIFICATE OF DEATH.

92-001 34

REGISTERED NO. 4697

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2531 Ashton St. 20 to 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Schamberg.

(a) RESIDENCE NO. 2531 Ashton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single

4a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21, 1897

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 31

(b) General nature of industry, business, or establishment in which employed (or employer) Spinner

(c) Name of employer Fidelity Lacquer Co

9 BIRTHPLACE (city or town) (State or country) Butte Mont

PARENTS

10 NAME OF FATHER John Schamberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia Austria

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Butte Mont.

14 Informant (Address) Conrad Schamberg. 3719 Bulwer St

Filed Mar 3 1931 Per C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5 31

17

I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931, to Mar 5, 1931

that I last saw him alive on Mar 5 1931

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Alcoholism suffering

indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clg & Phy Exam

(Signed) F H [illegible] M. D.

, 19 (Address) 3321 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL Mar 4 1931

UNDERTAKER H. B. Wippert

ADDRESS 300 Eutaw Place

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Gadson ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66420 — 131 — E 66420

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1741 E. Eager ST. 7-13 (WARD)

2 FULL NAME Edith Gadson

(a) RESIDENCE NO. 1741 E. Eager ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Gadson

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
about 80				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hamilton Canada

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edith Grigsby
(Address) 1741 E. Eager St.

15 C. HANSON JONES, M. D.
Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5, 1931

17
I HEREBY CERTIFY, That I attended deceased from 3-1-, 1931, to 3-5-, 1931

That I last saw h-r alive on 3-4-, 1931

and that death occurred, on the date stated, above, at 2 P M.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis
(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. H. Haines M. D.

3-9-1931 (Address) 611-W. Conn Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Mar 7 1931
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1225 Eutaw Pl.

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 186-001

F 66421

F 66421

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1434 Gwilym Rare Road St.) 13-57 (Ward)

2-FULL NAME Edna Jenkins

(a) RESIDENCE NO. Woodstock Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Lewis Jenkins

6 DATE OF BIRTH (month, day, and year) 1865.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	66	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Jenkins

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant David Jenkins
(Address) Woodstock Md.

15 Filed 9-1931 19 Registrar C. HAMPSON JONES, M.D.

16 Weather Cold

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry.) thereon and from the evidence obtained by me find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Left Leg Fell down stairs at home

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Morrison M. D.

3/9 (Address) 1622 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Granite Cemetery	3/12/31
20 UNDERTAKER	ADDRESS
Merryman Bros.	Sykesville Md.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66422

CERTIFICATE OF DEATH.

108 E 66422

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 S. Belnord ave. ST. 1-3 WARD)

2 FULL NAME George Walas

(a) RESIDENCE NO. 641 S. Belnord ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 50 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Kathrine Walas

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Kathrine Walas
(Address) 641 S Belnord ave

15 Filed 1931, 19 C. HARRISON JONES, M. D. Registrar

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 / 7 / 31

17

I HEREBY CERTIFY, That I attended deceased from 2/6/31, 19 31, to 3/7, 19 31,

that I last saw him alive on 3/7, 19 31

and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Chronic Bronchitis

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) ... F. ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Samuel A. Fisher M. D.

1931 (Address) 316 S Patterson ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	March 1931
UNDERTAKER	ADDRESS
George A. Weber	705 S. Ann st

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-004 B. 161423

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 628 N. Hilton St. 16-10 WARD)

2-FULL NAME Sarah S. Smith

(a) RESIDENCE NO. 628 N. Hilton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Steven C. S. Smith

6 DATE OF BIRTH (month, day, and year) Apr 6. 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	87	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pembroke Maine

PARENTS

10 NAME OF FATHER Andrew Sprague

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine

12 MAIDEN NAME OF MOTHER Eliza Bosworth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine

14 Informant Harvey L. Smith

(Address) 628 N. Hilton St. Balto. Md.

15 Filed ____, 19__ By ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9/31.

17

I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1931, to Mar. 9, 1931

that I last saw h[illegible] alive on Mar. 8, 1931

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insuff.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

Hypertension (duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. W. Todd M. D.

Mar 9, 1931 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Presque Isle - Maine	Mar 9 1931

20 UNDERTAKER ADDRESS

Mr. & Mrs. John W. Teufel & Son 501 W. Fayette St

TION is very important. See instructions on back of certificate.

8spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66424

CERTIFICATE OF DEATH.

59 E 66424

1-PLACE OF DEATH Caroline or Other street

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 6-9 WARD)

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia K. Ligner (LINGNER.)

(a) RESIDENCE NO. 109 N. Wolfe street ST., 6 WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Lingner

6 DATE OF BIRTH (month, day, and year) Aug. 27th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	65	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Casper Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Julia Dorothy ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John Lingner (Husband) 109 N. Wolfe St

Filed 9 1931 E. HARRISON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23rd, 1931, to March 7th, 1931, that I last saw h.e alive on March 7th, 1931, and that death occurred, on the date stated above, at 11:25 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Chronic Myocarditis

Diabetes Mellitus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

Gen'l Carcinosis (duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Levin M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Mch. 10th 1931

20 UNDERTAKER: Lilly & Zeiler Inc. — ADDRESS: 403 S. Wolfe St.

THIS IS very important. See instructions on reverse side.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66425

82-001

E 66425

CERTIFICATE OF DEATH.

REGISTERED NO. 27443

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3019 Chesley Ave. ST. (If not in a hospital) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert J. Brockbank

(a) RESIDENCE NO. 3019 Chesley Ave. ST., 27th WARD

(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Annie M. Brockbank

6 DATE OF BIRTH (month, day, and year) Jan 25th 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67 68	1	11 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Employed at Post Office

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER William Brockbank

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Susan Kamar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Annie M Brockbank) (Address) 3019 Chesley Ave. Wife

Filed 5 - 1931, 19 31

C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 3, 1931, to Mar. 8, 1931, that I last saw him alive on Mar. 7, 1931, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage (sub-dural)

(duration) — yrs. — mos 5 ds.

CONTRIBUTORY (Secondary) arteriosclerosis with hypertension

(duration) indefinite ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What (est confirmed diagnosis? none

(Signed) A. M. Bacon, M. D.

3/9, 1931 (Address) 2810 Taylor Ave. - Hamilton P.O.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL Nov. 10 1931

UNDERTAKER L. A. Tyler & Son

ADDRESS 403 E Monument St

TION is very important. See instructions on back

Spec.—9-20—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 66426

CERTIFICATE OF DEATH

82-001

L 66426

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 26-37 St. Ward)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Hofferberth

(a) RESIDENCE No 707 S. Baylis St. Ward
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Christina Hofferberth

6 DATE OF BIRTH (month, day, and year) Oct. 13, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Adam Hofferberth

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Interment Record of
(Address) Balto. City Hosp.

15 Filed 3-9-1931 C. MANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8-31

17
I HEREBY CERTIFY, That I attended deceased from 1-3-31, 19..., to 3-8-31, 19...
that I last saw him alive on 3-8-31, 19...
and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum
(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. cerebral (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podgat. M. D.
3-9 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL Mch. 11 1931

20 UNDERTAKER George W. Zickler — ADDRESS 1737 E. Eager st

SECTION is very important. See instructions on back of certificate

Spmc.—9-30—A. A. Co.—250 Blks

66427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2637 Guilford Ave St. 17-50 WARD)

2 FULL NAME Anna S. Stegman

(a) RESIDENCE NO. 2637 Guilford Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Stegman

6 DATE OF BIRTH (month, day, and year) Nov 23rd 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	14/12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Eberhardt Feldhaus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Meta Dunkein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Charles H Stegman 618 E 33rd St

Filed 9-1931. 19 HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-31

17

I HEREBY CERTIFY, That I attended deceased from Feb 17. 1929. to March 7. 1931

that I last saw her alive on March 6. 1931

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Aortic Insufficiency. 5 yrs.

CONTRIBUTORY (Secondary) Pulmonary & Laryngeal Tuberculosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Peck M. D.

3/9 1931 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem.

DATE OF BURIAL: 3-10 1931

20 UNDERTAKER: Mrs Chas A. Rohde 2327

ADDRESS: Edmondson Ave

TION is very important. See instructions on back of cer

Spec.—9-20—A. & Co.—250 Blks.

B 66428 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 66428

CERTIFICATE OF DEATH. 108

1 PLACE OF DEATH Baltimore City Hospitals 76-37

CITY OF BALTIMORE (No. ... St. ... Ward) ...

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clara Johns

(a) RESIDENCE NO. none St. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of
(Address) B'lto. City Hosp.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-31

17 I HEREBY CERTIFY, That I attended deceased from 8-30-19 ... 19 ... to 3-7-31 ... 19 ...

that I last saw her alive on 3-7-31 ... 19 ...

and that death occurred, on the date stated above, at 1:55 A ... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, cerebral, Senile dementia (duration) 12 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Hospital & Home.

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

3-8, 1931. (Address) B'lto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Disinterred 3-10-31

DATE OF BURIAL ... 19 ...

20 UNDERTAKER W. W. Saunders & Son Attorney Cem. Commissioner Hospitals

ADDRESS ...

TION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND MAR 9 - 1931 HAMPSON LOUIS M.

Spec.—9-20—A & Co.—250 Bks.

L 66429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

66429

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No 18-29 St (Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Walter Todd

(a) RESIDENCE NO 823 Lemon St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella May Todd

6 DATE OF BIRTH (month, day, and year) Mar. 17, 1887?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Annapolis Md.

PARENTS

10 NAME OF FATHER Walter Todd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp. UNIVERSITY OF MARYLAND

15 [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-5-31

17

I HEREBY CERTIFY, That I attended deceased from 2-27-31, 19, to 3-5-31, 19

that I last saw him alive on 3-5-31, 19

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, acute

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic UNKNOWN

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

3-7 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

20 UNDERTAKER Commissioner Health.

DATE OF BURIAL MAR 9 1931 19

ADDRESS

C. HAMPSON JONES, M.D.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

B 66430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 66430

108

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 18-16 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Chris Williams

(a) RESIDENCE NO. 212 N. Fremont Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1895 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	36	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Wade Lyons

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Lula Hampton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant (Address) Records of Balto. City Hosp.

15 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-31

17

I HEREBY CERTIFY, That I attended deceased from 3-2-31, 19, to 3-7-31, 19

that I last saw him alive on 3-7-31, 19

and that death occurred, on the date stated above, at 9:45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Fobert M. D.

3.8.1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

9-1931

UNIVERSITY OF MARYLAND MAR 9 1931

Commissioner Health

For Vol. E. Woods

TION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

E 66431 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 66431

1 PLACE OF DEATH Baltimore City Hospitals 76-37 REGISTERED NO.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Albert Moore

(a) RESIDENCE NO. none St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
64	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Jim Blake Labor Dealer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Albert Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Manervy Polar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-31

17 I HEREBY CERTIFY, That I attended deceased from 2-2-28, 19__, to 3-6-31, 19__
that I last saw him alive on 3-6-31, 19__
and that death occurred, on the date stated above, at 8:25 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Howard Hospital.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.
3-8-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 9 1931

20 UNDERTAKER: Commissioner Health

ADDRESS

C TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66432

66432

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (NO. Balto. md. ST. 17-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Drafton Campbell

(a) RESIDENCE NO. 418 Myrtle Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Peter

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Jane Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant (Address) Record Balto City Hospitals

Filed 9-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-31

17 I HEREBY CERTIFY, That I attended deceased from 1-21-, 1931, to 3-6-, 1931, that I last saw h(er)/alive on 3-6-, 1931, and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Stomach Trouble

Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? (Surgical findings)

(Signed) Henry H. Kimmitt M. D.

3/7, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem

DATE OF BURIAL 3/11/31 19

20 UNDERTAKER Edward Bryan ADDRESS 1631 Pulaski St

UNIVERSITY OF MARYLAND

TION is very important. See instructions on back of Certificate.

Spec.—9-30—A. & Co.—250 Blks

66433 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66433

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 96-37 REGISTERED NO.

CITY OF BALTIMORE (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Albert Hayes

(a) RESIDENCE NO. None St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook 071

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Alex Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah Cannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Hospital Records

15 Filed [illegible], 19[illegible] C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1931, to March 6, 1931

that I last saw h im alive on March 6, 1931

and that death occurred, on the date stated above, at 6.15 p.m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia Tuberculosis
(Acute Tuberculous Pneumonia)

(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hans Zinsser M. D.

3-7, 19 31 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leakin's 3-7-31 DATE OF BURIAL: MAR 9 1931, 19

20 UNDERTAKER: M. Leakin ADDRESS: 716 E. B

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 66434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-45-12

E 66434

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Unknown ST. ..... WARD)

2-FULL NAME .....

(a) RESIDENCE NO ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 4-7, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 7 min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Unknown
(State or country) "

PARENTS

10 NAME OF FATHER .....

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant ..... B. Police List
(Address)

15 Filed ..... 19 ..... C. Hinson Jones, M. D. Registrar
9-1931 5568

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) probably Mar 8-6/1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably born alive and strangulated
(Full Term) Found on dump ..ose st
above St. Clair Lane
(duration) yrs. ..... mos ..... ds

CONTRIBUTORY
(Secondary)
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) J. H. Wallis, M. D.
Coroner

19 (Address) 1706 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL
MAR 9 1931

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms. Its duration. TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66435 ✓ E 66435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 108

REGISTERED NO.

1-PLACE OF DEATH U. S. Marine Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. ST., WARD)

2-FULL NAME Charles Tennison

(a) RESIDENCE NO. 1639 Thames ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	7	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10 NAME OF FATHER John Tennison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Finland

12 MAIDEN NAME OF MOTHER Elaine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Finland

14 Informant U. S. Marine Hospital
(Address)

Filed MAR 9 1931 C. HARTSEN JONES, M. D. Registrar
By A. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 - 31

17 I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1931, to Mar. 8, 1931, that I last saw him alive on Mar. 8, 1931, and that death occurred, on the date stated above, at 5:50 a.m.

The CAUSE OF DEATH* was as follows:
Pneumonia, lobar, left lower lobe

(duration) yrs. mos 7 ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Gordon A. Abbott, M. D.

, 19 (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's, Hampsden — DATE OF BURIAL March 10, 31

20 UNDERTAKER E. Leroy Stiffler, Inc. — ADDRESS 125 E. North Ave.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66436

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Finkbeiner

(a) RESIDENCE NO. 1619 Thames ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 12 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Mar. 27, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	11	10 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman O/S

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Esthonia

PARENTS

10 NAME OF FATHER William Finkbeiner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Esthonia

12 MAIDEN NAME OF MOTHER Mary Platz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Esthonia

14 Informant Records U. S. Marine Hospital
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 4, 19 31, to Mar 7, 19 31,

that I last saw him alive on Mar 7, 19 31,

and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar, left upper lobe

(duration) ..... yrs. ..... mos. Unknown ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & laboratory tests

(Signed) Gordon A. Abbott, M. D.

, 19 . (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's, Hampden

DATE OF BURIAL March 10, 31

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 125 E. North Ave.

TION is very important. See instructions on back of certificate.

Spec.—9 31—A. & Co.—250 Blks

B 66437 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 66437

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1605 Waldo St 7-9 WARD)

2 FULL NAME Patsy · Young

(a) RESIDENCE NO. 1605 Waldo St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	colored	widowed

6a If married, widowed, or divorced (or) WIFE of George Young

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laundress gtl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Raleigh N.C.

PARENTS

10 NAME OF FATHER Geo. Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sallie Spencer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Hattie Ferguson

(Address) 1708 Ashland ave

15 [illegible] 9-1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb 15, 1931, to March 7, 1931

that I last saw her alive on March 7, 1931

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) Uncertain ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) Uncertain ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Harper Jones M. D.

, 19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3-10 1931

20 UNDERTAKER Lottie Gross ADDRESS 1708 Ashland ave

HARPER JONES, M. D.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 66438

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 66438

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 3-4 St. 108 Ward)

REGISTERED NO ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Antonio Dionzio

(a) RESIDENCE NO Anchorage Hotel St. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Brazil S.A.

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brazil S.A.

12 MAIDEN NAME OF MOTHER Marie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Brazil S.A.

14 Informant (Address) Records of Balto. City Hosp.

15 9-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8-31

17

I HEREBY CERTIFY, That I attended deceased from 3-3-31, 19 ..., to 3-8-31, 19 ...

that I last saw him alive on 3-8-31, 19 ...

and that death occurred, on the date stated above, at 6:35 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) ....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

3-9, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

20 UNDERTAKER John J Fahy Sons

DATE OF BURIAL 3/9 1931

ADDRESS 1318 Eutaw St

TION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 66439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94002

E 66439

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-9 WARD)

2-FULL NAME Orville Coates

(a) RESIDENCE NO 36 Cathedral St., Annapolis, Md. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	marreid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Coates

6 DATE OF BIRTH (month, day, and year) Mar 8/1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co.,

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Charles E. Hicks, Jr.

(Address)

Dated 3/9/1931 C. HAMPSON JONES, M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows

Probably Coronary Thrombosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Hicks, M. D.
Coroner

3/9/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis, Md.

DATE OF BURIAL March 11 31

20 UNDERTAKER Chas E Hicks Jr

ADDRESS 347 W St Annapolis

CAUSE OF DEATH to be filled in plain terms, so that it may be properly classified. EACH QUESTION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66440

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hosp. ST., 12-49 WARD)

(Edgar Shirley Perkins, M.D.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar S. Perkins

(a) RESIDENCE NO. Granny Apts ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62-7	62	8	29	27

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Maryland

PARENTS

10 NAME OF FATHER Palmer Lenfield Perkins

11 BIRTHPLACE OF FATHER (city or town) Burlington

(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Catherine Tomlinson

13 BIRTHPLACE OF MOTHER (city or town) Bristol

(State or country) Pennsylvania

14 Informant Mrs. Lucy H. Carrington

(Address) Greenway Apartments

Filed 3-9-1931, 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-1931

17 I HEREBY CERTIFY, That I attended deceased from 3-2-31, 19 31, to 3-7-31, 19 31,

that I last saw h alive on 3-7-31, 19 31,

and that death occurred, on the date stated above, at 10 45 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Shirley Perkins, M. D.

3/7, 1931 (Address) Community Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Mar. 10, 1931

UNDERTAKER Wm. H. Cook

ADDRESS 1003 West Baltimore St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66441 — CERTIFICATE OF DEATH — 137 — E 66441

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE, (No.) 425 Eastern Ave ST. 27-48 WARD

2 FULL NAME John H Jerome

(a) RESIDENCE NO. 425 E Eastern Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or WIFE of) Olivia Kimberly

6 DATE OF BIRTH (month, day, and year) 5/10/1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Pb
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or Town) (State or country) Ashton Pa

PARENTS
10 NAME OF FATHER John H Jerome
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md
12 MAIDEN NAME OF MOTHER H Dyer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Interment (Address) Mt Carmel 4200 Harford Ave

15 Filed 19 C. HARRISON JONES, M. D. Registrar

R 9 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9/31

17
I HEREBY CERTIFY, That I attended deceased from 2/22 19 31 to 3/9 19 31
that I last saw him alive on Sunday Mch 8 19 31
and that death occurred, on the date stated above, at 2.15 P.M.
The CAUSE OF DEATH* was as follows:
Transition due to senile degeneration
Enlarged prostate. Incontinence of urine. Anemia.
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Dyspnea. Apnea & Cyanosis
(duration) yrs. 8 mos. 15 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Geo J Hastings M. D.
19 (Address) 5836 Gwynn Oak Ave

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery
DATE OF BURIAL: Mar 11 19 31
20 UNDERTAKER: Mary W Medford
ADDRESS: 501 E 22nd

TION is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Blks.

66442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-006 66442

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3531 Falls Road St. 13-52 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Atkinson

(a) RESIDENCE NO. 3531 Falls Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or ~~WIFE of~~)

6 DATE OF BIRTH (month, day, and year) Dec 7-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Falls Co

PARENTS

10 NAME OF FATHER John Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Bridget Cunningham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Gertrude Gruch

(Address) 3531 Falls Road

15 Filed 3-9-1931 C. Harrison Jones M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 8-1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 1929 to Mar 8 1931

that I last saw h living alive on Mar 8 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic valv. heart Dis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY Arterio Sclerosis.
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

1931 (Address) 2010 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Valley Cemetery DATE OF BURIAL Mar. 11 31

20 UNDERTAKER P. H. Marshall ADDRESS 3539 Falls Road

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

66443 66443

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1354 W. 41 St. (Ward) 12-57

2. FULL NAME William Thomas Easton

(a) RESIDENCE NO. 1354 W. 41 St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of (or WIFE of): Sarah E. Easton

6 DATE OF BIRTH (month, day, and year): Feb 3-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mill Hand

(b) General nature of industry, business, or establishment in which employed (or employer): Colton Mills

(c) Name of employer: 046

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Perry Easton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sophia Easton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Miss Easton 1354 W. 41st

15 C. HARRISON JONES, M. D. Registrar

9 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/8/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1931, to March 8, 1931

that I last saw h[illegible] alive on March 7, 1931

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
& Arterio sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) — yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Examination

(Signed) W. H. Smith M. D.

3/9 1931 (Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery DATE OF BURIAL: Mar 10 1931

20 UNDERTAKER: A. S. Marshall ADDRESS: 3539 Pall Rd

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

(Barrie Smith) ✓

E 66444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66444

93-00

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. (ST.) 8-45 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Louis Smith (Carrie)

(a) RESIDENCE NO. 1650 Darley Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mr Louis Smith (deceased)

6 DATE OF BIRTH (month, day, and year) May 10, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Caleb Eck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Buch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Wm Calary

(Address) 1667 Darley Ave.

Filed 9-1931 .19 HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/9/31, 19 to 3/9/31, 19

that I last saw h alive on 3/9/31, 19

and that death occurred, on the date stated above, at 4 00 P m.

The CAUSE OF DEATH* was as follows:

~~Acute Cardiac Dilatation~~

Myocarditis - Acute

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Francis W Gluck, M. D.

, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Park

DATE OF BURIAL May 11 1931

20 UNDERTAKER P. Markelmire Son

ADDRESS White Hall Rd

SEE INSTRUCTION is very important. See instructions on back of certificate.

Spec—9-30—A & Co—250 Blks

Dr Bishop Sheridan

E 66445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 66445

1 PLACE OF DEATH

CITY OF BALTIMORE, (No. 616 Glenwood Ave (St.) 27 (Ward) 6

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maggie E Corey

(a) RESIDENCE NO. 616 Glenwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wallace H Corey

6 DATE OF BIRTH (month, day, and year): Jan 23 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 039

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Maggie Hoke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Interment (Address): Mt. Lotus Mt Lebanon Ave

15 Filed 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 9 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to Mar 9, 1931

that I last saw h[er] alive on Mar 2, 1931

and that death occurred, on the date stated above, at 4 P M.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Trauma

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) S W Bishop M. D.

Mar 9, 1931 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Christian Grove — DATE OF BURIAL: 3/11 1931

20 UNDERTAKER: Wilson Cook — ADDRESS: 2194 Pa Ave

CAUSE OF DEATH is very important. See instructions on back of certificate. Every statement must be properly answered. Every statement may be plain terms, so that it may be understood.

Spec.—9-30—A. & Co.—250 Blks

E 66446

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66446

CERTIFICATE OF DEATH

REGISTERED NO

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals (C.H.) St. 11-15 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Lee

(a) RESIDENCE NO. 1038 Lemmon Court WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if alien? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7, 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sheetmetal Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Cleveland Ohio

PARENTS
10 NAME OF FATHER Robbin Lee
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio
12 MAIDEN NAME OF MOTHER Susan Shannon
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant (Address) Hospital Records

15 [illegible] 9-1931 .19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 8 .1930. to Mar 8 .1931
That I last saw h alive on Mar 8 1931
and that death occurred, on the date stated above, at 8:45 a. m.
The CAUSE OF DEATH* was as follows:
Malignant & Ungolsons of pleura

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastases to pericardium
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy findings
(Signed) David Bruce M. D.
.19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery
DATE OF BURIAL 3/10/1931
ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Do not use abbreviations or terms not found in standard medical nomenclature. Do not report symptoms, modes of dying, or conditions resulting from causes stated. Indefinite or unsatisfactory answers cannot be accepted. Write plainly with pen and ink. Do not use lead pencil. Fill in all blanks with typewriter or print in ink. Punctuation is unnecessary. Use figures for dates. Example: Right Lobar Pneumonia, 2 days; Chronic Interstitial Nephritis, 3 years; Uremic Convulsions, 4 days. Duration of each cause should be stated. Write the cause of death on line (a) and the primary cause, if any, on the last line. Other significant conditions contributing to death but not related to the disease or condition causing death should be reported on line (b). Operations should be reported in item 18. Maternal conditions should be reported in item 17. If death was due to external causes (violence), fill in the following items: Accident, suicide or homicide? Where did injury occur? (Specify home, farm, factory, street, office building, etc.) What was he doing when injury occurred? How did injury occur? Was injury (1) fall? (2) burn? (3) scald? (4) drowning? (5) firearm? (6) cut or stab? (7) poison? (8) asphyxiation? (9) electricity? (10) other (specify)? Was injury received in industry? Was death due to war activities? Specify whether Homicide, Suicide, Accident, or Legal Execution. Injuries should be described as specifically as possible. Example: Gunshot wound of head, Fracture of skull, Crushing of chest, Laceration of liver, Concussion of brain, Asphyxiation by gas, Drowning, Electrocution, Poisoning by bichloride of mercury, Strangulation, Hanging, Shock, Hemorrhage, Internal hemorrhage, Exposure, Starvation, Multiple injuries, Burns, Scalds, Fracture of spine, Fracture of skull, Crushing of chest, Laceration of liver, Concussion of brain, Asphyxiation by gas, Drowning, Electrocution, Poisoning by bichloride of mercury, Strangulation, Hanging, Shock, Hemorrhage, Internal hemorrhage, Exposure, Starvation, Multiple injuries, Burns, Scalds, Fracture of spine.

Spec.—9-31—A. & Co.—250 Blks

66417 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 45 670.117

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 2623 Ashland Ave ST. 17 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Leonard Reuling

(a) RESIDENCE NO. 2623 Ashland Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	~~Widower~~ Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Ida Reuling

6 DATE OF BIRTH (month, day, and year) May 30th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): United Railway

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Jos Koffenberger
(Address) 2623 Ashland ave

15 Filed MAR 9 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to March 8, 1931

That I last saw h[im] alive on March 8, 1931

and that death occurred, on the date stated above, at 1253 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue with generalized metastasis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Grace Pennington M. D.

3/8, 1931 (Address) 1100 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	3/11/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

66448 CERTIFICATE OF DEATH 131 L. 66448

1 PLACE OF DEATH: Baltimore City Hospitals S 4-25 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME Oscar Weems

(a) RESIDENCE NO 507 W. Mulberry ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Poultry business
(b) General nature of industry, business, or establishment in which employed (or employer): 045
(c) Name of employer: Mr. Cunningham

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

PARENTS
10 NAME OF FATHER: Sutton Weems
11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Md.
12 MAIDEN NAME OF MOTHER: Cassie Dare
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md.

14 Informant: Records of
(Address): B.C.H.

15 [illegible] 19 16 [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-31

17
I HEREBY CERTIFY, That I attended deceased from 10-25-30, 19 , to 3-9-31, 19
that I last saw him alive on 3-9-31, 19
and that death occurred, on the date stated above, at 12:04 A m.
The CAUSE OF DEATH* was as follows:

Nephritis, Chronic
(duration) yrs. 8 mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis, cerebral hemorrhage
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam; lab.

(Signed) Paul Padget. M. D.
3-9 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: 3/10/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 127 St Paul St

R 9 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec—9-30—A. & Co.—250 Blks.

Hospn 2525 - Fenkle Road

66449 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66449

CERTIFICATE OF DEATH. 11-001

1-PLACE OF DEATH. 20-69

CITY OF BALTIMORE: (No. 711 Wellington Ave ST. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Virginia Pemberton

(a) RESIDENCE NO. 711 Wellington Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Williams April 7-1880

6 DATE OF BIRTH (month, day, and year) ~~Sept 7 1876~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50 54	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm P. Goldsborough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha McGill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment (Address) Pine View

15 Filed MAR 9 - 1931 19.. C. HARRY JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 9. 1931

17

I HEREBY CERTIFY, That I attended deceased from 25 Feb, 1931, to 9 Mar, 1931

That I last saw h- alive on 9 Mar, 1931

and that death occurred, on the date stated above, at 6-2 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Pneumonia (Broncho)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Edmund Foster M. D.

9 Mar 1931 (Address) 2526 Fenkle Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet - Md — DATE OF BURIAL 11 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 E. Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

No Franklin 122 W Fay 27 Calvert 3940 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

66450 11-001 66450

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 107 W. Lee ST. 22-30 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Dorothy L. Leutner

(a) RESIDENCE No. 107 W. Lee ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 99 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Franz Leutner

6 DATE OF BIRTH (month, day, and year) Jan 12th 1831

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	100	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Eggers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Wm Metzel Marlborough Ave

15 Filed MAR 9 - 1931 19 C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/11, 1931, to 3/7, 1931

that I last saw h[illegible] alive on 3/7, 1931

and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis
Pneumonia

(duration) — yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) — yrs. — mos. 24 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dan Franklin M. D.

3/9, 1931 (Address) 122 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	3/10/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 E Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

E 66451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 96

E 66451

1-PLACE OF DEATH Maryland Gen Hosp. 24

REGISTERED NO. _____

City of BALTIMORE: (No. _____ St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A. Magraw

(a) RESIDENCE NO. Perryville Md. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 2 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16, 1883

7 AGE: Years 47 Months 4 Days 23

IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer, do

(b) General nature of industry, business, or establishment in which employed (or employer): [redacted]

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co. Md.

PARENTS

10 NAME OF FATHER: James Magraw

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Katherine Hump

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Hospital records

15 Filed C. HAUPSEN JONES, M. D., Registrar

Per _____

R 9-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: 3-9-31

17 I HEREBY CERTIFY, That I attended deceased from 3-7 1931 to 3-9 1931

that I last saw h[illegible] alive on 3-9- 1931

and that death occurred, on the date stated above, at 6 hrs P m.

The CAUSE OF DEATH* was as follows: Cancerous of left Intercranial

Internal Carotid Artery

(duration) yrs. 5 wks. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 6 w mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 3-9-31

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Mem Gar Co

Date of Burial: March 31

20 UNDERTAKER: Reed Patterson

ADDRESS: Perryville Md

tion should be carefully supplied. AGE should be st
OF DEATH in plain terms, so that it may be properl
very important. See instructions on back of certific

Spec.—9-30—A. & Co.—250 Blks

Dr Miller 108 E. North Ave ✓ 5th
Mrs Walter Ruth

E 66452

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-103E 66452

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE (No.) Greenway (Apartment) (WARD) 10-19

*2 FULL NAME Mary Elizabeth Ruth Cummings

(a) RESIDENCE NO. Res st Ave + 34th ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If ~~married~~ widowed, or ~~divorced~~
(or) WIFE of John Cummings

6 DATE OF BIRTH (month, day and year) Sept 29th 1848

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chestertown, Md.

PARENTS
10 NAME OF FATHER Thos. D. Ruth
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER ~~Augusta~~ Augusta Ruth
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Walter Ruth
(Address) Greenway Apts

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar. 8th 1931

17
I HEREBY CERTIFY, That I attended deceased (from Jan 25 . 1931 . to March 8 . 1931
that I last saw h alive on March 8 . 1931
and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:
Old age - Her heart gradually weakened. Every organ was in good shape for her age - She went to sleep -
(duration) yrs. mos. ds.

CONTRIBUTORY ...
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? anim. Horse. heart normal. Lungs - Normal
(Signed) Irving Miller — M. D.
. 19 (Address) 108 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chestertown Md Cemetery	3/11/ 1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

R 9-1931 C. HAMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Blks

E 66453

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 66453

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Stricker St. ST. 19-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia F. Monthley

(a) RESIDENCE NO. 422 S. Stricker St. ST., WARD

(Usual place of abode)

(Length of residence in city or town where death occurred 76 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
RUSBAND of
(or) WIFE of Late Louis H. Monthley

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1854.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Adam Geise

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Louis Henry Monthley, Jr.
(Address) 422 S. Stricker St.

Filed 9-1931 C. HARPER JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to March 7, 1931,

that I last saw h alive on March 6, 1931,

and that death occurred, on the date stated above, at 5:30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cortico-renal failure

Chronic myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. E. Story Jr. M. D.

, 19 (Address) 4012 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 3/10/31

20 UNDERTAKER Harry J. Little — ADDRESS 4101 Edmondson Ave.

CAUSE OF DEATH must be filled in by physician, if practicable, in all cases. See instructions on back of certificates.

IMPORTANT. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

245696

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 66454 JOHNS HOPKINS HOSPITAL B 66454

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7-9 St.) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ernst Norris

(a) RESIDENCE NO. 120 E South St. York Pa Ward
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 31-1858

7 AGE — Years: 72 — Months: 6 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Funeral Director
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS
10 NAME OF FATHER Gotlieb Norris
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Frederica Friek
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed MAR 10 1931 19 C. HAYWARD JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9-31

17
I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to March 9 1931
that I last saw him alive on March 9, 1931
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? yes Date of Feb 21, 1931
Was there an autopsy? No.
What test confirmed diagnosis? Operation

(Signed) Rawley McPennell Jr. M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: York Pa Prospect Hill Cemetery
DATE OF BURIAL: 3/10 1931
UNDERTAKER: Wm Cook
ADDRESS: 1217 St Paul St

CAUSE OF DEATH is in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66455 — 107-001 — E 66455

REGISTERED No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1824 Brunt St. 14-20 WARD

2. FULL NAME Harriett Hall

(a) RESIDENCE No. 1824 Brunt St. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hall

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Launderess

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Hankins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Ella Madden 1824 Brunt St

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1931, to Mar 7, 1931

that I last saw her alive on Mar 7, 1931

and that death occurred, on the date stated above, at 10 55 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Ulcer of Leg (Varicosity)

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Frey M. D.

3/7, 1931 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3-10, 1931

20 UNDERTAKER John N. Troadmire

ADDRESS 1027 Hand St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificates.

MAR 10 1931

Spec.—9 30—A & Co—250 Blks

66456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 25-76 ST. WARD)

REGISTERED NO 66456

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louis Vanlandingham

(a) RESIDENCE NO 3124 Tate ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Vanlandingham

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Waxhall N.C.

PARENTS

10 NAME OF FATHER Louis Vanlandingham

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Hannah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Records of Balto. City Hosp.

15 FILED 3-7-1931 JONES, M. D. Registrar

MAR 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-6-31

17

I HEREBY CERTIFY, That I attended deceased from 11-3-30, 19 , to 3-6-31, 19

that I last saw him alive on 3-6-31, 19

and that death occurred, on the date stated above, at 5:55 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, cerebral,
Senile dementia.
more than 4 yrs. mos. ds.
(duration)

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podgel. M. D.

3-7-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL 3-16 1931

20 UNDERTAKER John H Trader

ADDRESS 1027 Round Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered. Physician's certificate of cause of death is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

Walther

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66457

93-003

E 66457

CERTIFICATE OF DEATH.

REGISTERED NO. 4

1-PLACE OF DEATH Baltimore, Md.—

CITY OF BALTIMORE: (NO. 2100 W. Mulberry St. WARD 19)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Anna Walther.—

(a) RESIDENCE NO.: 2100 W. Mulberry St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Mar

5a If married, widowed, or divorced HUSBAND of or) WIFE of Chas Walther

6 DATE OF BIRTH (month, day, and year) Nov 18, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	79	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?

(b) General nature of industry, business, or establishment in which employed (or employer) Housework 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Langlessery Landstadt, Germany

PARENTS

10 NAME OF FATHER Henry Becker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Langlessery Landstadt, Germany

12 MAIDEN NAME OF MOTHER Elizabeth Bucher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Langlessery Landstadt, Germany

14 Informant (Address) Family 2100 W. Mulberry St

15 Filed NOV 10 1931 H. FRED JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7/1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1931, to Nov 7th, 1931, that I last saw h alive on Nov 7th, 1931, and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Non necessary

(Signed) Harry Krats, M. D.

, 19 (Address) 527 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
WESTERN CEMETRY	Nov 10 1931
20 UNDERTAKER ROBERT BROOKS & SON	ADDRESS Calhoun Hollins Av

CAUSE OF DEATH must be plainly written, and should state the primary cause, secondary or contributory causes, and the duration of each. BURIAL PERMIT cannot be issued by Registrar until this certificate is properly filled out. See instructions on back of certificate. INFORMATION is very important!

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66458

159 ✓ E 66458

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital ST. 19-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marguerite Waskis

(a) RESIDENCE NO. 331 N. Calhoun St. Balto. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 2-15-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	✓	22 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Walter Waskis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Anna Marcavina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Mother

(Address)

15 Filed MAR 10 1931 16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 9th, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 9th, 1931 to Mar. 9th, 1931,

that I last saw her alive on Mar. 9th, 1931,

and that death occurred, on the date stated above, at 12:45 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

Coroner's Inquest.

(Duration) yrs. mos 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Irene S. Fee, M. D.

19 (Address) Union memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	march 10, 1931
20 UNDERTAKER	ADDRESS
John Grebliauckas	423 S. Paca St.

CAUSE OF DEATH in plain words, so that it may be understood by physicians in all parts of the country. See instructions on back of certificates.

TION is very important.

Spec—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66459

11-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 Plum Alley 73-31 WARD)

2 FULL NAME Kinlow Beahan Johnson

(a) RESIDENCE NO. 829 Plum Ally WARD

(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): S

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 18 1922

7 AGE: Years 8 | Months 11 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Jerome Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Frances Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

PARENTS

14 Informant (Address) Frances Johnson 829 Plum Alley

15 Filed MAR 10 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7/31

17 I HEREBY CERTIFY, That I attended deceased from 3/7/31, 19 31, to 3/9, 19 31, that I last saw her alive on March 7, 19 31, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia (duration) 4 days.

Influenza (duration) 7 days.

CONTRIBUTORY (Secondary) (duration) yrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) D. A. Lawrence M. D.

3/9/31 (Address) 320 Thorpe Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dust

DATE OF BURIAL 3/10 1931

20 UNDERTAKER L. Brownlow ADDRESS 1118 W Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. It is very important.

Spec.—9-30—A. & Co.—250 Blks.

Anne Helen Bryan

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-883

E 66460

REGISTERED NO. 27-462 66460

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4400 Hamps Ave.

2 FULL NAME Anne Helen Bryan.

(a) RESIDENCE NO. 4400 Hamps Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of A. Chas. E. Bryan

6 DATE OF BIRTH (month, day, and year) Jan. 19, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

637

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm Radzinsz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Ann Oakjones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Arthur H. Bryant
(Address) 4400 Hamps Ave

15 Filed MAR 10 1931 19 C. H. Morrison Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31

17 I HEREBY CERTIFY, That I attended deceased from July 10. 1930. to March 7. 1931

That I last saw her alive on March 6. 1931

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Softening of Brain

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. R. Bracco M. D.

4/7. 1931 (Address) 3701 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood.

DATE OF BURIAL: Mar. 10/31. 19

UNDERTAKER: F. B. Wippert

ADDRESS: 1300 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is necessary. See instructions on back of certificates.
TION is very important.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66461

CERTIFICATE OF DEATH

46 E 66461

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 3000 E. Fayette St. St. 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Bertha May Hughes

(a) RESIDENCE NO. 3000 E. Fayette St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

life

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David R. Hughes

6 DATE OF BIRTH (month, day, and year) Aug 6, 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 56	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Isaac S. Kapp.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Mrs. Edith Wildason 3000 E. Fayette St.

MAR 10 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7, 31

17

I HEREBY CERTIFY, That I attended deceased from February 25 31 to March 7 19 31

that I last saw h alive on March 7 19 31

and that death occurred, on the date stated above, at 2-45 a.m

The CAUSE OF DEATH* was as follows:

Gastric - Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feb 1931 Mercy Hospital

Was there an autopsy? no

What test confirmed diagnosis? Exploratory Laparotomy

(Signed) John F. Ourbacker M. D.

(Address) 26 E Preston St

Mar 9 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemtry — DATE OF BURIAL 3/10/31

20 UNDERTAKER John A. Moran — ADDRESS 3009 E. Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE TION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 66462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 66462

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 1724 WARD)

2-FULL NAME Annie Schaeffer

(a) RESIDENCE NO 1102 Wilmer Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Schaeffer

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ahoskie, N.C.

PARENTS

10 NAME OF FATHER David Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Annie Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Ella Morris (Daughter)

(Address) 1918 Madison Ave

Filed MAR 10 1931 C. HARRISON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? XXX X

Did an operation precede death? no Date of

Was there an autopsy? yes at St. Joseph Hosp.

What test confirmed diagnosis?

(Signed) J. H. Bauer, M. D.

3/9/31 19 (Address) 508 E. North Ave Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Mar 10, 1931
20 UNDERTAKER Dr. Kate R. Williams	ADDRESS 3924 Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66463

CERTIFICATE OF DEATH

9-46

107-001 E 66463

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. ..... WARD)

2-FULL NAME Joseph L. Kruger

(a) RESIDENCE NO 3002 Independent ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec/28/1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	9 //	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Kruger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mildred Deehl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mildred D. Kruger
(Address) 3002 Independent St

15 Filed ..... 193 C. PAWSON JONES, M.D. Registrar

MAR 10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia (Primary)

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Jos Kaufer, M. D. Coroner

19 (Address) 508 E. North Ave 3/10/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 3-10 19 31

20 UNDERTAKER George J. Ruth Inc — ADDRESS 1110 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66464 — 46th 66464

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 William St.) 7433 (WARD)

2. FULL NAME Thomas Howard Insley

(a) RESIDENCE NO. 1209 William ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose E. Insley

6 DATE OF BIRTH (month, day, and year) June 25 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Agent

(b) General nature of industry, business, or establishment in which employed (or employer): Ofc

(c) Name of employer: Chesapeake S.S. Co

9 BIRTHPLACE (city or town) (State or country): Vienna Dorchester Co Md

PARENTS

10 NAME OF FATHER: Jacob Insley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bivalve Md

12 MAIDEN NAME OF MOTHER: Leah Ella Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Centreville Md

14 Informant (Address): Rose E. Insley 1209 N. William St

15 [illegible] 1931 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7 31

17

I HEREBY CERTIFY, That I attended deceased from Dec 12 1930 to Mar 7 1931

that I last saw h[illegible] alive on Mar 7 1931

and that death occurred, on the date stated above, at 7 40 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(Duration) yrs. 87 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. E. Nelson M. D.

(Address) 877 N. Chester

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cemetery — DATE OF BURIAL: Mar 10 1931

20 UNDERTAKER: John H. Denny — ADDRESS: 715 Light St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66465

CERTIFICATE OF DEATH

93-003

66465

REGISTERED NO.

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS 776

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... ST. ... WARD)

2 FULL NAME Thomas Bull.

(a) RESIDENCE NO. 24 E. Hill St. ST. ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married.

5a If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Mary E. Bull

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	8/0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

PARENTS

10 NAME OF FATHER George E. Bull.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Bettie Turlington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Interment Records Of

(Address)

15 Filed 1931 19 C. HAYDEN JONES, M. D. City Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-7-31.

17:

I HEREBY CERTIFY, That I attended deceased from August 28, 1930, to March 7, 1931

that I last saw h im alive on March 7, 1931

and that death occurred, on the date stated above, at 2:55 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

3-8, 1931. (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL March 11, 1931

20 UNDERTAKER John F. Denny — ADDRESS 715 Lisbon St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-15-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66466

CERTIFICATE OF DEATH

167

E 66466

1-PLACE OF DEATH

City of Baltimore: (No. 1804 Thornbury Road St.) (Ward) 47-54

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Otho J. Haynie

(a) RESIDENCE NO. 1804 Thornbury Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Piersol

6 DATE OF BIRTH (month, day, and year) August 31, 1894

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	36	6	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sec'ty & treasurer
(b) General nature of industry, business, or establishment in which employed (or employer) of
(c) Name of employer paper company

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER William J. Haynie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Leila Haynie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Nellie P. Haynie
(Address) 1804 Thornbury Road

15 Filed MAR 10 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
through Head
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Kerr M. D.

3/12, 1931 (Address) 532 Cleveland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Mar. 10, 31

20 UNDERTAKER John O. Mitchell & Sons, ADDRESS 1900 Eutaw place

Mahlon B. Mitchell

Be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 6-9-19—H. P. Co.—1500 Bks.

E 66467 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 66467

CERTIFICATE OF DEATH. 11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1030 Wilmer Court ST. 17-24 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorothy Alexander

(a) RESIDENCE. No. 1036 Wilmer Court ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-16-30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Ella Tenney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

11 Informant (Address) John Alexander

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9 1931

17 I HEREBY CERTIFY, That I attended deceased from 3-6 , 1931, to 3-9 , 1931, that I last saw her alive on 3-9 , 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

La Grippe - Bronchitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) W. A. Harris , M. D.

, 19 (Address) 1200 Penn Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Mar 9 1931

20 UNDERTAKER Saml. W. Chase & Son ADDRESS 6384 Belair

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Print.—9-30—A. & Co.—250 Blks

E 56468

28608 Ped.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 34 V E 66406

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 7-9 ST. WARD)

2 FULL NAME James Wallis

(a) RESIDENCE NO. 1620 Marlborough Ave WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE, of Jane Brown

6 DATE OF BIRTH (month, day, and year) Jan. 24th 1868

7 AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	63	1	8/10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William J. Wallis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Halliday

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

11 Informant (Address) Friends. JOHNS HOPKINS HOSPITAL

15 Filed . 19 C. LLOYD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-31

17

I HEREBY CERTIFY, That I attended deceased from 3-2, 1931, to 3-9, 1931

that I last saw him alive on 3-9, 1931

and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Ruptured Abdominal Aneurysm. Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. C. Smith M. D.

3-9, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Thomas Church Croome Md

DATE OF BURIAL Mar 11th 1931

20 UNDERTAKER George J. Schilling & Sons

ADDRESS 1126 E Monument St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Explanations and OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 664[illegible] HEALTH DEPARTMENT—CITY OF BALTIMORE 664459

CERTIFICATE OF DEATH. 82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1839 E. Biddle St. 8-13 WARD)

2 FULL NAME Jacob W. Kline

(a) RESIDENCE NO. 1139 E. Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

6a If married, widowed, or divorced HUSBAND of ~~her~~ Elizabeth Kline

6 DATE OF BIRTH (month, day, and year) July 13/51

7 AGE (74) Years 79 Months 8 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Balto City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Geo. F. Kline

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ger.

14 Informant Elizabeth Kline

(Address) 1134 E Biddle

Filed MAY 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7/31

17 I HEREBY CERTIFY, That I attended deceased from Mar 5, 1931, to Mar 7, 1931

that I last saw him alive on Mar 6, 1931

and that death occurred, on the date stated above, at 5:30 A. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B B Kerrigan M. D.

May 9, 1931 (Address) 324 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem.

DATE OF BURIAL 3/11 1931

ADDRESS 20 16

20 UNDERTAKER Philip Herring

Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66470

94-001

94 E 66470

CERTIFICATE OF DEATH

1 PLACE OF DEATH — CITY OF BALTIMORE (No 4106 Penhurst Ave 15-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jean Schaefer

(a) RESIDENCE NO. 4106 Penhurst Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Elizabeth R. Schaefer

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	11	13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coffee Broker

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jean Schaefer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Kett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Elizabeth R. Schaefer

(Address) 4106 Penhurst Ave

15 Filed [illegible] 39. J. PONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8 1931

17

I HEREBY CERTIFY, That I attended deceased from 1/4, 1931, to Feb 28, 1931

that I last saw h in alive on Feb 28, 1931

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

acute angina.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. F. Queen M. D.

3/8 1931 (Address) 350 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Mar 11 1931

20 UNDERTAKER: Wm Pickett Sons ADDRESS: North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 10 1931

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66471

CERTIFICATE OF DEATH

93-023 E 66471

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3100 Cold Spring Ave St.) 15-62 (WARD)

2 FULL NAME Laura Frances Liddell

(a) RESIDENCE No. 3100 Cold Spring Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Liddell

6 DATE OF BIRTH (month, day, and year) May 2, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Augustus Buckmaster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rebecca Jarboe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mr. John H Liddell 3100 Cold Spring Ave.

15 MAR 10 1931 19 C. Hamilton Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-2-29, 19, to 3-8-31, 19

that I last saw her alive on 3-7-31, 19

and that death occurred, on the date stated above, at 5.15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Degenertive Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(duration) Few Minutes yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examinatio

(Signed) Jno L Fetterolf M. D.

3-9-31 19 (Address) 3400 Waldrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Mar 10 '31
20 UNDERTAKER H. M. Thacker Sons	ADDRESS North St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 66472

(Frieden)

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-001 L 66472

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N Regester ST. 04 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 8.)

2-FULL NAME Michael Frieden (Alias Sadowsky) D.O.B.

(a) RESIDENCE NO. 223 N Regester ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — — — —

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer. Odd
(b) General nature of industry, business, or establishment in which employed (or employer) Penna. R.R. Co. Locust
(c) Name of employer 224 Exeter Street

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Josephine Frieden Daughter

(Address) 223 N Regester Street

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Contributory (Secondary) Pneumonia (duration) 1 mos. 1 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. G. Blades, M. D. Coroner

, 19 (Address) 1438 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	March 12—1931
UNDERTAKER	ADDRESS
George A. Weber	705 S Ann street

information should be carefully supplied. AGE should be stated EXACTLY. Information must be given to all questions. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66473 108 E 66473

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 426 W Milton ave ST. 6-10 WARD)

2. FULL NAME Anna Paris or. Kwasniewska

(a) RESIDENCE No. 426 W. Milton ave- ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Thomas Dorenda

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Katherine Paras.

(Address) 426 W. Milton Ave.

15 Filed 19 Reg.

C. PARKER JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9/31

17

I HEREBY CERTIFY, That I attended deceased from 3/4, 1931, to 3/9, 1931, that I last saw h alive on 3/9, 1931, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Labar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Raymond O'Leary M. D.

1931 (Address) 316 S Patterson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Thomas Cemetery DATE OF BURIAL: March 12 1931

20 UNDERTAKER: George A. Weber ADDRESS: 705 S. Amity St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Blks.

Ruth Elenora Anderson

E 6647-1

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 ✓ E 6647-1

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 532 N. McMechen St. 14-70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth Elenora Anderson

(a) RESIDENCE NO. 532 N. McMechen St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Mar 3-1915

7 AGE: Years 16 Months — Days 3 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Wm Anderson

11 BIRTHPLACE OF FATHER (City or town): Baltimore

(State or country): Md

12 MAIDEN NAME OF MOTHER: Ruth Dix

13 BIRTHPLACE OF MOTHER (city or town): Md

(State or country): Md

14 Informant (Address): Wm Anderson 532 N. McMechen

15 Filed C. HARRISON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 March 6-1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 27 . 19 31 , to Mar 6 . 19 31 ,

that I last saw h. alive on Mar 6 . 19 31 ,

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. F. Lemmon M. D.

Mar 19 31 (Address) 3013 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — Date of Burial: 3/10/31

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

246144 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH + 93-001 (1175)

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL (14 WARD) Registered No.

CITY OF BALTIMORE, (No. 1900 E. Monument St.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Gulden

(a) RESIDENCE No. 30 W. South St. WARD Carlisle Pa

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): December 1909

7 AGE: Years 21 Months 3 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer): R.R. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: George

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Elsie Bream

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 C. H. HANSON JONES, M. D.

MAR 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): March 9-31

17 I HEREBY CERTIFY, That I attended deceased from March 6 1931 to March 9 1931

That I last saw h in alive on March 9 1931

and that death occurred on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Toxic Myocarditis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Carlisle. Pa

Did an operation precede death? No Date of —

Was there an autopsy? yes

What test confirmed diagnosis? N.P.N. 160-

(Signed) Wendell S. Muncie M. D.

19 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carlisle Pa | DATE OF BURIAL: March 11 1931

20 UNDERTAKER: John C. Miller 2d | ADDRESS: 35 E Ulrich St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66476

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

E 66476

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 4-25 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Volkin

(a) RESIDENCE NO. 676 W. Balto ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Rebecca Volkin

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE Years	Months	Days	If LESS than 1 day, __ hrs. or __ min.
54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Volkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis (Address) 1429 E. Balto St

15 Filed _____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-31

17 I HEREBY CERTIFY, That I attended deceased from 11/31, 1930, to 3/9/, 1931,

that I last saw h/m alive on 3/9, 1931,

and that death occurred, on the date stated above, at 7:10 P.m.

The CAUSE OF DEATH* was as follows:

Bronch. Pneumonia

Primary: Influenza

Complicating

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary) Ch. Cardio vascular disease; Myocardial failure (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) Jos. J. Bluml, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Cemetery — DATE OF BURIAL 3-12-1931

20 UNDERTAKER Jack Lewis, 1429 — ADDRESS E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66477

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME E. Evelyn Forrest

(a) RESIDENCE NO. 1615 McKean Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married.

6a If married, widowed, or divorced (or) WIFE of HUSBAND of Clarence E Forrest

6 DATE OF BIRTH (month, day, and year) July 28 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	48	7 —	— 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House 037

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm. Shriner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co Md.

12 MAIDEN NAME OF MOTHER Helen M. Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Walter Shriner 4130 Edmondson ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-1931

17 I HEREBY CERTIFY, That I attended deceased from 3/8, 7:45 P.M. 31, to 3/9 2:30 P.M. 31.

that I last saw her alive on 3/9, 19 31.

and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

1- Cerebral Hemorrhage (left)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Glom. Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? 16 N McKean Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Physical

(Signed) Hjalmar S Anderson, M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL 3-11 1931

20 UNDERTAKER Edw Toulson

ADDRESS 916 W

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

50

E 66478

E 66478

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 N. Bruce ST. 14-27 WARD)

2-FULL NAME Eva Briscoe

(a) RESIDENCE NO. 331 N Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Clarence Briscoe

6 DATE OF BIRTH (month, day, and year): — — 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

PARENTS

10 NAME OF FATHER: Moses Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hodge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Clarence Briscoe 331 Bruce St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 14, 31 to March 7, 31, that I last saw her alive on March 6, 31, and that death occurred, on the date stated above, at 4.15 p m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Heart Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W F Howells M. D.

3/9, 31 (Address) 601 Carroll Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	3-10 1931
20 UNDERTAKER: Dent Easton	ADDRESS 916 Park Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Cor.—10-10-2—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66479

CERTIFICATE OF DEATH

E 66479

REGISTERED NO. 173

1-PLACE OF DEATH

City of Baltimore: (No. 626 Bradley St. 5-24 Ward)

2-FULL NAME Gladys McClain Dyson

(a) RESIDENCE NO. 626 Penna Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 Color or Race Col

5 Single, Married, Widowed or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Welson Dyson

6 DATE OF BIRTH (month, day and year) July 20-1907

7 AGE Years 23 Months 7 Days 7 IF LESS than 1 day hrs. min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Maid

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country)

PARENTS

10 NAME OF FATHER John F Williams

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mattie Bates

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Elizabeth Dyson

(Address) 1713 W Fayette

15 Filed OCT 10 1931 in the office of THOMAS JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the date stated above. The CAUSE was as follows.

Hemorrhage due to gunshot wound of temple (duration) yrs.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 626 Bradley

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thos Parran M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 3-10 1931

20 UNDERTAKER Howard Talbot — ADDRESS 916 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 20—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 Vol 1

E 66480

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No 1 ST. 1 WARD)

2 FULL NAME Doris Forster

(a) RESIDENCE NO. 917 S. Potomac ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Julian Forster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Carrie Foster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Father (Address) JOHNS HOPKINS HOSPITAL

15 C. HAMPDEN JONES, M. D. Registrar

MAR 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9/31

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to March 9, 1931

that I last saw h[illegible] alive on March 9, 1931

and that death occurred, on the date stated above, at 2.10 A m

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) 0

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Hans C. Hutzler M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem.	Mch 10 1931
20 UNDERTAKER	ADDRESS
Lilly-Zeiler Inc	4038 Woodlawn

Information should be carefully supplied. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66481 34 E 66481

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 2-4 WARD)

2-FULL NAME Joseph G. Engert

(a) RESIDENCE NO 122 S. Washington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb13/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Joseph E. Engert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Tersa Rausch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Teresa R. Engert
(Address) 122 S. Washington St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Heart (Patent Foreman Oval
w Syphillis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis? .....

(Signed) ..... M. D.
Coroner

Mar. 19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Md DATE OF BURIAL Mch 10 1931

20 UNDERTAKER Kelly & Zeller Inc ADDRESS 4038. Wolfe

MAR 10 1931 C. H. JONES, M.D.

be stated EXACTLY. PHYSICIANS should see that
mation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66482

CERTIFICATE OF DEATH

E 66482

REGISTERED NO. 108

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Eager St. 7-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Helene Burns

(a) RESIDENCE NO. 2206 Eager St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Burns

6 DATE OF BIRTH (month, day, and year): April 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balt Md

PARENTS

10 NAME OF FATHER: Pastor Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: M Krogin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Henry Burns 2206 Eager St

15 Filed MAR 10 1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/9/31

17 I HEREBY CERTIFY, That I attended deceased from 3/2, 1931, to 3/9, 1931

that I last saw her alive on 3/8, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Alonzo Bush M. D.

19 3, (Address) 316 S Patterson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County

DATE OF BURIAL: Mch 12 1931

20 UNDERTAKER: Frank Brockhoff

ADDRESS: 1001 Eutaw

INFORMATION should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-30—M. & T.—250 Blks

E 66483 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66483

149-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-30 WARD)

2-FULL NAME Mattie Louise Lowery

(a) RESIDENCE NO. 535 N. Bond St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Zebie Lowery

6 DATE OF BIRTH (month, day, and year) February 3, 1912

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER John B Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Martha Izbella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant (Address) Martha Smith 535 W Basse st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1931, to Mar. 8, 1931, that I last saw her alive on Mar. 8, 1931, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pregnancy, Four months

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Toxic vomiting of pregnancy (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May. 5, 1931

Was there an autopsy? No Cesarean Section

What test confirmed diagnosis? clinical findings

(Signed) Henry D. Lochrie, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lynchburg Va. S. C.	March 12 19 31

20 UNDERTAKER Joseph A. Lively ADDRESS 409 N. Howard St

D 10 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92 001

E 66484

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Edmondson Ave 18-Ho WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mamie B. Breeze.

(a) RESIDENCE No. 1011 Edmondson Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Wayman Breeze

6 DATE OF BIRTH (month, day, and year) Feb - 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	48	-1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wayman Breeze

(Address) 1011 Edmondson Ave

15 Filed ... 19... Registrar C. [illegible] JONES, M.

MAR 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931 to Mar 7th, 1931, that I last saw h[illegible] alive on Mar 6th, 1931, and that death occurred, on the date stated above, at 5-30P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation of Heart

(duration) — yrs. 5 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F Brown, M. D.

3/7/1931 (Address) 1916 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

DATE OF BURIAL Mar 10, 1931

UNDERTAKER Wm R. G. Elliott

ADDRESS 1725 Eastlan[illegible] Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 66185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Philadelphia Rd. & Scheeler Ave. 26-38 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME MABLE V. COLLINS

(a) RESIDENCE No. Phila. Rd. & Scheeler Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Collins

6 DATE OF BIRTH (month, day, and year) Jan. 16, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER David Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Nellie Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant Harry Collins
(Address) Phila. Rd. & Scheeler Ave.

15 [illegible] 19 .. C. [illegible] Registrar

MAR 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1931 to March 8, 1931

That I last saw her alive on March 8th, 1931

and that death occurred, on the date stated above, at 1:20 P.m.

The CAUSE OF DEATH* was as follows:

Acute Chronic Pneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) Degeneration of Myocardium

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris J. Schindler M. D.

... 19 .. (Address) 6016 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL March 12 1931

20 UNDERTAKER Frederick Lassahn's Son

ADDRESS 7401 Belair Rd

Information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66486

CERTIFICATE OF DEATH

108

E 66486

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 415 W. Hamburg St. St. 21-31 Ward)

2-FULL NAME Mary Height.(C)

(a) RESIDENCE NO. 415 W. Hamburg St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 31, 1931

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	0	1	5 ?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Howard Height(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Hurley.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Mary Height.(C) mother.
(Address) 415 W. Hamburg St.

15 Filed ..... 19 ..... Registrar

MAR 10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1931 '32

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto L. Reinhardt, M. D.

3/0, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner of Health. MAR 10 1931

R—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-13-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66487

CERTIFICATE OF DEATH

1084

E 66487

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1804 Lamon St. 15-21 Ward)

2-FULL NAME Harrison Jones

(a) RESIDENCE No. 1804 Lanham St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 Color or Race: Colo

5 Single, Married, Widowed, or Divorced (write one word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Nov 16 1930

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		3	24 23	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: do

9 BIRTHPLACE (city or town): Baltimore
(State or country): Md

PARENTS

10 NAME OF FATHER: Harrison Jones

11 BIRTHPLACE OF FATHER (city or town): Baltimore
(State or country): Md

12 MAIDEN NAME OF MOTHER: Bessie Jones

13 BIRTHPLACE OF MOTHER (city or town): Baltimore
(State or country): Md

14 Informant: Harrison Jones
(Address): 1804 Lanham St

15 Filed 19 C. HAWSON JONES, M. Registrar

MAR 10 1931

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	3/10 19 31
20 UNDERTAKER: Thomas E. Kelson	ADDRESS: 303 Reisterstown St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66488 — E 66488 — 93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH: U.S.Customs House. Gay & Water Sts.

City of Baltimore: (No. 11-15 St. Ward)

2-FULL NAME: Robert E.O'Mahony.

(a) RESIDENCE NO. 809 N.Calvert St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 1 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year): January 21, 1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	1	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Purchasing Agent
(b) General nature of industry, business, or establishment in which employed (or employer): Light house service
(c) Name of employer: U.S.Government.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Edward E.O'Mahony.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Jennie De'Perrarez.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France.

14 Informant: Rose G.Sheehan.(sister)
(Address): 609 N.Calvert St.

15 Filed ____, 19__ — CLAYTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M.Leonhardt, M. D.

3/0, 19 31 (Address) 1017 N.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	3/12 19 31

20 UNDERTAKER: Henry H. Mears & Son — ADDRESS 805 N. Calvert

MAR 10 1931

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66489

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66489

CERTIFICATE OF DEATH.

91-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (NO. 33rd E Calvert ST. 15-61 WARD)

2-FULL NAME J. Wilson Brown

(a) RESIDENCE NO. Strat Jack apts Liberty Heights Ave ST. WARD Baltimore

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs. J. Wilson Brown

6 DATE OF BIRTH (month, day, and year) March 10 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banking

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER J. Wilson Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Anna Rotherdt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Hospital Records

(Address)

15 Filed APR 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1930, to March 9, 1931, that I last saw him alive on March 9, 1931, and that death occurred, on the date stated above, at 12 10 P m.

The CAUSE OF DEATH* was as follows:

Subacute Bacterial Endocarditis.

(duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital Apts.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Frances W. Gluck. M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Ridge Dale Lawn Cemetery — DATE OF BURIAL 3/11, 1931

20 UNDERTAKER Henry W. Myers & Son — ADDRESS 525 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66490

CERTIFICATE OF DEATH.

46 E 66490

REGISTERED NO. ?

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 2031 E. Lanvale St. 8-17 WARD)

2 FULL NAME Sebastian L. Schnader

(a) RESIDENCE NO. 2031 E. Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Margaret Schnader

6 DATE OF BIRTH (month, day, and year) Aug. 10th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Paukraty Schnader

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Barbara Hubelein

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant (Address) Anna Lilly Sumpton (Daughter) 2031 E. Lanvale St.

Registrar

MAR 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8th 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan - 28 , 1931 , to March - 8 - , 19 31

that I last saw h in alive on March - 8 - , 19 31

and that death occurred, on the date stated above, at 4 30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas with General metastasis not known duration yrs. mos. ds.

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no State of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Zeiler M. D.

(Address) 2704 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	March 11 To 31
UNDERTAKER Lilly + Zeiler Inc.	ADDRESS 409 S. Wolfe St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-29—A. & Co.—250 Blks

E 66491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 H 66491

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 613 S. Newkirk St. 26-37 WARD.)

2 FULL NAME. Mary Biggerman

(a) RESIDENCE No. 613 S. Newkirk St. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Biggerman

6 DATE OF BIRTH (month, day, and year): Dec. 25 1890

7 AGE — Years: 40 — Months: 1 — Days: 8 — If LESS than 1 day, hrs. or min.: 10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper 37

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Toertschbeck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Dierling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: George Biggerman (Husband) (Address) 613 S. Newkirk St.

15 Filed MAR 10 1931 19 Per [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 8/31

17

I HEREBY CERTIFY, That I attended deceased from March 7. 1931, to March 8 1931

that I last saw h[illegible] alive on March 6 31, 19 31

and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

D Pulmonary Tuberculosis

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 31 (Address) 4901 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery Md.	19 31
20 UNDERTAKER: Libby + Zeiler Inc.	ADDRESS: 403 S. Wolfe St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

E 66492

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 3011 N Calvert ST., 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Graham

(a) RESIDENCE No. 3011 N Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Emma Pellet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Blanche Klerlein

(Address) 3011 N Calvert

Filed MAR 10 1931 C. HARRISON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9-1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1924, to March 9th, 1931, that I last saw h[illegible] alive on March 9th, 1931, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Bronch. Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis - Hypertension

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Zinberg, M. D.

3/4, 1931 (Address) 2216 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — DATE OF BURIAL Mar 10 1931

20 UNDERTAKER John Ullrich — ADDRESS 2008 Allison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-25—M&T—500 Blks.

E 66493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66493

1-PLACE OF DEATH 4906 Ross Road

CITY OF BALTIMORE: (No. 4906 ST., 27-4th WARD)

REGISTERED NO. 93-00

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Rose Magness

(a) RESIDENCE NO. 4906 Ross Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Ethel Ruth Magness

6 DATE OF BIRTH (month, day, and year) Sept. 21, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	16	18

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Cohen Stores Co.

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Charles Magness

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Gorsell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ethel Magness

(Address) 4906 Ross Road

Filed MAR 10 1931 C. Earnest Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1931, to March 9, 1931, that I last saw him alive on March 9, 1931, and that death occurred, on the date stated above, at 9-30 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

Myocardial insufficiency (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) right hemiplegia. (duration) yrs. mos. 26 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings.

(Signed) L. C. Schlicht M. D.

3/10, 1931 (Address) 447 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL 3/12/1931

20 UNDERTAKER Walter Davis

ADDRESS 3418 Eastern Ave

mation should be carefully supplied. AGE should be
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66494 — 66494

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 2812 (St.) Brighton (Ward) 16-66

2 FULL NAME Fannie E. Fickling

(a) RESIDENCE No. 2812 (St.) Brighton (Ward)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No. 93
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Millard F. Fickling

6 DATE OF BIRTH (month, day, and year): Dec 9-1857

7 AGE — Years: 74 | Months: — | Days: — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Alexander Va

PARENTS

10 NAME OF FATHER: Edward Elliott.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Elmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Willard F. Fickling 2813 Brighton.

15 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1931, to Mar 8th, 1931

That I last saw her alive on Mar 8th, 1931

and that death occurred, on the date stated above, at 4:40 p.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cutaneous eczema

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) M. R. Ingram M. D.

3/4. 1931 (Address) 3421 Edmondson Av.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: FARNHAM, VA — DATE OF BURIAL: Mch 11 1931

20 UNDERTAKER — ADDRESS: Hughes & Jones (Inc) 1324 W. Baltimore

MAR 10 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 66495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66495

CERTIFICATE OF DEATH.

121

REGISTERED NO. 16-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp. ST. WARD)

2-FULL NAME Pauline Rosaman

(a) RESIDENCE NO. 1221 Rutland Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: George A. Rosaman

6 DATE OF BIRTH (month, day, and year): Oct 19-1869

7 AGE — Years: 61 — Months: 4 — Days: 16 18 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Paul Tyas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kathrine Heiman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): George A. Rosaman 1221 Rutland Ave

15 Filed: MAR 10 1931

16 Registrar: W. EMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/7/31

17 I HEREBY CERTIFY, That I attended deceased from 3/7/31 .19 . to 3/7/31 .

that I last saw her alive on 3/7 .19 31 and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Post-operative Shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/7/31

Was there an autopsy? No Operation

What test confirmed diagnosis?

(Signed) H Cohnen M. D.

.19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: June 11 1931

20 UNDERTAKER: George L. Schwab — ADDRESS: 1101 Eutaw Pl.

(Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.)

Form 1-30 M. & T. 250c 10m

E 66496 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66496

CERTIFICATE OF DEATH. 93003

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 305 S. Pulaski St. (WARD) 20-28

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John K. Feathers

(a) RESIDENCE NO. 305 S. Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jane Feathers

6 DATE OF BIRTH (month, day, and year): June 21-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Machinist

(c) Name of employer: B. & O. R.R.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John K. Feathers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Mary Symington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mrs George A. De Wolf

(Address) 305 S. Pulaski St.

19 Filed MAR 10 1931, 19 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 8 1931

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to March 8, 1931, that I last saw him alive on March 8, 1931, and that death occurred, on the date stated above, at 7-30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Geo. McKieffer, M. D.

3/9 1931 (Address) 2454 Madison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Catholic Cemetery DATE OF BURIAL: Mar. 11 1931

20 UNDERTAKER: George L. Schwartz ADDRESS: 2101 Eutaw Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

Myers.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66497 66497

CERTIFICATE OF DEATH.

93-004

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3313 Spalding Ave St. 27-D Ward

2 FULL NAME Mrs. Laura Meyers

(a) RESIDENCE NO. 3313 Spalding Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bartley Myers.

6 DATE OF BIRTH (month, day, and year) 11/3/1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Wm. Weaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Mildred Kent.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn.

14 Informant Mildred Kent.

(Address) 3313 Spalding Ave.

15 Filed MAR 10 1931 G. HARRISON JONES, M. D., Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10/31

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to March 10, 1931

that I last saw her alive on March 9, 1931

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Myocardiac Failure

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. O. Francisco M. D.

19 (Address) 9 S. Bradford St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Scranton Penna.	3/11 1931
20 UNDERTAKER F. Lassahn & Son	ADDRESS 1401 Belair Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 10 1931

Spec.—9 30—A. & Co.—250 Bks

E 66498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66498

CERTIFICATE OF DEATH.

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) Bon Secours Hosp. (St.) A 5-63 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John P. Heany

(a) RESIDENCE No. 4107 (Usual place of abode) Belvieu Ave. ST. — WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine R. Deering

6 DATE OF BIRTH (month, day, and year) Feb. 4. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) New Windsor

PARENTS

10 NAME OF FATHER Not Obtainable

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not obtainable

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not obtainable

14 Informant Charles Heany
(Address) 4107 Belvieu Ave.

15 [illegible] 16 H. HAMDEN JONES, M. D. Registrar

MAR 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9, 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 9. 1931. to Mar 9. 1931

that I last saw him alive on Mar 9. 1931

and that death occurred, on the date stated above, at 11½ m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Chas H. Phillips M. D.

. 19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/12 19 31

20 UNDERTAKER Henry A. Myers

ADDRESS 5 N. Calvert

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Josephs Hospital

CITY OF BALTIMORE: (No. Catalene & Olney St., 9th WARD)

REGISTERED NO. 66499

(If death occurred in a hospital or institution, give its NAME instead of street and number.):

2-FULL NAME Mrs. Morgaret Lutz

(a) RESIDENCE NO. Hamilton Ave. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Chas H. Lutz

6 DATE OF BIRTH (month, day, and year) Nov. 15-1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fulleton Balto Co. Md

PARENTS

10 NAME OF FATHER Adam Denhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) France?

12 MAIDEN NAME OF MOTHER Mary Mahon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address)

Filed APR 10 1931, 19 C. BAYARD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 27 19 31 to Mar 9 19 31, that I last saw h[illegible] alive on Mar 9 19 31 and that death occurred, on the date stated above, at 9:0 p m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis, Arteriosclerotic

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Sundry M. D.

19 (Address) 1111 Mass Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery	3/12/31
20 UNDERTAKER	ADDRESS
J J Welch	Dayton Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-29—A. & C.—250 Blks.

66500 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66500

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 St. Sixth) (WARD) 25-17

REGISTERED NO. 66500
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Agnes K. Lee Gruber

(a) RESIDENCE NO. 1018 Sixth St Road WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Frederick C. H. Gruber

6 DATE OF BIRTH (month, day, and year): Jan 18 1863

7 AGE: Years 68 Months 1 Days 18 20
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS
10 NAME OF FATHER: Conrad Miller
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Frederick C. H. Gruber 1018 Sixth St Road

15 C. HAMPSON JONES, M. D. Registrar

MAR 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 8-1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 7, 19 31, to Mar. 8, 19 31
that I last saw her alive on Mar. 7, 19 31
and that death occurred, on the date stated above, at 3:50 p. m.
The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) William D'Scott M. D.
Mar. 9, 19 31 (Address) 4815 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Mar 11 1931

UNDERTAKER: Margaret A. Flynn — ADDRESS: 1417 Light St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

Spec.—2-29-24—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66501 — 131 V — E 66501

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1448 Riverside Ave — WARD) 24-33

2—FULL NAME Rosa Claggett

(a) RESIDENCE NO. 1448 Riverside Avenue — STREET

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas. J. Claggett

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS, than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Philip J. Spaniol

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Berger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas. J. Claggett

(Address) 1448 Riverside Ave.

15 Filed 1931 — [illegible], M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8. 1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1930, to March 8, 1931,

that I last saw her alive on March 8, 1931

and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Hypothyroidism, Myxoedema, Chronic nephritis, Myocarditis, Cardiac Hypertension.

(duration) 1 day Instantaneous.

CONTRIBUTORY (Secondary) Acute Dilatation Heart (duration) yrs. mos. 1 ds.

18 Where was disease contrartrd if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + Laboratory Examination

(Signed) J. Edward Norris, M. D.

3.9. 1931 (Address) 107 East west St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A. & C. — DATE OF BURIAL 3/11/1931

20 UNDERTAKER: E. J. Tamny'sons — ADDRESS 1538 E. Lafayette Ave

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

66502

HEALTH DEPARTMENT—CITY OF BALTIMORE

66502

CERTIFICATE OF DEATH

50

1 PLACE OF DEATH

CITY OF BALTIMORE (No 23rd & St Paul ST 6-17 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hattie G. Claggett Stonebraker.

(a) RESIDENCE NO 1311 N. Caroline ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If ~~married, widowed, or divorced~~ (or) WIFE of Wm F. Stonebraker

6 DATE OF BIRTH (month, day, and year) April 8th 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John W. Claggett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cloverdale Layton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Anna C. Duvall
(Address) Wash. D.C.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 9th 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930 to March 9, 1931

that I last saw h~~e~~r alive on March 7, 1931

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis (bone metastasis secondary to cancer of the breast removed 3 yrs ago.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis (presumed)

(duration) yrs. mos 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of 1928

Was there an autopsy? No

What test confirmed diagnosis? + Roy —

(Signed) Harry G Beck M. D.

3/10, 1931 (Address) St Paul cor 23rd St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Potomac Chapel Md

DATE OF BURIAL 3/11/1931

UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

REGISTERED MAR 10 1931

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66503

CERTIFICATE OF DEATH

46

E 665503

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 N Caroline St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Stafft

(a) RESIDENCE NO. 1841 N Caroline ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced (or) WIFE of Ferdinand Stafft

6 DATE OF BIRTH (month, day, and year) 12-29-'59

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	2	9 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Edw Meichert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elsie Ripple

(Address) 841 N Carlton st

R 10-1931 Undertaker [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-31

17 I HEREBY CERTIFY, That I attended deceased from 9-21-, 1930, to 3-9-, 1931, that I last saw h[illegible] alive on 3-9- 1931 and that death occurred, on the date stated above, at 10.35 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) yrs. 5 mos. 6 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) George Abner Dawdy, M. D.

3/9, 1931 (Address) 1517 E Monument Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL 3/13/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

66504 **HEALTH DEPARTMENT—CITY OF BALTIMORE.** 66504

CERTIFICATE OF DEATH.

106-901

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3128 Lawn View Ave STR. near Belair Rd WARD 43) REGISTERED No. 8-40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Chas. C. Wagner Jr

(a) RESIDENCE No. 3128 Lawn View Ave STR. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1st 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chas C. Wagner Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Velton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment (Address) Wm Wagner 3125 Lawn View Ave

15 Filed [illegible] 1931 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 10th 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 7th, 1931, to Mar 10th, 1931

that I last saw him alive on Mar 10th, 1931

and that death occurred, on the date stated above, at 1a m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. 0 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur C Manning M.D.

3/10 19 31 (Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Faith of Mount Cemetery	3/12/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66505

CERTIFICATE OF DEATH.

407-001

REGISTERED NO. 15-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp ST. WARD)

2-FULL NAME (Mrs.) Helen Virginia Finch (amos)

(a) RESIDENCE NO. 2914 Priestman St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Chas. Finch (deceased).

6 DATE OF BIRTH (month, day, and year) Aug 4th 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER James Gannon

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Sarah Spangler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va.

14 Informant (Address) H. W. Finch 2716 Oakleigh Rd

15 Filed ..... 19 ..... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10th 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 2nd, 1931, to Mar 10th, 1931, that I last saw her alive on Mar. 9th, 1931, and that death occurred, on the date stated above, at 2.40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic non-valvular heart disease

(duration) 2? yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) Bilateral broncho-pneumonia

(duration) ✓ yrs. ✓ mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam + Electro-cardiograph

(Signed) Richard France M. D.

3/10/1931 (Address) Union Memorial Hosp.

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL - Druid Ridge Cemetery — DATE OF BURIAL 3/12/1931

20 UNDERTAKER J. M. Cook — ADDRESS 127 St Paul St

11 Spec.—1-30—M. & T.—250 Bks.

E 66506

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-002 E 66506

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University of Md Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Brackamp

(a) RESIDENCE NO. 510 N. Brice ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mary Brackamp

6 DATE OF BIRTH (month, day and year) Oct 29th 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Brackamp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Brackamp

(Address) 510 N. Brice

MAR 10 1931 C. HAUBOLD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 10 31

17 I HEREBY CERTIFY, That I attended deceased from 2/27 .19 31 to 3/10/31 .19 ....,

that I last saw him alive on 3/10/31 .19 ....,

and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Bronchiectasis with arteriosclerotic heart disease

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Acute myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) Geo H. Yeager, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. D. Mutual Western Cemetery

DATE OF BURIAL 3/12/1931

20 UNDERTAKER Wm Cook

ADDRESS 127 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A Co.—250 Blks.

244437

HEALTH DEPARTMENT—CITY OF BALTIMORE 66507

66507

CERTIFICATE OF DEATH.

X 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1-4 ST WARD)

2. FULL NAME Joseph P. Cotton

(a) RESIDENCE NO 1203 - 30th St. North WARD Washington Hdc
(Usual place of Abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 7 mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of — Jessie

6 DATE OF BIRTH (month, day, and year) July - 22 75

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Councilor - Law
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa. -

PARENTS
10 NAME OF FATHER Samuel Cotton
11 BIRTHPLACE OF FATHER (city or town) (State or country) Me -
12 MAIDEN NAME OF MOTHER Isabel Cole
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Me -

14 Informant (Address) Friends -

15 C. HARRISON JONES, M. D. Registrar

JOHNS HOPKINS HOSPITAL

OCT 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10-31

17
I HEREBY CERTIFY, That I attended deceased from Jan. 13 1931 to March 10 1931
that I last saw him alive on March 10 1931
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Sarcoma spinal cord
malignant.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Strep. torococcus septicemia (duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? yes Date of 1 26 31.
Was there an autopsy? - no
What test confirmed diagnosis? operation
(Signed) Fred B Geil M. D.
(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bedford N.Y.	Mar 11 1931
20 UNDERTAKER Henry W Jenkins Sons Co	ADDRESS McCulloh + Orchard

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66503 — CERTIFICATE OF DEATH — 92-001 E 66503

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE; (No. 1005 Arlington Ave ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isaac Lewis

(a) RESIDENCE NO. 1005 Arlington Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lewis

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Lancaster Co Va

PARENTS

10 NAME OF FATHER Isaac Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Louise Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs L Lewis

(Address) 1218 N Stricker

Filed MAR 10 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7/31

17 I HEREBY CERTIFY, That I attended deceased from Mar 5, 1931, to Mar 7, 1931, that I last saw him alive on Mar 7, 1931, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Chr Endocarditis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Dr E E Bell, M. D.

, 19 (Address) 1713 N Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Witchley Why Va	3/11 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Pressman St

R 10 1931

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—1-50—M. & T.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 66509

E 66509

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Street) (Ward) REGISTERED NO. B-378

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lily Armstrong

(a) RESIDENCE NO. Pikesville Valley Towers WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 25, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Myles Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: — England

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Sister - Mrs. Frank Dare Pikesville Valley Towers

15 Filed APR 1 1931 E. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 9, 19 31 to March 10, 19 31,

that I last saw h[illegible] alive on March 10, 19 31,

and that death occurred, on the date stated above, at 10 30 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

9 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination Laboratory

(Signed) Frances W Bluck M. D.

3/10/1931 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Johns Cem	March 12 31
20 UNDERTAKER: W C Records & Son	ADDRESS: Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. A. T.—100 B—50L

E 66510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66510

CERTIFICATE OF DEATH

10-14 107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1307 Ashland Ave ST. 10-14 (WARD)

2-FULL NAME Laurence Futado

(a) RESIDENCE NO 1307 Ashland Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 11/30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Anderson Futado

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Indies Islands

12 MAIDEN NAME OF MOTHER Lillian Nolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Anderson Futado
(Address) 1307 Ashland Ave

Filed MAR 11 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 8/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia (Primary)

(duration) ..... yrs. mos 5 ds

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Bailey, M. D. Coroner

19 3/10/31 (Address) 308 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Buried Near Cem

DATE OF BURIAL: 3/11 19 31

20 UNDERTAKER: Samuel Hemsley

ADDRESS: 1328 Ellsworth

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

F. 66511

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 66511

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. 16-22

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N. Calhoun ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred V. Bowser

(a) RESIDENCE NO. 812 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb 2. 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Amos Bowser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella J. Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Josephine Burke

(Address) 812 N. Calhoun St

15 Filed MAR 11 1931 19 C. E. LEVIN JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7. 1931

17

I HEREBY CERTIFY, That I attended deceased from March 6. 1931 to March 7. 1931,

that I last saw her alive on March 7. 1931,

and that death occurred, on the date stated above, at 1:30 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY ✓
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis M. D.

3/12. 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
Loudon Park Cem	3/17/31
20 UNDERTAKER Samuel Hensley	ADDRESS 1 E Baltimore

Spec.—3-30—M. & T.—250 Bks

E 66512 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66512

46

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 783 South St. 7-26 (WARD)

2-FULL NAME James A. Wright

(a) RESIDENCE NO. 783 South St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July-16-1896

7 AGE Years 34 Months 7 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Perry Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Louisa Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Louis Wright 783 South St.

MAR 11 1931

Filed . 19 BAYARD JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 28 . 1931 to March 8 . 1931.

that I last saw h alive on March 8 . 1931.

and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) . M. D.

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 3-11-31

20 UNDERTAKER Samuel Wensley ADDRESS 1128 Mc

CAUSE OF DEATH is to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

24376

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66513

CERTIFICATE OF DEATH.

124-001

E 66513

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1424 ST. WARD)

2 FULL NAME John Kyle

(a) RESIDENCE NO. 416 W Hoffman ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	black	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lilly

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Washington D.C.

9 BIRTHPLACE (City or town)
(State or country)

PARENTS

10 NAME OF FATHER William Kyle

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Fanny Linde

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant: Family
Address: JOHNS HOPKINS HOSPITAL

MAR 11 1931
Filed 19 ELLISON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9-1931

17
I HEREBY CERTIFY, That I attended deceased from
Dec 2, 1930, to March 9, 1931
that I last saw him alive on March 9, 1931
and that death occurred, on the date stated above, at 12 10 p m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Larynx
Asthenia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Jan. 13
Was there an autopsy? Yes Amputation
What test confirmed diagnosis? Pathological Examination
(Signed) Harold Friedenwald M. D.
(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cem. — DATE OF BURIAL: 3/11/31

20 UNDERTAKER: Samuel Wesley Waddle — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Tks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66514 — 93-003 — 66514

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 822 N Carrollton Ave WARD) 23

2 FULL NAME Mary E. Berry

(a) RESIDENCE NO. (Usual place of abode) 822 N Carrollton Ave WARD

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

3a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Chas Berry

6 DATE OF BIRTH (month, day, and year): March 7 1857

7 AGE — Years: 73 — Months: 11 — Days: 9 11 — 10 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Northumberland Co Va

PARENTS

10 NAME OF FATHER: Arthur Smith

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ellen Chastain

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Informant (Address): Chas Berry 822 N Carrollton Ave

Filed MAR 11 1931 FLORIAN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/8/31

17

I HEREBY CERTIFY, That I attended deceased from Feb 1 1931 to July 8th 1931

that I last saw h alive on Feb 8 1931

and that death occurred, on the date stated above, at 12-30 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(Duration) do not know yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Special

What test confirmed diagnosis?

(Signed) R R Reppert M.D.

19 (Address) Wentworth apts.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 3/11 1931

UNDERTAKER: Emma D Hemsley

ADDRESS: 1218 Bolton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

66515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66515

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No 24-34 St. 108 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Horatio Collins

(a) RESIDENCE NO 542 Lawrence St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Collins

6 DATE OF BIRTH (month, day, and year) Feb. 4 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardener

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Dorsey Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Belto. City Hosp.

15 Filed MAR 11 1931, 19 MORGAN JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-31

17

I HEREBY CERTIFY, That I attended deceased from 3-5-31, 19, to 3-9-31, 19

that I last saw him alive on 3-9-31, 19

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgett. M. D.

3-10-1931 (Address) B. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL 3/13/31, 19

20 UNDERTAKER E. Wm. C. Wemsley

ADDRESS 925 Dr Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—B-20—A. & Co.—250 blks

66516 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131 V E 66516

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 4217 Park Heights Ave. ST. 15-56 WARD 6

2 FULL NAME Moses Hersik

(a) RESIDENCE NO. 4217 Pk. Hgts. Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Hersik

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Lait Hersik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bylis —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) I. Levine 1 Lutz E. Balto. St

MAR 11 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-10-31

17

I HEREBY CERTIFY, That I attended deceased from 2/6, 1930, to 3/10, 1931

that I last saw h[illegible] alive on 3/10, 1931

and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 1 yrs. / mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Finberg M. D.

3/4. 1931 (Address) 2320 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Hebron Cemetery	3-11-1931
20 UNDERTAKER Isaac Levine, 1439	ADDRESS E Balto. St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 66517 15 ✓ F 66517

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lady Hospital ST. 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Anthony Petkavich

(a) RESIDENCE NO. 210 S Bond ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a If married, widowed or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
about 73				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown 087
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Police Dept Records
(Address) Eastern District

15 Filed DEC 1 1931, 19..

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Starvation

CONTRIBUTORY (Secondary) Enough Car (duration) yrs. mos 6 ds.

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 210 S Bond.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H C Blades M. D.
Coroner

, 19 (Address) 4316 Gray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Patrick Cemetery	3/11/31
20 UNDERTAKER John F. Moran	ADDRESS 3008 E. Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66518 E 66518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31V

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 851 N. Lombard ST. 18-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leopilia Wasilefsky or Wasilauckene

(a) RESIDENCE NO. 851 N. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20-1882

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48 yrs	7 6	9 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Gelcinus
(State or country) Lithuania

PARENTS

10 NAME OF FATHER Michael Milcauskas

11 BIRTHPLACE OF FATHER (city or town) Gelcinus
(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Constance Zelenskas

13 BIRTHPLACE OF MOTHER (city or town) Dauguvtus
(State or country) Lithuania

14

Informant

(Address)

MAR 11 1931 C. Hyman Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9-1931

17

I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to March 9, 1931,

that I last saw h[illegible] alive on March 8, 1931,

and that death occurred, on the date stated above, at 5:20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis
Hypertension

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) L. S. Hynes, M. D.

3. 7. 19 31 (Address) 826 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 12 1931
20 UNDERTAKER	ADDRESS
Jos. Gobliauckas	423 S. Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

File 66519

97 66519

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 W. Lakewood Ave. 6-10 WARD)

2 FULL NAME Ella L. Barnes

(a) RESIDENCE No. 231 W. Lakewood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Loren J. Barnes

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	16	14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER James Livingston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Florence L. Parsley

(Address) 231 W. Lakewood Ave.

15 Filed 1 1 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8. 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb. 21st, 19 31, to March 8, 19 31

That I last saw her alive on March 8th, 19 31

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

a Cerebral Softening

(Antecedent) Six Months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) a Cirrhosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. Flood M. D.

Mar 10 19 31 (Address) 4900 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL March 11 19 31

20 UNDERTAKER Wm. C. Miller & Son ADDRESS 2334 Jefferson St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66520

CERTIFICATE OF DEATH

92-001 E 66520

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No 26-37 ST. WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Getz

(a) RESIDENCE No. 3415 Mt. Pleasant Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George

6 DATE OF BIRTH (month, day, and year) Oct. 9, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): B-lto. Md.

PARENTS

10 NAME OF FATHER: Louis Heckner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Marg. Caplan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed . 19 Registrar

MAR 11 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-31

17 I HEREBY CERTIFY, That I attended deceased from 1-26-31, 19 , to 3-9-31, 19

that I last saw her alive on 3-9-31, 19

and that death occurred, on the date stated above, at 12:35 P m.

The CAUSE OF DEATH* was as follows:

Subacute bacterial endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis, chronic, rheumatic (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget. M. D.

3-9-1931. (Address) B-lto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: March 12 1931

20 UNDERTAKER: Wm. C. Miller & Son ADDRESS: 933 W. Jefferson St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 10ks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66521

66521

CERTIFICATE OF DEATH.

131 V

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 2518 Brookfield Ave. St. 13-54 WARD.)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Isidore Lichtenberg
2518 Brookfield ave

(a) RESIDENCE NO. 2518 Brookfield ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Yetta

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Israel Lichtenberg
11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria
12 MAIDEN NAME OF MOTHER Ida Etta
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant S. Lichtenberg
Address 2518 Brookfield ave

MAR 11 1931

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10, 1931

17
I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1930 to Mar. 10, 1931
that I last saw h im alive on Mar. 10, 1931
and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerotic Cardio-vascular and Diabetes

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobular Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? ✓

(Signed) A. A. Sussman M. D.
Mar 11 1931 (Address) 2340 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Rosedale
DATE OF BURIAL 3/11 1931
20 UNDERTAKER Sol Levinson & Bro
ADDRESS 1127 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of Report of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66522 + 43 E 66522

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Rees

(a) RESIDENCE NO. 555 Chestnut, Indiana, Pa. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 15 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Hardware

(c) Name of employer Indiana Hdw. Co Ltd

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Isaac Rees

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant Margaret Jane Rees

(Address) Indiana Pa

APR 11 1931 19 [illegible] JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 22 , 1931 , to March 10 , 1931 .

that I last saw him alive on March 10, 1931.

and that death occurred, on the date stated above, at 12 midnight m.

The CAUSE OF DEATH* was as follows:

Sporotrichosis Pulmonary and general

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

17a Where was disease contracted ?

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Vernon H. Rowland M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cem

DATE OF BURIAL Apr 13 1931

20 UNDERTAKER [illegible]

ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Size 2-29-28—L. F. S.—500 Blks.

E 66523

HEALTH DEPARTMENT—CITY OF BALTIMORE

OOE 66523

CERTIFICATE OF DEATH

107-13-52

1—PLACE OF DEATH Home for Incurables REGISTERED NO.

CITY OF BALTIMORE: (No. 40th & Resinick Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Helen Agnes Wolfe

(a) RESIDENCE NO. Home for Incurables ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 5 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Sept. 25 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	13	14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) maryland

PARENTS

10 NAME OF FATHER George W. Wolfe

11 BIRTHPLACE OF FATHER (city or town)
(State or country) maryland

12 MAIDEN NAME OF MOTHER Elizabeth Stephens

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) maryland

14 Informant Hospital Records
(Address)

15 Filed MAR 11 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9-1931

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to March 9, 1931, that I last saw her alive on March 9, 1931 and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

3/10, 1931 (Signed) L. A. Liebman, M. D.
(Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore County	March 11 1931
20 UNDERTAKER	ADDRESS
H. A. Tickner & Son	[illegible]

OF DEATH in plain terms, so that it may be properly classified. Name of disease alone not important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

66524 66524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V142-002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 18-26 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Ellen Kane. A.

(a) RESIDENCE NO. 889 W. Fayette St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Frank Kane Jr.

6 DATE OF BIRTH (month, day, and year) Mar 1 1908

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	23	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm Herbert Robertson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Ellen Hendrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Hospital Records

15 Filed MAR 11 1931 E. L. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to March 10, 1931

that I last saw h[illegible] alive on March 10, 1931

and that death occurred, on the date stated above, at 8:15 a m.

The CAUSE OF DEATH* was as follows:

Ruptured Ectopic Pregnancy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) G. Bowen Mandlebaum M. D.

3/10, 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Mar 19 31

20 UNDERTAKER Wm Tickner Sons

ADDRESS North & Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 66525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66525

CERTIFICATE OF DEATH

210-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq Hosp ST. 18-26 (WARD)

2-FULL NAME John Baker

(a) RESIDENCE NO. 235 Arlington Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 27-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) Local 031
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jas Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sophia Minde

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Ella Keppling
(Address) 235 Arlington Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck and knocked down by a moving auto while in act of crossing street

(a) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hard Steel
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In front of 1106 Baltimore St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. Lorraine M. D.
3/10, 1931 (Address) 2934 N. Eden St Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	March 1931
20 UNDERTAKER J. Vernon Kestner	ADDRESS 113 E Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-29—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66526 — 107-001 — E 66526

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. West Balto Gen Hosp ST. 10-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Howard Anderson

(a) RESIDENCE NO. 1611 Ellamont ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs 11 mos 24 ds How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male — 4 COLOR OR RACE White — 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 31, 1868

7 AGE Years 63 — Months 11 — Days 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Clifford B. Anderson

11 BIRTHPLACE OF FATHER (City or town) (State or country) Howard Co Md

12 MAIDEN NAME OF MOTHER Mary Bourne

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Mississippi

14 Informant (Address) Mrs M E Alexander 1611 Ellamont St

15 Filed JAN 11 1932, 19 H. Wm. Fox Jones Registrar

By ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/9 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/6, 1931, to 3/9, 1931, that I last saw h in alive on 3/9, 1931, and that death occurred, on the date stated above, at 5.05 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Anderson, M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Mar 11 19 31

20 UNDERTAKER George J Smith

ADDRESS 632 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66527 46 ✓ E 66527

CERTIFICATE OF DEATH.

REGISTERED NO. 98-63

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Grooveland Ave ~~St.~~ WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julian N. Bradshaw

(a) RESIDENCE No. 4302 Grooveland Ave ~~St.~~ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 13 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45		26 2 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Julian F Bradshaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Ella North

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Ella Bradshaw (Address) 4302 Grooveland Ave

Filed MAR 11 1931 . 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9 1931

17 I HEREBY CERTIFY, That I attended deceased from October 9 1930 to March 9 1931 that I last saw him alive on March 7 1931 and that death occurred, on the date stated above, at 4.45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) about 10 mos

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No - Date of

Was there an autopsy? No -

What test confirmed diagnosis? None -

(Signed) Chas W Lamed M. D.

Md 10 1931 (Address) 132 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 12 1931
20 UNDERTAKER George J Smith	ADDRESS 153 Hollins

CAUSE OF DEATH must be properly certified. See instructions on back of certificates.

TION is very important.

Spec.--1-30--M. & T.--250 Blks

E 66528

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 66528

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Loudon Ave. St. 70-71 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte Ann Pipkin

(a) RESIDENCE NO. 411 N. Loudon Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 11, 1930.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank B. Pipkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Leah M. Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Mr. Frank B. Pipkin 411 N. Loudon Ave.

Filed MAR 11 1931 19 Par. E. DAWSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 9-31

17 I HEREBY CERTIFY, That I attended deceased from Mar 7th, 1931, to Mar 9th, 1931, that I last saw her alive on Mar 9th, 1931, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) H. R. Lucas, M. D.

3/10, 1931 (Address) 3921 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	3/11/31
UNDERTAKER Harry R. Mutter	ADDRESS 4101 Edmondson Ave.

CAUSE OF DEATH to be plainly examined. Each statement of occupation may be properly examined. See that statement of occupation is correct. TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66529

66529

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St. 19-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ann Beuser

(a) RESIDENCE NO. 1627 E. 29th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 1, 1928

7 AGE — Years: 2 — Months: 11 — Days: 10

IF LESS than 1 day ____ hrs. or ____ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Arthur H Beuser

11 BIRTHPLACE OF FATHER (City or town): Berlin Md.

(State or country)

12 MAIDEN NAME OF MOTHER Ann Devlin

13 BIRTHPLACE OF MOTHER (city or town): Balto. Md.

(State or country)

14 Informant: Hospital Record

(Address)

Filed MAR 11 1931, 19

C. HAUBERT JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11, 1931

17. I HEREBY CERTIFY, That I attended deceased from February 11, 1931, to March 11, 1931,

that I last saw her alive on March 11, 1931,

and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-Ray

(Signed) [illegible] M. D.

3/11, 1931 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery — Date of Burial: March 13 1931

20 UNDERTAKER: Henry Theobald Sons Inc. — ADDRESS: 130 E. Eager St.

N. B.—WRITE PLAINLY, with ink. Every question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001 E 66530

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. ST. 15-58 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Selma Pearlman

(a) RESIDENCE NO. 2617 Rosewood ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Sam Pearlman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Blicksman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Sam Pearlman 2617 Rosewood ave

15 Filed MAR 11 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1931

17

I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to March 11, 1931, that I last saw h[illegible] alive on March 11, 1931, and that death occurred, on the date stated above, at 2:30 a. m.

The CAUSE OF DEATH* was as follows:

~~Lobar Pneumonia~~

Bronch-pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) M B Cusk, M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 3/11 1931

20 UNDERTAKER Jack Lewis 1439

ADDRESS E. Balto St

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Each statement of cause of death must be signed by the person who certifies. ATTENTION is very important. See instructions on back of certificates.

Spec—8 30—A. & Co.—250 Blks.

245945 E-66531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 3-52 H. C. Sampson WARD)

2. FULL NAME William H. Sampson

(a) RESIDENCE No. 1017 W. 39th ST. WARD

(Usual place of abode)

If non-resident give city or town and State

Length of residence in city or town where death occurred 50 yrs. mos. How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of WIFE of Ada E. Sampson

6 DATE OF BIRTH (month, day, and year) April 8-1862 Not known

7 AGE Years 68 Months 11 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Crown Cork & Seal Co.

9 BIRTHPLACE (City or town) (State or country) Md.

10 NAME OF FATHER E. Sampson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Collett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

PARENTS

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed 1931 C. HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1931 to March 10, 1931

that I last saw him alive on March 10, 1931

and that death occurred on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Malignant tumor of gall bladder.
Cabscess formation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Peritonitis, generalized.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of 3-7-31

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

(Signed) Conrad Acton M.D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

G. Mayo Hampden Woods March 13 1931

20 UNDERTAKER ADDRESS

Horace H. Burgee 3631 Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66532 93-003 E 66532

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Ellamont st St. 15-61 WARD) REGISTERED NO. C

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Carroll Hall

(Residence in Baltimore: No. 2207 Ellamont st St.: 48 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. August 19-, 1860.
(Month) (Day) (Year)

7-AGE. 70 yrs. 6 mos. 21 da.

If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Lumber Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): do

9-BIRTHPLACE, (State or Country) Baltimore Co. Md.

PARENTS.

10-NAME OF FATHER. James Hall.

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Eliza A. Taylor

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Gerald E. Hall

(Address) 2207 Ellamont St.

15- C. HAMPSON JONES, M. D.

Filed 1931. Registrar.

R 11932.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 10, 1931.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 4 1931, to Mar 10 1931, that I saw h/s/l alive on March 9 1931, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Ca & Cardiac Dilation

(Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary) Chr Myocarditis

(Duration) 3 yrs. mos. da.

(Signed) Howard A. Warner M. D.

Mar 10, 1931. (Address) 2604 Gilmanton

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Taylor's Cem. Dillon Road

DATE OF BURIAL, March 12, 1931.

20-UNDERTAKER Horace F. Dingee

ADDRESS 463 Falls Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 66533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66533

CERTIFICATE OF DEATH.

89-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) BALTIMORE EYE, EAR + THROAT HOSP. (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME JAMES EDWARD P. CAMPBELL

(a) RESIDENCE NO. ROSEWOOD SCHOOL FOR FEEBLE-MINDED ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. dy. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work SCHOOL.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

PARENTS

10 NAME OF FATHER EDWARD.

11 BIRTHPLACE OF FATHER (city or town) (State or country) BALTO. MARYLAND.

12 MAIDEN NAME OF MOTHER RUTH WIRTH

13 BIRTHPLACE OF MOTHER (city or town) (State or country) BALTIMORE

14 Informant DR. MADER (Address) ROSEWOOD SCHOOL

15 [illegible] G. HARPER JONES M.D.

R 1 1 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR. 11, 1931

17

I HEREBY CERTIFY, That I attended deceased from MAR. 9, 1931, to MAR. 11, 1931.

that I last saw him alive on MAR. 11, 1931.

and that death occurred, on the date stated above, at 3:30 A.m.

The CAUSE OF DEATH* was as follows:

MULTIPLE ABSCESSES OF BRAIN

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) CHRONIC MASTOIDITIS OSTEOMYELITIS OF TEMPORAL BONE

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? ROSEWOOD SCHOOL

Did an operation precede death? YES Date of MAR. 10, 1931

Was there an autopsy? YES.

What test confirmed diagnosis? AUTOPSY.

(Signed) Frank A Parsons M. D.

, 19 (Address) 511 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rosemond Cemetery DATE OF BURIAL: MAR 12 1931

20 UNDERTAKER: J. F. Elias Reutersonne ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

B 06534

HEALTH DEPARTMENT—CITY OF BALTIMORE

Grave #4

B 06534

CERTIFICATE OF DEATH

207

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Fort at Abermarle St. 3-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Bryson Unknown

(a) RESIDENCE NO. ..... ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Traumatic Amputation Arm Lacerations Leg. B.R.R. Co.

(duration) ..... yrs. ..... mos. — ds.

CONTRIBUTORY (Secondary) Shock

(duration) ..... yrs. ..... mos. — ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) G. C. Radcliffe, M. D. Coroner

, 19 (Address) 4316 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — PUBLIC CEMETERY

DATE OF BURIAL MAR 11 1931

20 UNDERTAKER Commissioner Health.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 11 1931

DE MORGUE

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 66535

REGISTERED NO. E 66535

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1422 Rutter St., 14-20 Ward)

2-FULL NAME Frank Thomas.

(a) RESIDENCE NO. 1624 Division St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna.

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	32	33		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Ford

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Edna Thomas
(Address) 1624 Division St.

Filed MAR 11 1931, 19 [illegible] Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 1 yr. 1 mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Inspection

(Signed) [illegible] M. D.

Feb. 28 (Address) Boston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health. — ADDRESS MAR 11 1931

E. F. WOODALL.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66536 ✓ + 108 E 66536

CERTIFICATE OF DEATH

REGISTERED NO. 16-69

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) West Balto Gen Hosp St. Ward

2-FULL NAME Clarence C. Drury.

(a) RESIDENCE NO. 1309 Grund St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Drury

6 DATE OF BIRTH (month, day, and year) July 31 1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	47	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Penna

PARENTS

10 NAME OF FATHER Theophilus Drury

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Penna

12 MAIDEN NAME OF MOTHER Susan Null

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Penna

14 Informant Geo Decker
(Address) Hamilton Md

15 Filed 1931 [illegible] Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) H. Bruce Smith, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS MAR 11 1931

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 (5.5.37)

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 5-9 ST. (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Daniel Rollins

(a) RESIDENCE NO. '20 N. Caroline St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Separated

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Mar. 14, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER Benj. Rawlins
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Sarah ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Date received MAR 1 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-4-31

17
I HEREBY CERTIFY, That I attended deceased from 3-28-29, 19, to 3-4-31, 19
that I last saw him alive on 3-4-31, 19
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis ? unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.
3-7-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND
DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health
ADDRESS MAR 7 1931

Per Wm E [illegible]

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66538 123 66538

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 19-27 ST. & WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Pearce

(a) RESIDENCE NO. 501 N. Gilmor ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign-born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Odd jobs
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) B-lto. Co. Md.

PARENTS

10 NAME OF FATHER Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) B-lto. Co. Md.

12 MAIDEN NAME OF MOTHER Rachael Ann ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) B-lto. Co. Md.

14 Informant (Address) Records of B-lto. City Hosp.

15 Filed MAR 11 1931 19 C. Edward Jones M.D. Registrar
Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-4-31

17
I HEREBY CERTIFY, That I attended deceased from 12-31-30, 19, to 3-4-31, 19
that I last saw him alive on 3-4-31, 19
and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Gangrene of rectum

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, unknown
(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? 1. Hospital 2. Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.
3-7 1931 (Address) B-lto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner Health

Per Wm. E. Woodall

UNIVERSITY OF MARYLAND
MAR 11 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 11 1931

Spec.—12-1-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66539

CERTIFICATE OF DEATH.

57-003 E 66539

1-PLACE OF DEATH

City of BALTIMORE: (No. 2426 Montebello Av 9-46 Ward

2-FULL NAME Infant - Waddill

(a) RESIDENCE NO 2426 Montebello Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Mar. 8, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, Hrs. or Min.
			2	12

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town): Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Roy C Waddill

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va.

12 MAIDEN NAME OF MOTHER Lillian H Schmidt

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant (Address) Roy C Waddill 2426 Montebello Ave

15 Filed MAR 11 1931 H. BARTON JACOBS, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 19 31

17 I HEREBY CERTIFY, That I attended deceased from March 8 19 31 to March 10 19 31

that I last saw him alive on March 10 19 31

and that death occurred, on the date stated above, at 9.30 P. m.

THE CAUSE OF DEATH* was as follows: Debility. Premature

Foramen Ovale not closed

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) N. L. Fair, M. D.

19 (Address) 2704 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

Date of Burial MAR 11 1931

20 UNDERTAKER

ADDRESS

Commissioner Health.

Dated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks

Dr Buck 1201 Park Heights Ave

66540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66540

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 E. Hamburg St. 23-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John E. Maurer

(a) RESIDENCE NO. 38 E. Hamburg ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1st 1900

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	98	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John H. Maurer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Mary Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant (Address) John E. Maurer 38 E. Hamburg St.

15 Date Received APR 1 1931 C. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9, 31

17

I HEREBY CERTIFY, That I attended deceased from March 2nd, 1931, to March 9th, 1931

That I last saw h[illegible] alive on March 9th, 1931

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) [illegible] M. D.

11, 1931 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	March 12 31

20 UNDERTAKER ADDRESS

F. O. Wappet 311 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should name CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 66541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V -001

E 66541

1-PLACE OF DEATH Enroute

CITY OF BALTIMORE: (No. St. Joseph's Hospitals ST. 16-21 92 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME AMELIA E. MORTENSEN

(a) RESIDENCE No 3201 E. Fleet Street ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Mortensen

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 6 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md.

PARENTS

10 NAME OF FATHER Henry Schadtey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Mohr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Frederick Mortensen

(Address) 3201 E. Fleet Street

MAR 11 1931 C. HAVRAN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 9, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an INQUIRY (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency-Mitral Stenosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

3/10/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Zion Lutheran Cemetery	Mar. 12 1931
20 UNDERTAKER	ADDRESS
Frederick Lauchheimer	7401 Belair Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

246156
Pid. 66542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 157 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13-52 ST. JOHNS HOPKINS HOSPITAL WARD)

2-FULL NAME Leroy Penner

(a) RESIDENCE NO. 3108 Keswick Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 ~~Single, Married, Widowed, or Divorced, (write the word)~~: Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 23 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			15 17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10 NAME OF FATHER: Elmer Penner
11 BIRTHPLACE OF FATHER (city or town) (State or country): Harpers Ferry W. Va.
12 MAIDEN NAME OF MOTHER: Nellie Vermilion
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Records
(Address): JOHNS HOPKINS HOSPITAL

17 MAR 1 1931 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 10 1931

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to March 10, 1931
that I last saw him alive on March 10, 1931
and that death occurred, on the date stated above, at 7.45 P m.
The CAUSE OF DEATH* was as follows:
Circulatory failure from congenital heart + bronchopneumonia
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? Yes.
What test confirmed diagnosis?
(Signed) A. E. Cutler M. D.
3-11-1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Mar 12 1931
20 UNDERTAKER: Ehrenwerth Son — ADDRESS: 2417 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-
TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

66543

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 66543

CERTIFICATE OF DEATH.

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-37 ST. WARD)

2 FULL NAME August F. Ritzman

(a) RESIDENCE NO. none ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 20, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Albany N.Y.

PARENTS

10 NAME OF FATHER: Voltine Ritzman

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.Y.

12 MAIDEN NAME OF MOTHER: Kate Weisheit

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant (Address): Records of Balto. City Hosp.

15 Date received: R 11 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-10-31

17 I HEREBY CERTIFY, That I attended deceased from 11-22-27, 19, to 3-10-31, 19

that I last saw h i alive on 3-10-31, 19

and that death occurred, on the date stated above, at 5:30 A.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

3-11-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Albany New York March 1/19 31

DATE OF BURIAL

20 UNDERTAKER: John C. Miller

ADDRESS: 2425 E. Oliver St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66544 66544

CERTIFICATE OF DEATH.

46

REGISTERED No. 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE—No. 1503 N. Hilton St. WARD 16

2 FULL NAME Annie Caroline Sauder

(a) RESIDENCE No. 1503 N. Hilton St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Sauder

6 DATE OF BIRTH (month, day, and year) Feb. 29, 1857

7 AGE Years 73 Months 6 Days 10 If LESS than 1 day, hrs. or min. 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

PARENTS

10 NAME OF FATHER Jacob Seible

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Straus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 INFORMANT (Address) Mrs. Harry Buemiller 5027 N. Hilton St.

15 [illegible] 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931 to Mar 10, 1931

that I last saw h[illegible] alive on Mar 9, 1931

and that death occurred, on the date stated above, at 1205 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastases to liver unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys

(Signed) Wm. E. Stiefler M. D.

3/10, 1931 (Address) 1219 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL Mar. 13, 1931

20 UNDERTAKER Fred A. Krauss & Son ADDRESS 703 E. Hamburg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

1-30—M. & T.—100 B—60L

E 66545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66545

CERTIFICATE OF DEATH

210-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. ST. .... WARD)

2-FULL NAME Simon P Lorgwell

(a) RESIDENCE NO 1337 L St N W Wash D.C. ST. .... WARD ....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Don't know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Lobkat Co
(c) Name of employer Bell Co.

9 BIRTHPLACE (city or town)
(State or country) Va

PARENTS

10 NAME OF FATHER Edgar L Lorgwell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Portia J Faulk

13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Va

14 Informant Mrs L P Lorgwell
(Address) 1707 C St N.E. Wash D.C.

15 Filed 1-1-1931 G. BAUSCH JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/10 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto he was driving collided with another auto

@ (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract. Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Kingsville Md

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. J. Fraunt Coroner, M. D.

3/11 1931 (Address) 2939 N St Edgy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington DC	3/12 1931
20 UNDERTAKER Joseph Shreve Exr	ADDRESS

R CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Blks.

246 254
Pat.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66546

157-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... ST. 8-16 WARD)

2. FULL NAME Gilbert Buckwald

(a) RESIDENCE NO. 1627 N. Bradford ST. ..... WARD

(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Feb. 23, 1931

7 AGE — Years: | Months: | Days: 16 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Gilbert Buckwald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Helen Lenhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11 1931

17 I HEREBY CERTIFY, That I attended deceased from March 9, 19 31, to March 11, 19 31

That I last saw h/m alive on March 6, 19 31

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Congenital cerebral malformation

Malnutrition, prematurity.

(duration) yrs. ..... mos. Since birth mos. 16 ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? .....

D. C. Potter M. D.

(Signed) .....

19 ..... (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rood Cemetery — DATE OF BURIAL: March 13 19 31

20 UNDERTAKER: J. Ford Leuchtman — ADDRESS: Highland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 1931 C. [illegible] Registrar

Spec.—9-30—5. & Co.—250 Blks

66547

HEALTH DEPARTMENT—CITY OF BALTIMORE

66547

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1608 N. Milton St. 8-16 WARD)

2. FULL NAME Frances Vocelka (Watsic)

(a) RESIDENCE NO. (Usual place of abode) 1608 N. Milton St. WARD

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or ~~divorced~~ (or) WIFE of Canton Vocelka

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment) In which employed (or employer) Home

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Marcola

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant (Address) Canton Vocelka 1608 N. Milton Ave

15 Filed MAR 11 1931 By C. HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 31

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to March 11, 1931, that I last saw h[illegible] alive on March 10, 1931, and that death occurred, on the date stated above, at 9:20 A.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What [illegible] confirmed diagnosis? Clinical

(Signed) Charles H. A. Wright M. D.

3/11, 1931 (Address) 1031 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Mar 14, 1931

20 UNDERTAKER — ADDRESS: [illegible] Broadway

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACT. Every question should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—501.

E 66548

HEALTH DEPARTMENT—CITY OF BALTIMORE

118 E 66548

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 S Monroe ST. 19-28 WARD)

2-FULL NAME Anna Maria Myerberg

(a) RESIDENCE NO 111 S Monroe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 7 - 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Shirt Factory
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edw A Minchow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Agatha Jaschik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Edw A Minchow

(Address) 111 S Monroe St

15 Filed 1-1-1931, 19 — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ac Indigestion Cause of Dist

(duration) yrs. 1 mos 6 hrs

CONTRIBUTORY (Secondary) Ac Cardiac Dil-

(duration) yrs. mos. 1 hrs

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What was confirmed diagnosis? History

(Signed) A C Cadle, M. D.
Coroner

19 (Address) 143 B Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 3/13 1931

20 UNDERTAKER: Harry Hewitt — ADDRESS: Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66549 — 108 — E 66549

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No.) Provident Hosp (St.) 7-35 (Ward)

2-FULL NAME Cordelia Payne

(a) RESIDENCE NO. 632 W. Lee St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Fem	Col	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of (Child)

6 DATE OF BIRTH (month, day, and year) May 29-1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		9	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER David Payne

11 BIRTHPLACE OF FATHER (city or town) W. Va
(State or country)

12 MAIDEN NAME OF MOTHER Pattie Fisher

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant David Payne
(Address) 632 W. Lee

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Regular

(Signed) H. Leavitt M. D.
(Address) Coroner

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. F. Auburn — DATE OF BURIAL 3/12/1931

20 UNDERTAKER: Mrs. Lee H. Holland — ADDRESS 1631 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—60L.

E 66550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 66550

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Madeira ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph M. Parturzo

(a) RESIDENCE NO 128 N. Madeira ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? [illegible] yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 17/1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fruit Dealer 45
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Gateno Parturzo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Minnie Vazzo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frank Parturzo

(Address) 819 N. Kenwood Ave

15 Filed ..... 192 ..... Registrar

1 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Lobar Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? prob at work

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D. Coroner

Mar 11/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Mar 12 1931

20 UNDERTAKER W. W. Poulton

ADDRESS 2237 N. Howard

Spec.—9-30—A. & Co.—250 Blks.

66551

HEALTH DEPARTMENT—CITY OF BALTIMORE

66551

CERTIFICATE OF DEATH

93-08

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) 13-54 (St.) (Ward)

2 FULL NAME William Bierley

(a) RESIDENCE NO. 2701 Pennsylvania Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Annie Bierley

6 DATE OF BIRTH (month, day, and year) Dec. 29, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer odd jobs

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Fee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 1 1 1931, 19 C. Hilary Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-10-31

17 I HEREBY CERTIFY, That I attended deceased from 9-20-30, 19, to 3-10-31, 19

that I last saw h im alive on 3-10-31, 19 and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1. Hous. 2. Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget. M. D.

(Address) B. Ito. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.).

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvert

DATE OF BURIAL 3/12/31

20 UNDERTAKER Wm Cook

ADDRESS 1217 E. Fa.

CAUSES OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates

Spec—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66552

E 66552

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ~~Residence~~ a
CITY OF BALTIMORE: (No 1008 Castle ST. 7-13 WARD) 3/31

2. FULL NAME Josephine Volopich
(a) RESIDENCE NO. 1008 Castle ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Volopich
6. DATE OF BIRTH (month, day, and year) May 1848
7. AGE: Years 82 Months 10 Days ..... If LESS than 1 day, hrs. or min. .....
8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country) Austria
PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (city or town) (State or country) Austria
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Austria
14. Informant (Address) Cousin 1008 Castle St
15. Filed 1-1-1931, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 11 1931
17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 19 30, to March 11, 19 31
that I last saw her alive on March 5, 19 31
and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:
Chronic nephritis
Chronic Myocarditis
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary) General anasarca
(duration) yrs. mos. 21 ds.
18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? General Examination
(Signed) Heram Fried M. D.
19. (Address) 316 Medical arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill — DATE OF BURIAL: 3/13/31
20. UNDERTAKER: Wm Cook — ADDRESS: 1219 Eutaw St

CAUSE OF DEATH may be properly classified: Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66553

CERTIFICATE OF DEATH.

49

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St. 16-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecilia Thelma House

(a) RESIDENCE NO. 3602 Eversley Ave St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Robert L House

6 DATE OF BIRTH (month, day, and year) Jan 24 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER G. Clifford Estes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Minnie Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Md

14 Informant Robert L House (Address) 3602 Eversley Ave

MAR 11 1931

[illegible] JOHN J[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11-31

17 I HEREBY CERTIFY, That I attended deceased from 3-8 , 19 31 , to 3-11 , 19 31 ,

that I last saw her alive on 3-11 , 19 31 ,

and that death occurred, on the date stated above, at 1 15P m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma left ovary and rectum

(duration) yrs. 9? mos ds.

CONTRIBUTORY (Secondary) Post-Operative Toxaemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 3-9-31

Was there an autopsy? no

What test confirmed diagnosis? Operative & Pathological

(Signed) Robert Bardo M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond

DATE OF BURIAL 3/14 19 31

20 UNDERTAKER J. M. Cook

ADDRESS 1217 E Fayette St

'TION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Blks.

E 66554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 107-001 ✓

E 66554

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J. Walter Carman, Jr.

(a) RESIDENCE NO. Sharon, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 17, 1931

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	1		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Sharon, Md.

(State or country)

PARENTS

10 NAME OF FATHER J. Walter Carman, Sr.

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Ruth Cuddy

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Hospital Record.

(Address)

15 Filed MAY 1 1931 C. EMPSON JONES, Registrar

By RKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1931, to March 11, 1931, that I last saw h~~im~~ alive on March 11, 1931, and that death occurred, on the date stated above, at 2.50 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 3 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos da.

18 Where was disease contracted

If not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert L. Longwell M. D.

(Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dale County — Date of Burial May 1 1931

20 UNDERTAKER P. Markland Son — ADDRESS White Hall Md

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66555

E 66555

CERTIFICATE OF DEATH.

REGISTERED NO. 122

1-PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital STREET OR WARD)

2-FULL NAME James Crabbe

(a) RESIDENCE NO. Westminster, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Fannie M. Crabbe

6 DATE OF BIRTH (month, day, and year) Jan 23, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer 0&0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Littlestown Penn.

PARENTS

10 NAME OF FATHER Joseph Crabbe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Mary Simpson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant (Address) Wm. Crabbe Westminster Md.

15 FILED MAR 12 1931 H. HUGHES JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1931, to Mar. 11, 1931, that I last saw h/ alive on Mar. 11, 1931, and that death occurred, on the date stated above, at 5 00 P m.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction, acute (duration) yrs. mos 22 ds.

CONTRIBUTORY (Secondary) Pulmonary imbolus (duration) yrs. mos. 10 Mins.

18 Where was disease contracted if not at place of death? Not a disease

Did an operation precede death? Yes Date of Feb. 20, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & symptoms

(Signed) Wylie M Fair M. D.

3-11, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel Md.

DATE OF BURIAL Mar 14, 1931

20 UNDERTAKER J. W. Little

ADDRESS Littlestown, Pa

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66556

CERTIFICATE OF DEATH.

89-002

E 66556

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Estelle Klarlein

(a) RESIDENCE No. 1610 W. Fayette St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Albert L Klarlein

6 DATE OF BIRTH (month, day, and year) Nov 19 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mother

(b) General nature of industry, business, or establishment in which employed (or employer) Do

(c) Name of employer Maryland Theatre

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael Byrnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alice Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary Sandrock

(Address) 511 Linda Lane

Filed 12 1931 H. H. JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to March 11, 1931, that I last saw h[illegible] alive on March 10, 1931, and that death occurred, on the date stated above, at 12.07 A.m.

The CAUSE OF DEATH* was as follows:

Meningitis - Pneumococcus (Primary)

(duration) yrs. mos 4. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted / Mastoidectomy) If not at place of death?

Did an operation precede death? Yes Date of Feb 14, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Spinal fluid Exam.

(Signed) H O Neitman M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/13 19 31

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66557

CERTIFICATE OF DEATH.

8 2001

E 66557

REGISTERED NO. 28-64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 University, H St. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Doellinger

(a) RESIDENCE NO. 5200 Fernhill Ave St., Forest Park WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ella Doellinger

6 DATE OF BIRTH (month, day, and year) Nov 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Pol

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Laurence Doellinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ella Doellinger

(Address) 5200 Fernhill Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11. 1931

17 I HEREBY CERTIFY, That I attended deceased from 3-7, 19 31 to 3-11, 19 31,

that I last saw h... alive on 3-11, 19 31,

and that death occurred, on the date stated above, at 6 A.M. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

from hypertension

and arteriosclerosis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical sign,

(Signed) J. H. Corbus, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	3/7/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 E Paul St

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 66558

Dr Blades

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

E 66558

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No.) 2228 Ramsay St. 20-69 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Phoebe Elizabeth Adams

(a) RESIDENCE NO. 2228 Ramsay St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Winston L Adams

6 DATE OF BIRTH (month, day, and year) Feb 17 1845

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	86	0	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer (or Home)

9 BIRTHPLACE (city or town) Prince Geo Co Md
(State or country)

PARENTS

10 NAME OF FATHER Peter Hatton

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Lambert

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Elizabeth N Purcell
(Address) 2225 Ramsay St

15 Filed [illegible] 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Acc Fall Fracture Hip

(duration) 2 mos. 1 da.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? Autopsy

(Signed) G E Blades, M. D.

19 (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's City Md	3/13 1931
20 UNDERTAKER W M Cook	ADDRESS 1211 Bolton

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

Mongolian

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 66559

E 66559

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 319 E 23d St. ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harriett Louise Mangolian

(a) RESIDENCE No. 319 E 23d St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 26 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4 4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nil

(b) General nature of industry, business, or establishment in which employed (or employer) nil

(c) Name of employer nil

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Mangolian

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Ebsen

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant William Mangolian Stepfather (Address) 319 E 23d St

15 Filed Mar 12 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1931

17 I HEREBY CERTIFY, That I attended deceased from March 6 1931, to March 10 1931, that I last saw h[illegible] alive on March 10 1931 and that death occurred, on the date stated above, at 1[illegible] a m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. dys.

CONTRIBUTORY (Secondary) Genital Exposure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) G. H. Hall, M. D.

. 19 (Address) 1926 E 23d St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet cemetery

DATE OF BURIAL Mar 12 1931

20 UNDERTAKER Eugene Watkins

ADDRESS 5120 Harford

Important. See instructions on back of certificate.

Spec.—8-30—A. & Co.—250 Bks.

E 66560 E 66560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals 97-30 REGISTERED NO.

CITY OF BALTIMORE: (No ST. (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Parke

(a) RESIDENCE NO. 657 W. Lee ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Oct. 17, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Selmer Ala.

PARENTS

10 NAME OF FATHER Smith Parke

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Ala.

12 MAIDEN NAME OF MOTHER Sallie Goldsby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Ala.

14 Informant Records of
(Address) Balto. City Hosp.

MAR 12 1931 C. HAYDEN JONES, M. D.
Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8-31

17
I HEREBY CERTIFY, That I attended deceased from 3-7-31, 19, to 3-8-31, 19
that I last saw him alive on 3-8-31, 19
and that death occurred, on the date stated above, at 11:45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic, rheumatic
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure, acute (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical exam.
(Signed) Paul Padget. M. D.
3-10 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calary Cemetery	March 14 1931
20 UNDERTAKER	ADDRESS
Ernest Poole	119 Hanover St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

245-918

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 66561

CERTIFICATE OF DEATH

8-17 107 001

REGISTERED NO. L 66561

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ST. WARD)

2. FULL NAME Francis Verry

(a) RESIDENCE NO. 1309 N. Hallas ST. St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 2-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3 4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS
10 NAME OF FATHER Floyd Verry
11 BIRTHPLACE OF FATHER (city or town) (State or country) Del
12 MAIDEN NAME OF MOTHER Nellie Ford
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del -

14 Informant (Address) Address -

15 Filed , 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March-10-31

17
I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1931, to March 10, 1931
that I last saw h[illegible] alive on March 10, 1931
and that death occurred, on the date stated above, at 5 15a m.
The CAUSE OF DEATH* was as follows:
Pneumonia croupus

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis? X-ray
(Signed) [illegible] M. D.
3/11, 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cemetery	March 12, 1931
20 UNDERTAKER: Mrs. R. W. Elliott	ADDRESS 1710 Eastlandave

CAUSE OF DEATH is very important. See instructions on back of certificate. It may be of property importance to that it be correctly stated.

Spec.—9-30—A. & Co.—250 Blks.

E 66562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 E 66562

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1353 Cundl St. 21-24 WARD)

2 FULL NAME Ernest J. Wright

(a) RESIDENCE No 1353 Cundl St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 22 1930

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Ernest Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Irene Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Irene Wright 1353 Cundl St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11, 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1931, to Mar. 11, 1931

that I last saw him alive on Mar 10, 1931

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Irving Stoaf M. D.

3/11, 1931 (Address) 729 Fawn. Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary-county — DATE OF BURIAL Mar 13 1931

20 UNDERTAKER Wm. P. G. Ellis — ADDRESS 1715 Eastland

CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether from Accident, Suicide or Homicide. BE SURE TO ANSWER EVERY QUESTION. ON BACK OF CERTIFICATE. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

665563

CERTIFICATE OF DEATH

20-27 / 31 E 665563

1 PLACE OF DEATH: German Aged Home
CITY OF BALTIMORE: (No.) Baltimore and Payson WARD
REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME: Mary Christine Kaonss

(a) RESIDENCE NO. German Aged Home ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Charles Kaonss

6 DATE OF BIRTH (month, day, and year): June 28, 1856

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
74	73	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Finland

PARENTS
10 NAME OF FATHER: John Leffer
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Barbara Zirkel
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Records of German Aged Home
Address: Baltimore & Payson Sts.

Filed MAR 15 1931 19 C. P. MILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 10, 1931

17
I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1931 to Mar 10 1931
that I last saw her alive on Mar 10 1931
and that death occurred, on the date stated above, at 9.15 P.m.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis
Chronic valvular Heart Disease
(Mitral Stenosis)
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of ✓
Was there an autopsy? ✓
What test confirmed diagnosis? Clinical

(Signed) R. Wells Hemming M. D.
3/11 1931 (Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery
DATE OF BURIAL: March 13 1931
20 UNDERTAKER: Joseph H. Cook
ADDRESS: 1003 West Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66564

107-001

CERTIFICATE OF DEATH

E 66564

REGISTERED NO. 17-25

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 630 N. Mulberry ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosa May Eaton

(a) RESIDENCE NO. 630 N. Mulberry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 11 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Dec 31, 1929

7 AGE — Years: 1 — Months: 2 — Days: 11 10 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby girl

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Howard Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Littleton N. Carolina

12 MAIDEN NAME OF MOTHER: Lillian Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Littleton N.C.

14 Informant: Howard Eaton

(Address): 630 Mulberry st.

15 Filed: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1931, to Mar 11, 1931, that I last saw her alive on Mar. 11, 1931, and that death occurred, on the date stated above, at 6 pm.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of — —

Was there an autopsy? — —

What test confirmed diagnosis? —

(Signed) Douglas Sheppard, M. D.

3/11/1931 (Address) 1063 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 3-12-1931

20 UNDERTAKER: Dennis Eaton — ADDRESS 916 Penna

Important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 66565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 66565

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1033 Clay St. (ST.) 18-26 (WARD)

2-FULL NAME Hester Bailey

(a) RESIDENCE NO 1033 Clay ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant James Bailey

(Address) 1033 E. Clay St.

15 Filed ....., 192 .....

Registrar

MAR 12 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

For what duration did precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) H. C. Ladd, Coroner, M. D.

, 19 (Address) 3 No Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Mar 13, 1931
20 UNDERTAKER	ADDRESS
Mrs Katie R. Williams	2227 Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66566 E 66566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

34v

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 1 N Greene ST. (If in hospital, ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eddie James.

(a) RESIDENCE NO. 1832 Druid Hill Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1929

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	1	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Eddie James

11 BIRTHPLACE OF FATHER (city or town) Florence,
(State or country) S. C.

12 MAIDEN NAME OF MOTHER Beatrice Jones

13 BIRTHPLACE OF MOTHER (city or town) Farmville
(State or country) Va

14 Informant Beatrice James
(Address) 1832 Druid Hill Ave

Filed 12 1931 C. Harlan Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1931 to March 10, 1931.

that I last saw him alive on March 10, 1931.

and that death occurred, on the date stated above, at 11 00 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous broncho-pneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Congenital tuberculosis

(duration) yrs. 14 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X-ray, physician.

(Signed) George A. Silvops, Jr. M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Mar. 12, 1931

20 UNDERTAKER Mrs. Kate R. Williams

ADDRESS 3224 Schroeder St.

IMPORTANT. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66567 BALTIMORE CITY HOSPITALS E 66567

REGISTERED NO. 93-88

1. PLACE OF DEATH S 24-33 WARD

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Charles O. Jenkins

(a) RESIDENCE NO. 615 E Clement st ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year) 3-25-1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cracker Bkr
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: James Jenkins.
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Louise Nash
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records

Filed MAR 12 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11-31.

17
I HEREBY CERTIFY, That I attended deceased from 6-7-30, 19..., to 3-11-31, 19...
that I last saw him alive on 3-11-31, 19...
and that death occurred, on the date stated above, at 4:35 A. M.
The CAUSE OF DEATH* was as follows:

Myocarditis, chronic (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy
(Signed) Paul Padget M. D.
3-11-1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery DATE OF BURIAL: Mar. 15 1931
20 UNDERTAKER: Morgan C. Hynes ADDRESS: 1422 Eutaw Pl

CAUSE OF DEATH must be plainly written. Sign with ink. Do not use pencil. Every question must be answered. Physician is required to sign certificate and state cause of death within 24 hours after death occurs. Neglect of physician to comply with this law is punishable by a fine. Undertaker is required to file certificate with Registrar before removal of body is permitted. Burial permit will be issued by Registrar upon presentation of certificate. See instructions on back of certificate. This certificate is very important.

Spec.—9-20—A. & Co.—250 Blks

Augusta Funcke

E 66568 — E 66568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23-32 — 91

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1710 Hanover St. WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Augusta Funcke.

(a) RESIDENCE No. 1710 Hanover St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widowed.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. Funcke.

6 DATE OF BIRTH (month, day, and year) Sept. 1, 1853.

7 AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
77.	6.	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Gottlieb Kunisch.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Martha Poetzold.
(Address) 1710 Hanover St.

15 Filed MAR 17 1931, 19 C. L. Miller JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 11, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1930, to Mar. 11, 1931

that I last saw her alive on Mar. 11, 1931

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Indefinite
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) H. L. Campbell M. D.

3/11 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk. Cem. — DATE OF BURIAL: March 14 1931

20 UNDERTAKER: A. Howard Evans — ADDRESS: 38 E. Fred...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66569 — 12 — E 66569

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3426 E. Baltimore St.) WARD 16-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Storch

(a) RESIDENCE NO. 3426 E. Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: John L. Storch

6 DATE OF BIRTH (month, day, and year): Oct 3 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frederick Ey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant (Address): John L. Storch 3426 E. Baltimore St.

15 Filed MAR 12 1931 G. HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Mar 9, 1931, that I last saw h[illegible] alive on Mar 9, 1931 and that death occurred, on the date stated above, at 12:55 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Joseph Toohey M. D.

. 19 (Address) 606 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz cemetary

DATE OF BURIAL: March 12 1931

20 UNDERTAKER: George W. Zinkle

ADDRESS: 1737 E. Eager st

CAUSE OF DEATH must be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

Spec.—9-31—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66570

CERTIFICATE OF DEATH

23 V E 66570

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 930 E. Madison St (WARD) 10 1 H

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John A. Joyce

(a) RESIDENCE NO 930 E Madison St. WARD

(Usual place of abode) (If non-residence give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Last	57	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Morton Joyce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Dawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Dr James J. F. Joyce 930 E Madison St

15 Filed [illegible] G. EARLE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1931

17

I HEREBY CERTIFY, That I attended deceased from 3/10, 1931, to 3/11, 1931

that I last saw h[illegible] alive on 3/11, 1931

and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Ch Pulmonary Th

(duration) 8 years mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical

(Signed) A. H. Hornstein M. D.

3/12 1931 (Address) 733 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL March 14th 1931

20 UNDERTAKER Henry Hoen Sons, Inc. — ADDRESS 1301 E Eager St

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 66571

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 66571

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 E. Preston St. ST., 9-18 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine Brewster

(a) RESIDENCE NO. 1212 E. Preston St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Wm P. Brewster

6 DATE OF BIRTH (month, day, and year) Feb 10-1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
81	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Francis Ahearn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Canavane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Lillian Brewster

(Address) 1212 E. Preston St

15 R 12 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11/31.

17 I HEREBY CERTIFY, That I attended deceased from 3/6, 19 31, to 3/11, 19 31,

that I last saw her alive on 3/9, 19 31,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? 1212 E. Preston St.

Did an operation precede death? No Date of .....

Was there an autopsy? No .....

What test confirmed diagnosis? Clinical.

(Signed) Irving D. Littman M. D.

, 19 (Address) 1304 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	3/14 19 31
20 UNDERTAKER	ADDRESS
J. J. Leach	Leyton

TION is very important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66572 106 E 66572

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. University Hospital ST. OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alvin McKinstry

(a) RESIDENCE NO. 2916 Montebello Terrace WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced HUSBAND of or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) AUG 17 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Washington Pennsylvania

PARENTS

10 NAME OF FATHER Stanley McKinstry

11 BIRTHPLACE OF FATHER (city or town) (State or country) McKeesport Pa

12 MAIDEN NAME OF MOTHER Augusta Seifert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pittsburgh Pa

14 Interment (Address) Lincoln Memorial Park

15 Filed DEC 12 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1931, to Mar. 12, 1931, that I last saw him alive on Mar. 12, 1931, and that death occurred, on the date stated above, at 4 15 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary) Empyema, left

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? 2916 Montebello Terrace

Did an operation precede death? Yes Date of Mar 2, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & symptoms & Operation

(Signed) Lis M. Faw, M. D.

3/12 1931 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lakewood Cemetery — DATE OF BURIAL 3-14 1931

20 UNDERTAKER H. B. Rinehart — ADDRESS Loyola

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 66573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66573

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1609 McHenry St. St. 14-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Hart

(a) RESIDENCE NO. 1609 McHenry St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 11, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER late John Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lulia Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Mrs. Lulia Hart 1609 McHenry St.

Filed MAR 12 1931, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11 1931

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,

that I last saw h alive on , 19 ,

and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows: Premature Birth (5 months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James A Fitzpatrick M.D.

3/12, 19 31 (Address) 721 McHenry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 3/12/31

20 UNDERTAKER: Harry A Wilhelm

ADDRESS: 701 Edmondson Ave

Filed MAR 12 1931, 19

TION is very important. See instructions on back of certificates.

Spec.—1723-21—E.B.R.S.—400 Bks.

E 66574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

E 66574

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 833 McHenry St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mattie Eady

(a) Residence No. 833 McHenry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	Color	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Eady

6-DATE OF BIRTH (month, day and year)

7-AGE	If LESS than 1 day
53 yrs. mos. ds.	hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Notary 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Columbia Va

PARENTS

10-NAME OF FATHER Not Known

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Not Known

12-MAIDEN NAME OF MOTHER Not known

13-BIRTHPLACE OF MOTHER (city or town) (State or Country)

14-(Informant) Lottie Taylor

(Address) 833 McHenry St

Filed 3-12 1931 Burton Jones M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 10-1931

17- I HEREBY CERTIFY, That I attended deceased from Feb 23 1931 to March 10 1931 that I last saw h[illegible] alive on March 9 1931 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Thomas M. D

3-10 1931 (Address) 822 N Bond St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL CREMATION OR REMOVAL	DATE OF BURIAL.
Columbia Va.	March 11, 1931
20-UNDERTAKER.	ADDRESS
Burkett Co. Inc.	2619 E. Chase St.

Instructions on back of certificates.

Spec.—9 30—A. A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66575 — 82-001 — REGISTERED NO.

1 PLACE OF DEATH
CITY OF BALTIMORE. (No 1603 Rutland Ave (WARD) 17
2 FULL NAME Christiana H Macauley
(a) RESIDENCE NO 1603 Rutland Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edw E Macauley

6 DATE OF BIRTH (month, day, and year): Sept 19 1880

7 AGE: Years 50 | Months 5 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. Y.

PARENTS
10 NAME OF FATHER: David H Turner
11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna
12 MAIDEN NAME OF MOTHER: Caroline Hill
13 BIRTHPLACE OF MOTHER (city or town) (State or country): N Y

14 Informant (Address): Edw E McCauley 1603 Rutland Ave

15 Filed 3 12 1936 H. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 9th 31

17 I HEREBY CERTIFY, That I attended deceased from March 8 1931 to March 9th 1931
that I last saw her alive on 9th March 1931
and that death occurred, on the date stated above, at 3 A. m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination
(Signed) Joseph J Kaufman M. D.
(Address) 2419 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 3/12/1931

20 UNDERTAKER: Forget & Farley — ADDRESS: Fulton & Forgette

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

COUSLEY

E 66576

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66576

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave ST. 30-72 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Cousley

(a) RESIDENCE NO. 3117 Wilkens Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Eberhart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Poller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Stringer

(Address) 3117 Wilkens Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Mar 10, 1931,

that I last saw h alive on Mar 10, 1931,

and that death occurred, on the date stated above, at 9 20 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cecum

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) W. T. Birely, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL 3/12/31

20 UNDERTAKER George A Tully

ADDRESS Fulton & Fayette

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E. 66577. E. 66577

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1601 N. Chapel ST. 8-17 WARD)

2. FULL NAME Mary S. Noyes

(a) RESIDENCE NO. 1601 N. Chapel ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 11-1924

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm. R. Noyes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Loretta Konemann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant (Address) Loretta Konemann 1601 N. Chapel St.

15 Filed ..... 19..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12. 1931

17

I HEREBY CERTIFY, That I attended deceased from March 7. 1931 to March 12. 1931

that I last saw her alive on March 11 1931

and that death occurred, on the date stated above, at 3.50 a. m.

The CAUSE OF DEATH* was as follows:

Measles.

(duration) yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Albert Esquivel M. D.

3/12/31 (Address) 1775 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park cem	Wed 18 1931
20 UNDERTAKER George W Zirkler	ADDRESS 1737 E Eager st

21 1931

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66578 — 48 E 66578

REGISTERED NO.

1 PLACE OF DEATH: Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO 3-5 ST. WARD)

2 FULL NAME: Elizabeth Madden

(a) RESIDENCE NO. 1144 E. Lombard ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: William Madden

6 DATE OF BIRTH (month, day, and year): March 21, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	19 20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Phila., Pa.

PARENTS

10 NAME OF FATHER: James Digens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Martha Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Records of Balto. City Hosp.

Filed MAR 12 1931, 19 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-11-31

17 I HEREBY CERTIFY, That I attended deceased from 1-16-31, 19 , to 3-11-31, 19

that I last saw her alive on 3-11-31, 19

and that death occurred, on the date stated above, at 6:40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix with local metastases

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. exam.

(Signed) Fred M. Dunkerly M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dyer Redeemer — DATE OF BURIAL: 3-14 19 31

20 UNDERTAKER: Randall & Hoppe — ADDRESS: 300 S. Eutaw

See instructions on back of certificates. TION is very important.

Spec.—9-30—A. & Co.—250 Blks

E 66579

HEALTH DEPARTMENT—CITY OF BALTIMORE

66579

CERTIFICATE OF DEATH

107-001

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 3-5 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charlie Molena

(a) RESIDENCE NO. 334 S. Eden ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 2, 84?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 0 15

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Paul Molena

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Marie Sano

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Records of Balto. City Hospitals

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-31

17

I HEREBY CERTIFY, That I attended deceased from 2-16-31, 19, to 3-9-31, 19

that I last saw him alive on 3-9-31, 19

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Infectious arthritis, rt. knee.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no Yes

What test confirmed diagnosis? clinical exam.

(Signed) Fred M. Dunkman M. D.

. 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul's Cem

DATE OF BURIAL: 3/14 19 31

20 UNDERTAKER: Wendell J. Hepp

ADDRESS: Wood Chuck

TION is very important. See instructions on back of certificates.

Spec.--1-30—M. & T.—250 Bks.

E 66580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

12-50

E 66580

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 St Paul ST. ..... WARD)

2-FULL NAME Christina Louisa Crockard,

(a) RESIDENCE NO. 2915 St Paul ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Crockard,

6 DATE OF BIRTH (month, day, and year) February 10. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	79	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 80

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John L. Preis,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Straus,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs John L. Crockard (Address) 2915 St Paul St

15 Filed MAR 12 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 12 1931

17 I HEREBY CERTIFY, That I attended deceased from March 2 1931, to March 12 1931, that I last saw him alive on March 11 1931, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Influenza

Bronchopneumonia

(duration) ..... yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) Senility

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? ? Date of ?

Was there an autopsy? ?

What test confirmed diagnosis? Upon observation

(Signed) Jas Crockard, M. D.

(Address) 1307 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL MAR 14 1931

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

TION is very important. See instructions on back of certificates.

Spec.-12-29-28—L. F. S.—500 Bkt.

E 66581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

E 66581

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 N. Calvert ST., 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Gruebel

(a) RESIDENCE NO. 1209-N-Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Apr-14-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: George Gruebel

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? ? Germany

12 MAIDEN NAME OF MOTHER: Sophia Riesmodel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? ? Germany

14 Informant: Miss Lillie Pfohlgarten

(Address) 2517 Maryland Avenue

15 Filed 19 [illegible] Registrar

Important. See instructions on back of certificate.

12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1-31, 1931, to June 11-31, 1931, that I last saw h[illegible] alive on March 11-31, 1931, and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Carcinoma B Gall Bladder & Liver

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jefferis Bruce M. D.

3/12 1931 (Address) 5 Club Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar 13/31
UNDERTAKER	ADDRESS
Stewart & Mowen Company	108 W. North Ave.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66582

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1312 (ST.) Linden Ave (WARD) 11-24

2 FULL NAME Nancy Fisher T. Harrison

(a) RESIDENCE NO. 1312 Linden Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 47 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of S. Keener Harrison

6 DATE OF BIRTH (month, day, and year) About 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 66		-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) London England

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. Ann (Macbeth) Boyle

(Address) 3900 Edmondson Ave

15 Filed 12 1931, 19 M. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/11/31.

17

I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to March 10, 1931

that I last saw her alive on March 10, 1931

and that death occurred, on the date stated above, at ? m.

The CAUSE OF DEATH* was as follows:

Eczema Tuberis

(duration) yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Signs & Symptoms

(Signed) H. H. Worthy M. D.

19 (Address) 1403 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Cemetery

DATE OF BURIAL March 14 1931

20 UNDERTAKER Howard M. Embry

ADDRESS Park.

TION is very important. See instructions on back of cer

Cor.—10-10-20—A Co.—100 Bks.

E 66583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 66583

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1019 Beadenhall St. St. 23-31 Ward)

2-FULL NAME Jerry Morrissette.C.

(a) RESIDENCE NO. 1019 Leadenhall St. St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ---------. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year) May 15, 1871

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	59	9	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particulac kind of work: Laborer. Odd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina.
(State or country)

PARENTS

10 NAME OF FATHER Edmond Morrissette.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Phoebe --------(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina.

14 Informant Annie A. Meeks.(C) sister
(Address) 1908 Lombard St. Philadelphia

15 Filed . . 19 . . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 26, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart and Kidneys.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Theo. McGuinness, M. D.

2/11. 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
UNIVERSITY OF MARYLAND	FEB 12 1931
20 UNDERTAKER	ADDRESS
Commissioner of Health	

THE MORGUE.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66584 E 66584

CERTIFICATE OF DEATH

108

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 4-26 ST. (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Chase

(a) RESIDENCE NO. 772 Sarah Ann ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Raleigh N.C.

PARENTS

10 NAME OF FATHER Horace Chase

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Solly ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 19 C. Hayes Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-8-31

17
I HEREBY CERTIFY, That I attended deceased from 2-20-31, 19 , to 3-8-31, 19
that I last saw him alive on 3-8-31, 19
and that death occurred, on the date stated above, at 2:30 A m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padget. M. D.
3-9, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND
DATE OF BURIAL MAR 12 1931

20 UNDERTAKER Com. missioner Health.
ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

96585

HEALTH DEPARTMENT—CITY OF BALTIMORE

96585

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL 5-8 REGISTERED NO.

CITY OF BALTIMORE: (No. 5-8 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward Lewis

(a) RESIDENCE NO. 1419 E Fayette ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Friends - (Address) JOHNS HOPKINS HOSPITAL

15 Filed 12 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8, 1931

17
I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to March 8, 1931
that I last saw h[im] alive on March 8, 1931
and that death occurred, on the date stated above, at 4.10 p.m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ——.
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical
(Signed) John W. Parsons M. D.
19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL — DATE OF BURIAL. MAR 12 1931

20 UNDERTAKER Commissioner Health. ADDRESS

(See instructions on back of certificate. TION is very important.)

Spec.—1-30—M. & T.—250 Blks.

E 66586

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66586

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1817 Mc Culloh St. 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Howe

(a) RESIDENCE No. 1817 Mc Culloh St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: C

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): married

5a If married, widowed, or divorced (~~Husband~~ of or) WIFE of: Elmer Howe

6 DATE OF BIRTH (month, day, and year): Mch 6 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Bowie Md

PARENTS

10 NAME OF FATHER: Clay Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Fletcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Elmer Howe 1817 Mc Culloh

Filed MAR 12 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March-11-31

17 I HEREBY CERTIFY, That I attended deceased from March 6 - 1931, to Mar-11- 1931, that I last saw h[illegible] alive on Mar-10 - 1931, and that death occurred, on the date stated above, at 3:40 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Dyne

(Signed) W. F. Coleman M. D.

1931 (Address) 2509 Mc Culloh.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 3-14 1931

20 UNDERTAKER: Sam'l M. Chase & Son

ADDRESS: 638 N. Gilmor

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 66587

CERTIFICATE OF DEATH.

159 E 66587

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No.) John Hopkins Hospital (Ward) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vernon G. Byrnside

(a) RESIDENCE NO. Lodge Forest Balto Co. Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Mar. 11, 1931

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or.....min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Co. Md.

PARENTS

10 NAME OF FATHER Glen S. Byrnside

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Johnstown Pa.

12 MAIDEN NAME OF MOTHER Alma V. Riffle

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Johnstown Pa.

14 Informant Glen S. Byrnside

(Address) Lodge Forest Balto Co

15 [illegible] M. D.

16 Date Received MAR 12 1931

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and from the evidence obtained by said inquest, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) .....yrs. .....mos. .....da.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....da.

(Signed) John Cullen M. D.

(Coroner)

(Address) 508 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs., ...mos., ...ds. In the state ....yrs., ...mos., ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Edwards Cemetery Mt Carmel Rd. Mar 15 1931

20 UNDERTAKER ADDRESS

John M. Ruby 401 N. Lakewood Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3307 Egerton Road 45-62 WARD

2. FULL NAME Harry O. Korff.

(a) RESIDENCE NO 3307 Egerton Road WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine E. Korff

6 DATE OF BIRTH (month, day, and year) Apr 1. 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Shaw-Knox Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER Ferdinand C. Korff
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.
12 MAIDEN NAME OF MOTHER Emma. Conrades
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) Katherine E. Korff 3307 Egerton Road

15 1 2 1931 . 19 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11. 1931

17
I HEREBY CERTIFY, That I attended deceased from Feb 23 . 1931 . to March 11 . 1931
that I last saw him alive on March 11 . 1931
and that death occurred, on the date stated above, at 10.40 A.M.
The CAUSE OF DEATH* was as follows:

Thrombosis - in Coronary Artery or one of its branches — 4 hrs
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Diabetes - following abscess Pneumonia about 2 wks
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? about 3 mo. ago.
Did an operation precede death? No Date of
Was there an autopsy? Proposed
What test confirmed diagnosis?
(Signed) Walter S. Tebbett M. D.
March 11 1931 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL March 13 1931.

20 UNDERTAKER (Mrs.) John W. Tuttle & Son — ADDRESS 501 W. Fayette St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66589

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66589

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. 8-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) St. Joseph's Hosp. ST. (WARD)

2-FULL NAME Rad[illegible] Barnes

(a) RESIDENCE NO. 1427 N. Wolfe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or Widow of~~ Margie I. Barnes

6 DATE OF BIRTH (month, day and year) Feb 16th 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Margie Barnes

(Address) 1427 N. Wolfe St

15 Filed 12 1931, 19 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11-1931

17 I HEREBY CERTIFY, That I attended deceased from 3-5-31, 19..., to 3-11-, 19 31, that I last saw h[illegible] alive on 3-11-31, 19..., and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs., mos 8 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetary	3/14 1931
20 UNDERTAKER William Cook	ADDRESS 1119 St Paul

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Eas.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207 E 66590

E 66590

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Camden Station St., 1428 Ward)

2-FULL NAME Harry E. Quick

(a) RESIDENCE NO. 107 S. Gilmor St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
about	45	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) B & O R. R. Co
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) West Va

PARENTS

10 NAME OF FATHER John E Quick

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Catharine Hack

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant
(Address) Jos W Cockrill Fox & North Ave

15 Filed _____ 19 _____ _____ Registrar

12/1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 12th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck By B & O Train.
Accidental Death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Camden Station

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Eugene Feldt M. D.

3/12, 1931 (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charles Town West Va.	3/13/1931
20 UNDERTAKER Wm Cook 1217 St Paul St	ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 66591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66591

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary ST. Maryland WARD)

2-FULL NAME Mr Edward Gray

(a) RESIDENCE NO. Muncy Pennsylvania R.F.D.#2 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Capitola Gray

6 DATE OF BIRTH (month, day, and year) Dec 17-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lenzdale Pa

PARENTS

10 NAME OF FATHER Delmong Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lenzdale Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Capitola Gray
(Address) Muncy Pa

15 Filed MAR 13 1931 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/5/ 1931 to 3/12 1931
that I last saw him alive on March 12 1931
and that death occurred, on the date stated above, at 7-30 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
(duration) yrs. 4 mos da.

CONTRIBUTORY (Secondary) Mesenteric Thrombosis
(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 3/6/21 (Gastroenterostomy)
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy

(Signed) Vernon H. Markwood M. D.
, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Muncy Pa March 13 1931

DATE OF BURIAL

20 UNDERTAKER John C. Miller ADDRESS 35 E Union St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 66592

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66592

CERTIFICATE OF DEATH

1-4 161-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 S. Washington St. ST. 1-4 WARD)

2 FULL NAME Carol Gerczak

(a) RESIDENCE NO. 424 S. Washington St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 10 /31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joe Gerczak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Martha Kowalska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Joe Gerczak 424 S. Washington St.

15 Filed APR 13 1931 E. Lindsay Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12-31

17

I HEREBY CERTIFY, That I attended deceased from Mch 10 31 to Mch 12 1931

that I last saw h alive on March 12 1931

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

a Atelectasis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Rowe M. D.

Mch 13 1931 (Address) 80 Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: 3/13 1931

20 UNDERTAKER: F W Bzgowski

ADDRESS: 1901 Eastern

CAUSE OF DEATH to please write, so that it may be plainly read. TION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66593

CERTIFICATE OF DEATH

107-001

REGISTERED NO. 1852

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital Ward)

2-FULL NAME Herman Richetts

(a) RESIDENCE NO. 1027 W. 37th St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 30, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	1	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md

(State or country)

PARENTS

10 NAME OF FATHER Walter Richetts

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary Zink

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Hospital Record

(Address)

15 [illegible] C. Burton Jones M.D.

Registrar

MAR 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1931, to March 12, 1931

that I last saw him alive on March 12, 1931

and that death occurred, on the date stated above, at 1.20 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. dr.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robt V. Ennouth M. D.

(Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary Hampden

Date of Burial Mar 14, 1931

20 UNDERTAKER Thunhurst Co

ADDRESS 3615 Chestnut Ave

IF DEATH OCCURRED BEFORE FIRST YEAR OF AGE, STATE EXACT CAUSE. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

66594

66594

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1703 S. Charles St. St. 23-34 (Ward)

2-FULL NAME George A. West.

(a) RESIDENCE NO. 1703 S. Charles St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 14, 1877

7 AGE	Years	Months	Days	IF LESS than 1 day... hrs. or ... min.
	53	6	24 26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Train dispatcher
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R. Co.
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER James H. West.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Ida M. Jenkins.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) A. A. Co. Md.

14 Informant Walter R. West. (brother)
(Address) 1703 S. Charles St.

15 Filed ... 19... Register

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) C. L. Hoffmandt, M. D.

3/11. 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	3/13 1931
20 UNDERTAKER	ADDRESS
I. Fenn McCully	1306 Fort

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66595 — 82-001 — 66595

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4507 Pimlico Road (St.) 15-58 (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E. Smith

(a) RESIDENCE NO. 4507 Pimlico Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Harry M Smith

6 DATE OF BIRTH (month, day, and year): Oct 17- 1862

7 AGE — Years: 68 | Months: 4 | Days: 22 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Wm A Trumbo.

11 BIRTHPLACE OF FATHER (city or town) (State or country): city

12 MAIDEN NAME OF MOTHER: Elizabeth Arnold

13 BIRTHPLACE OF MOTHER (city or town) (State or country): city

14 Informant (Address): Wm H Trumbo 4502 Pimlico Road

15 Filed MAR 13 1931 — [illegible] Jones, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 11-31

17 I HEREBY CERTIFY, That I attended deceased from 2-18, 1931, to 3-10, 1931

that I last saw h[illegible] alive on 3-10, 1931

and that death occurred, on the date stated above, at 4.00 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) many yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible] Place of Death

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Symptomatic

(Signed) Henry Russell M. D.

19 (Address) 2402 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Mar 13 1931

20 UNDERTAKER: W. J. Williamson — ADDRESS: Natl

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 66596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1084 E 66596

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 574 W. Preston St. 17-24 Ward)

2-FULL NAME Richard L. Bacon

(a) RESIDENCE NO. 574 W. Preston St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ethel

6 DATE OF BIRTH (month, day, and year) Aug 10-1930

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Robt Bacon

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Ethel Jones

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Robt Bacon
(Address) 574 W. Preston

Filed APR 13 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pneumococcus

(Signed) H. Bayne Heath, M. D.

(Address) 1111 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	3/13 1931
20 UNDERTAKER	ADDRESS
Edmund Hensley	Eutaw

IMPORTANT—Should be carefully prepared. Write plainly. Do not abbreviate. Every question should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

E 66597

REGISTERED NO.

1-PLACE OF DEATH U.S. Marine Hospital Baltimore, Md.

CITY OF BALTIMORE: (No. 12-51 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Desplant

(a) RESIDENCE NO. San Juan, Porto Rico ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Hosanna Williams

6 DATE OF BIRTH (month, day, and year) March 26, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steward

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S. Carolyn

9 BIRTHPLACE (city or town) St. Thomas

(State or country) Virgin Islands, B.W.I.

PARENTS

10 NAME OF FATHER John Desplant

11 BIRTHPLACE OF FATHER (city or town) St. Thomas

(State or country) Virgin Islands, B.W.I.

12 MAIDEN NAME OF MOTHER Eliza Lund

13 BIRTHPLACE OF MOTHER (city or town) St. Thomas

(State or country) Virgin Islands, B.W.I.

14 Informant Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 10, 1931, to March 10, 1931, that I last saw him alive on March 10, 1931, and that death occurred, on the date stated above, at 1:45 P. m.

The CAUSE OF DEATH* was as follows:

Dilatation, cardiac, chronic &
Hypertension, artery

unknown
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia, lobular
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical findings & autopsy

(Signed) Gordon T. Abbott M. D.

3/11, 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lincoln Cemetery — DATE OF BURIAL March 19 31

20 UNDERTAKER Capleton Stafford — ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66598

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 66598

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S.Marine Hospital

CITY OF BALTIMORE: (NO.) Baltimore, Maryland (ST.) 12-51 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Steve Kaklamanos

(a) RESIDENCE NO. Salisbury, N.C. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 10 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S.Margret

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER James Kaklamanos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Sophia Politus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Records, U.S. Marine Hospital (Address)

Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1931.

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to March 11, 1931,

that I last saw him alive on March 11, 1931,

and that death occurred, on the date stated above, at 3.00 P. m.

The CAUSE OF DEATH* was as follows:

Asthma, bronchial

(duration) 5 yrs. 7 mos 17 ds.

CONTRIBUTORY (Secondary) Tuberculosis, pulmonary, acute

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and lab. tests

(Signed) Gordon R. Abbott, M. D.

3/11 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible] Hampden	Mar 14 1931
20 UNDERTAKER	ADDRESS
E. LeRoy Steffler, Inc	1 E Mulberry

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 66599

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66599

CERTIFICATE OF DEATH

75

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp. St. 93-31 Ward)

2-FULL NAME Mary Saunders

(a) RESIDENCE NO. 704 Pear St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Fem	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	78			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) Ind
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER Va

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Va

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Provident Hosp
(Address)

15 Filed MAR 13 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death as stated above. (Inquest, autopsy or inquiry)
on the day stated above.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Physician

(signed) Eblinch M. D.

(Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cemetery	Mar 13 1931

20 UNDERTAKER Wendell J Dippel ADDRESS 3008 Edm st

Instructions: Use black ink and write plainly. All items should be filled in. Cause of death should be carefully supplied. Age should be stated in years, months and days. Occupation should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 20—A. & Co.—250 Blks

E 66600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1631

107 E 66600

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2207 Barclay St. 12-50 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Isabella V. Green

(a) RESIDENCE NO. 2207 Barclay ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	N	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William T Green

6 DATE OF BIRTH (month, day, and year) July 27 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work at

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William Upshur Green
(Address) 2207 Barclay St.

15 Filed MAR 13 1931 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12-31

17

I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to March 11, 1931

that I last saw her alive on March 11, 1931

and that death occurred, on the date stated above, at 12 10 A m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

(duration) Unknown

CONTRIBUTORY (Secondary) ... Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas R. Goodbroom M. D.

19 (Address) 1423 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	Mar 14 1931
20 UNDERTAKER	ADDRESS
John F Denny	715 Lig[illegible]

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66601 46 E 66601

1 PLACE OF DEATH Baltimore City Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

CITY OF BALTIMORE: (No. 1-E ST. ward)

2 FULL NAME Daniel ~~Schisler~~ Schisler.

(a) RESIDENCE NO. 520 First St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-11-77

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Longshoreman
(b) General nature of industry, business, or establishment in which employed (or employer) Shipping
(c) Name of employer ~~?~~ ?

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS
10 NAME OF FATHER Adam Schisler ?
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Katherine ?
13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Germany

14 Informant
(Address) Roads & Co. Balto City Hosp.

15 DATE 3-13-1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12-31

17
I HEREBY CERTIFY, That I attended deceased from 2-3-, 1931, to 3-12-, 1931
that I last saw him alive on 3-12-, 1931
and that death occurred, on the date stated above, at 8½ A. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Larynx with local metastases.
(duration) Unknown

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No State of —
Was there an autopsy? No Yes
What test confirmed diagnosis? Clinical Exam ? X-ray ?
(Signed) Fred M. Duckwall M. D.
, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel
DATE OF BURIAL March 14, 1931
20 UNDERTAKER John Ulrich
ADDRESS 2008 Orleans

TION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66602

CERTIFICATE OF DEATH

24-33 97 E 66602

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1125 Battery Ave. WARD 24-33)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James E. Kirk

(a) RESIDENCE NO. 1125 Battery ave WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) Oct 12. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58 59.	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Met Point Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Lawrence Kirk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary E. Cannan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Lawrence Kirk 1125 Battery Ave

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 12/31

17

I HEREBY CERTIFY, That I attended deceased from Feb 7- 1931 to March 12 1931

that I last saw him alive on March 10 1931

and that death occurred, on the date stated above, at 5: a m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) G. E. Burton M. D.

3/13 1931 (Address) 301 Ernest

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Leatherdale Cemetery

DATE OF BURIAL Mar 16 31

20 UNDERTAKER F. A. Swanseen

ADDRESS 703 Hanover

13 1931

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66603

95-002

66603

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1739 N. Chester St. ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME LUCY F. BALL

(a) RESIDENCE NO 1739 N. Chester St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Ball

6 DATE OF BIRTH (month, day, and year) Oct. 11, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... m'n.
	49	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thomas H. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eliz. Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Thomas Ball
(Address) 1739 N. Chester St.

Filed MAR 13 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1926, to March 12, 1931

That I last saw h[er] alive on March 12, 1931

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows: Anaemia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardio Renal Disease

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) N. E. Hoffman M. D.

Mar 13 1931 (Address) 1301 N Ralph

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Mar. 16, 1931

20 UNDERTAKER Frederick Lauenhein — ADDRESS 7401 Belair Rd.

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

E 66604

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3417 Hamilton Avenue ST. 27-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME BERTHA TULLEY

(a) RESIDENCE NO 3417 Hamilton Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Tulley

6 DATE OF BIRTH (month, day, and year) Jan. 19, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER William Reichert

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Charles Tulley
(Address) 3417 Hamilton Ave.

15 Filed APR 3 1931, 192 C. HAMILTON JONES, M.D. Registrar
By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 11, 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating Gas Asphixiation
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

3/13/31 (Address) 501 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Mar. 14, 1931

20 UNDERTAKER: Frederick Lassahn & Son — ADDRESS: 7401 Belair Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66605

10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyden Ham Hospital ST., 34 WARD)

2-FULL NAME Raymond Howard

(a) RESIDENCE NO. 18 So. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	24/29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rosaline Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harrisonburg Virginia

14 Informant Charles Howard (Address) 18 So. Spring St.

15 Filed MAR 13 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1931, to March 12, 1931, that I last saw him alive on March 12, 1931, and that death occurred, on the date stated above, at 5 — A m.

The CAUSE OF DEATH* was as follows:

Laryngeal Diphtheria

(duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Toxic Myocarditis

(duration) 0 yrs. 10 mos. 1 ds.

18 Where was disease contracted if not at place of death? 18 So. Spring St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Throat Culture

(Signed) I. Peter Mermelstein, M. D.

, 19 (Address) Lyden Ham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [redacted] DATE OF BURIAL 3/13 1931

20 UNDERTAKER Edward Bryan ADDRESS 1621 Orleans St

Spec.—2-29-28—L. F. S.—500 Bks.

E 66606 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66606

CERTIFICATE OF DEATH 108

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Pine ST. 19-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Singleton

(a) RESIDENCE NO. 1710 Pine ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE Col.

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles T. Singleton

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm Hostead

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles T. Singleton

(Address) 1710 Pine St.

Filed MAR 13 1931 C. HAMPSON JAMES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11 31

17 I HEREBY CERTIFY, That I attended deceased from Mar 7, 1931, to Mar 11, 1931, that I last saw her alive on Mar 10, 1931 and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY —
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Hank E. Fragnoli M. D.

3-12, 1931 (Address) 625 Schroeder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	March 13 1931
20 UNDERTAKER Mrs J. Y. Locke	ADDRESS 1302 Jefferson

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Mears

(a) RESIDENCE NO. Preston + Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER James Flannery

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Bridgit Hayes

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Little Sisters of the Poor
(Address) Preston + Valley St.

15 Filed MAR 13 1931 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12th 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/1, 1931, to 3-12, 1931, that I last saw h alive on 3/12, 1931, and that death occurred, on the date stated above, at 7. p. m.

The CAUSE OF DEATH* was as follows:

Chronic Entero-Colitis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Senility

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Dr Bernard Lees M. D.

3/13/31 (Address) 1216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Mar 13 1931

ADDRESS Ave

20 UNDERTAKER Rita Rudefeld 914 Gremont

TION is very important. See instructions on back of certificates.

Spec.—9-29—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 666608

CERTIFICATE OF DEATH

92-001

E 666608

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 630 S. Grundy ST. OR WARD) H2637

2 FULL NAME Gertrude Hoffmann

(a) RESIDENCE NO. 630 S. Grundy ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hoffmann

6 DATE OF BIRTH (month, day, and year) Sept. 24 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Zitzman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Charles A. Eckhardt (Address) 630 S. Grundy St.

Registered Mch 14 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 10th/31

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1931 to March 10, 1931

that I last saw h[illegible] alive on March 10, 1931

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Mitral + Aortic Insufficiency

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Basket in compensation

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Caleb R Athey M. D.

March 12, 1931 (Address) 100 E Patterson Park ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Sacred Heart Cemetery

DATE OF BURIAL Mch. 14 1931

20 UNDERTAKER Lilly + Zeiler Inc.

ADDRESS 403 S. Wolfe St

CAUSE OF DEATH to be filled in plain terms, so that it may be understood. TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66609

CERTIFICATE OF DEATH. 108

E 66609

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1622 E. Fayette St. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Catherine Gross

(a) RESIDENCE NO 1622 E. Fayette ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Gross

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

PARENTS

10 NAME OF FATHER Jeremiah McGuire

11 BIRTHPLACE OF FATHER (city or town) Balto Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Carrie Griffin

(Address) 1622 E. Fayette St.

15 Filed MAR 13 1931, 19

J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-11-31

17

I HEREBY CERTIFY, That I attended deceased from Mar 9, 1931, to Mar 11, 1931

that I last saw h alive on Mar 11, 1931

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

21

(Duration) yrs. mos. 3 ds.

CONTRIB (Secondary) Unstated Heart Disease

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Yes

(Signed) L. W. Allen M. D.

3-12 1931 (Address) 507 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Michaels Md

20 UNDERTAKER W. & J. G. Elliott

DATE OF BURIAL Mar 15 1931

ADDRESS 1711 Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66610 13 E 66610

REGISTERED NO.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Rutland & Monument St. 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rebecca Harris

(a) RESIDENCE NO. Sinai Hospital (O. H. Folks Home) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Abraham Harris

6 DATE OF BIRTH (month, day, and year) About 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Nathan Marcus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hannah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. A. Harris

(Address) 1303 Eutaw Place

O. HAMPSON JONES, M. D.

15 Filed ... 19 Registrar

3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17/31

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to March 17, 1931, that I last saw h[e] alive on March 17, 1931, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis, Myocardial insufficiency; acute dilatation of Heart.

(duration) ... yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hypertension C. V. R. D. ? Cardio Vascular Renal Disease

(duration) ? yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ekg

(Signed) Isaac Abr. Bayless, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ohel Shalom Cem.

DATE OF BURIAL 3/15/1931

20 UNDERTAKER David Sandkeumston

ADDRESS 1902 Eutaw Place

TION is very important. See instructions on back of certificate

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66611 — 107-001 — REGISTERED NO.

1.-PLACE OF DEATH 607 Custer St. — 10-14 — ST. — WARD — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, No.

2.-FULL NAME Sylvester Thompson

(a) RESIDENCE No. 802 Ensor St. — ST. — WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. XX mos. ds. — How long in U. S., if of foreign birth? yrs. mos. ds. — (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: Black — 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — (a) HUSBAND of — (c) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1930

7 AGE: Years 1 — Months XX — Days XX — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Joseph Thompson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Mary Woodland

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore, Md.

14 Informant (Address): Mother Mrs. Thompson 802 Ensor St.

15 Filed — C. HENDERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1931 to Mar. 12, 1931 that I last saw h[illegible]ive on Mar. 12, 1931 and that death occurred, on the date stated above, at 10, m.

The CAUSE OF DEATH* was as follows: Broncho - Pneumonia

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary) Exposure (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? 802 Ensor St. Balto.

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Typical Sign & Sx

(Signed) H.H. Montague, M. D.

, 19 (Address) 1214 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Mon 14 1931

20 UNDERTAKER: Lottie Gross Co. — ADDRESS: 1101 Eutaw St.

TION is very important — See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66612

CERTIFICATE OF DEATH

82-001

E 66612

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Camden Station 8-45 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James O. Bannon

(a) RESIDENCE NO 2852 Mayfield Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bannon

6 DATE OF BIRTH (month, day, and year) Feb 2 - 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Conductor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B & O R. R.

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary Bannon

(Address) 2852 Mayfield Ave

15 Filed MAR 12 1931 192 Par C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Zellers, M. D. Coroner

3/13, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL May 14 1931

20 UNDERTAKER H. A. Devine & Son

ADDRESS 703 S. Howard

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 66613

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66613

94-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE, (No.) City Hospital ST. 4-30 WARD)

2-FULL NAME Lorne Haraway

(a) RESIDENCE NO 631 W Pratt ST., ... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: 087
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

FEB 13 1931

(Filed) C. HAMPSON JONES, M.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pect

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 631 W Pratt

Did an operation precede death? Date of

Was there an autopsy? History

What test confirmed diagnosis?

(Signed) H C Bladen, M. D.
Coroner

, 19 (Address) 43 W Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 13 1931 19

20 UNDERTAKER: Commissioner Health

ADDRESS

For Wm E Woodall

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L.

E 66614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 109

E 66614

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 n. Caroline ST., 5-9 WARD)

2-FULL NAME Robert Harris

(a) RESIDENCE No. 10 N. Caroline ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1[illegible]3

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 28			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant N.E. Police Dept.

(Address)

Filed MAR 13 1931 C HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. H. Wilkes, Coroner, M. D.

3/14, 1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAR 13 1931

20 UNDERTAKER E. Commissioner Health.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact residence of deceased. TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 66615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66615

109

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Orleans St ST., 6-9 WARD)

2-FULL NAME Louis McKay

(a) RESIDENCE NO 1727 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant N.E.Police Dept.

(Address)

15 Filed MAR 13 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

3.12/31 (Address) 508 E. North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAR 13 1931

20 UNDERTAKER Commissioner of Health.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible]
TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66616 — 23 # 5 — E 66616

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. Providence Hosp. St. 16-26 Ward)

2-FULL NAME Willie Waters.

(a) RESIDENCE NO. 785 Sarah Ann. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 Color or Race: Col.
5 Single, Married, Widowed or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
66	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or, particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Odd
(c) Name of employer

9 BIRTHPLACE (city or town): Md.
(State or country)

PARENTS

10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town)
(State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant: Hosp. Record.
(Address)

Date Rec'd MAR 13 1931 C. HAMPSON JONES, M.D. Registrar
No. 1104

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): March 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry) find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 2 mos. da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What (est confirmed diagnosis? Autopsy.

(Signed) F. Corbett Smith M. D.

(Address) Boarder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	MAR 13 1931
20 UNDERTAKER	ADDRESS
Commissioner Health.	

Be stated EXACTLY.' PHYSICIANS should state CAUSE tion should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66617 — 176 — E 66617

CERTIFICATE OF DEATH.

1-PLACE OF DEATH: Church Home & Infirmary — Ward 27-54 — REGISTERED NO. _____

City of BALTIMORE: (No. _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: John Anderson

(a) RESIDENCE NO. 6207 Green Spring Ave Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 Color or Race: White — 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Mary Belle Anderson

6 DATE OF BIRTH (month, day, and year): March 6, 1867

7 AGE: Years 64 — Months — — Days 6 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Merchant
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Scotland

PARENTS

10 NAME OF FATHER: Alexandria Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Agnes Rae

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant: Mrs. Mary B. Anderson
(Address): 6207 Green Spring Ave

MAR 13 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: March 12, 1931

17: I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to March 12, 1931, that I last saw him alive on March 12, 1931, and that death occurred, on the date stated above, at 10.55 P m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis, with obstruction of Common Bile Duct

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary): Hepatitis and Cholangitis, acute

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes — Date of March 9, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Exploratory Laparotomy & autopsy

(Signed) Vernon H. Norwood, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: March 16 1931

20 UNDERTAKER: Jer. H. Smith — ADDRESS: 2108 Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

D: Monninger 800 E North Ave Baby 1972

66618 HEALTH DEPARTMENT—CITY OF BALTIMORE 66618

CERTIFICATE OF DEATH 73

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 McKewin Ave (WARD) 17

2 FULL NAME Augusta W. Deierling

(a) RESIDENCE NO. 617 McKewin Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of Frank Deierling

6 DATE OF BIRTH (month, day, and year) Jan 6th 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Ketsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Frank J Deierling
(Address) 617 McKewin Ave

R 3 13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 13th 1931

17
I HEREBY CERTIFY, That I attended deceased from Mar 7th, 1931, to Mar 13th, 1931
that I last saw h[illegible] alive on Mar 13th, 1931
and that death occurred, on the date stated above, at 5 A m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Sign & symptom

(Signed) Arthur C Monninger M. D.
3/13 1931 (Address) 800 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery — DATE OF BURIAL 3/16/31

20 UNDERTAKER W E Cook ADDRESS 1217 E Paul st

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66619 — 137 — E 66619

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hosp. — ST 7-12 (WARD) — REGISTERED NO.

CITY OF BALTIMORE: (No ... ST ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jno B Taylor

(a) RESIDENCE NO 915-N Pat ... ST ... WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Taylor

6 DATE OF BIRTH (month, day, and year) Sept 20, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Moulder
(b) General nature of industry, business, or establishment in which employed (or employer) ?
(c) Name of employer ?

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS
10 NAME OF FATHER Jos. Taylor ?
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md
12 MAIDEN NAME OF MOTHER Alice Owens ?
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Rel. Balto City Hosp.
(Address)

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-31

17
I HEREBY CERTIFY, That I attended deceased from 2-27, 1931, to 3-13, 1931
that I last saw h[illegible] alive on 3-12, 1931
and that death occurred, on the date stated above, at 4 20/24 m.
The CAUSE OF DEATH* was as follows:
Benign hypertrophy of prostate

(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? no Date of —
Was there an autopsy? yes
What test confirmed diagnosis? autopsy
(Signed) Fred M. Duckwall M. D.
19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	3/16/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66620 66620

REGISTERED NO. 23

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4721 Beaufort ave (or) ward) 23-56

2 FULL NAME Grace V. Nothe

(a) RESIDENCE NO. 4721 Beaufort ave (or) WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of: Frank H. Nothe

6 DATE OF BIRTH (month, day, and year): Nov. 12, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Luke Fielder
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.
12 MAIDEN NAME OF MOTHER: Laura
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Frank H. Nothe 4721 Beaufort ave

15 Filed Jan 31 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 14th, 1931, to March 12th 1931
that I last saw h[illegible] alive on March 11, 1931
and that death occurred, on the date stated above, at 5.30 A. m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) John D Buberl M. D.
. 19 (Address) 1354 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	3/14 1931
20 UNDERTAKER: Frederick A. Cole	ADDRESS: 1800 W Lombard

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66621 ✓ 107-01 66621

CERTIFICATE OF DEATH.

REGISTERED No. 70-70

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 North Hilton St. (WARD)

2. FULL NAME Angelia Virginia O Brien

(a) RESIDENCE No. 118 North Hilton St.; WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John P. O Brien
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.
12 MAIDEN NAME OF MOTHER Mary V. Wade
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) John P. O Brien 118 North Hilton Street

C. HAMPSON JONES, M. D. Registrar

1 3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 8, 19 31, to March 12, 19 31, that I last saw h[illegible] alive on March 12, 19 31, and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia. (Terminal).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis?

(Signed) J. A. Shemwell M. D.
19 (Address) 1337 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL H. Peters
UNDERTAKER Fredk. A. Pole

DATE OF BURIAL 3/14 1931
ADDRESS 230 W. Lombard St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bkr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St.) 23-32 WARD

2 FULL NAME Nefteria Dehn

(a) RESIDENCE NO. 1737 Clove Alley St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2 2 mos	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Albert Dehn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lillian Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) Johns Hopkins Hospital

13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 13, 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 6, 1931, to Mar 13, 1931

that I last saw h[illegible] alive on Mar. 13, 1931,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Septicaemia (staphylococcus with abscess of arm and back

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Gastroenteritis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy & blood culture

(Signed) J. C. Friedman M. D.

3/15, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. a.a.

DATE OF BURIAL March 17 1931

UNDERTAKER Margaret L. Flynn

ADDRESS 1422 Light St.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 66623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66623

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Bennett Pl ST. 2331 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Shirley M Johnson

(a) RESIDENCE No. 108 Bennett ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/9/29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Arthur H. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Eliz Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Arthur H Johnson

(Address) 108 Bennett St.

15 Filed 13 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 10, 19 31 to March 13, 19 31;

that I last saw h[illegible] alive on March 13, 19 31.

and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Measles.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address) 1337 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — DATE OF BURIAL 3/14/1931

20 UNDERTAKER J. J. Fahey & Sons — ADDRESS 1318 Light

FILL IN IS VERY important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks

E 66624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-05 66624

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 N. Calvert ST. 17-50 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret E. Cushing

(a) RESIDENCE NO. 2825 N. Calvert ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry M. Cushing

6 DATE OF BIRTH (month, day, and year) Sept 28 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	5	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Lucien Tolson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Eliza Russell Jones
13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. B. C. Valiant
(Address) 2825 N. Calvert St.

FILED MAR 13 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1931

17
I HEREBY CERTIFY, That I attended deceased from July 16th, 1931, to March 12, 1931
that I last saw h.. alive on March 12, 1931
and that death occurred, on the date stated above, at 7.45 P.m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Typical Diagnosis
(Signed) Frederick S. Arnold M. D.
, 19 (Address) 2827 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemy
DATE OF BURIAL: March 193 1

20 UNDERTAKER: John O. Mitchell & Sons
ADDRESS: 1900 Eutaw Pl.

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

66625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-9 66625

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE (No 3331 Calvert St. Ward 12-49)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rosia W Rogers.

(a) RESIDENCE NO 1133 13th St. NW ST. WARD Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. 4 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 15 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Buyer
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER George P. Rogers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey.

12 MAIDEN NAME OF MOTHER Arietta Stine.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Miss Frances Rogers 1715 Linden Ave

15 Filed MAR 13 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1931

17
I HEREBY CERTIFY, That I attended deceased from November 3 1930, to March 12, 1931
that I last saw him alive on March 12, 1931
and that death occurred, on the date stated above, at 7 15 P m.

The CAUSE OF DEATH* was as follows:
Rheumatic heart Disease.
with chronic myocarditis
& chronic pericarditis.
(duration) uncertain. yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1133 13th St. NW
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Laboratory.

(Signed) Francis W Gluck M. D.
3/13/1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount — DATE OF BURIAL: March 14 1931

20 UNDERTAKER: John O. Metzdorf 1900 Eutaw Place — ADDRESS

ATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001 v

E 66626

E 66626

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3630 Edmor Rd ST., 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Mary Schumacher

(a) RESIDENCE NO. 3630 Edmor Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced WIFE of (or) HUSBAND of Frederick Schumacher

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jas. H. Lance

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Laura V. Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Frederick Schumacher

(Address) 3630 Edmor Rd.

15 Filed R 13 1931 By C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to March 11, 1931, that I last saw her alive on March 11, 1931 and that death occurred, on the date stated above, at 10 20 P. m.

The CAUSE OF DEATH* was as follows:

Ac. cardiac dilatation

(duration) Several minutes

CONTRIBUTORY (Secondary) Ac. Follicular tonsillitis (duration) ... yrs. ... mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence

(Signed) Dr. C. Sylvester, M. D.

, 19 (Address) 2802 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Pinewood Cem.

DATE OF BURIAL 3/14/31

20 UNDERTAKER D. Lange & Sons

ADDRESS 735 Hanover

Spec.—9-30—A. & Co.—250 Blks

66627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-5-82-001 66627

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2906-Wyman Parkway ST. 12-5 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret J. Cahill

(a) RESIDENCE NO. 2906-Wyman Parkway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. - mos. - ds. How long in U. S., if of foreign birth? --- yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael F. Cahill

6 DATE OF BIRTH (month, day, and year) 3/28/1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	11	XXXX

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lynchburg, Va.

PARENTS

10 NAME OF FATHER John J. Forrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Johanna Hurley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Interment (Address) Mrs. A. G. Singewald 1613-E. North Ave.

15 [illegible] 1931 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1931

17

I HEREBY CERTIFY, That I attended deceased from January 3, 1927, to March 12, 1931

that I last saw her alive on March 12, 1931

and that death occurred, on the date stated above, at 1:20 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms.

(Signed) C. Chas. Singewald M. D.

3/14/31 (Address) 1613 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral. DATE OF BURIAL 3/14/31

20 UNDERTAKER George J. Burke Jr. ADDRESS 1735 North

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

666528 HEALTH DEPARTMENT—CITY OF BALTIMORE 666528

CERTIFICATE OF DEATH. 11-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 3-5 WARD)

2 FULL NAME Anthony D'Alessio

(a) RESIDENCE NO. 905 Fawn ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Feb 28-29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2.	—	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Raffael D'Alessio

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Angela Fiori

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Hospital Records

Filed 1 3 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13/31

17

I HEREBY CERTIFY, That I attended deceased from 1-29, 1931, to 3-13, 1931

that I last saw him alive on 3-13, 1931

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Influenzal Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) C

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Gayle M. D.

3/15, 193 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 3/14/31, 19

20 UNDERTAKER George J Pentz & Son — ADDRESS 1735 Hanover

C. HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66629

HEALTH DEPARTMENT—CITY OF BALTIMORE

89-002

E 66629

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Baltimore ST., North WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Patricia Kalus Bozuch

(a) RESIDENCE NO. 1934 Yorkshire St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of August J. Kalus.

6 DATE OF BIRTH (month, day, and year) 2/22/1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	—	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John E. Stallings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Clara V. Eastman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md

14 Informant (Address) Mrs. Clara V. Stallings 1922 Hobbison St

15 Filed 3-13-1931, 19 RRP Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13/31

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1931 to March 13, 1931, that I last saw her alive on March 13, 1931, and that death occurred, on the date stated above, at 3:27 A m.

The CAUSE OF DEATH* was as follows:

Mastoiditis

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Meningitis, serous.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 3/3/31

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Physical Signs

(Signed) Henry F. Wilkins, M. D.

, 19 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL 3/16/31, 19

20 UNDERTAKER Perry & Son

ADDRESS 73 Stanley

THOS. H. HAMPSON, JONES, M.D.

MAR 13 1931

IMPORTANT: See instructions on back of certificate.

Spec.—9-26—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66630 — V 124 E 66630

CERTIFICATE OF DEATH

REGISTERED NO. 1562

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 3816 Copley Rd (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John August Peterson

(a) RESIDENCE NO. 3816 Copley Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances B. Peterson

6 DATE OF BIRTH (month, day, and year) Nov. 3 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager of

(b) General nature of industry, business, or establishment in which employed (or employer): W. M. Dean

(c) Name of employer: Elevators.

9 BIRTHPLACE (city or town) (State or country): Kansas

PARENTS

10 NAME OF FATHER: Fredk. Peterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sweden

12 MAIDEN NAME OF MOTHER: Caroline Peterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sweden

14 Informant: Mrs. Frances B. Peterson (Address) 3816 Copley Rd

15 Filed MAR 14 1931 M. D. PETERSON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 8th, 19 31, to March 13th, 19 31

that I last saw him alive on March 12th, 19 31

and that death occurred, on the date stated above, at 10:25 A.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) L. B. Tuchman M. D.

3/19/31 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Excelsior Springs Mo.

DATE OF BURIAL: Mar 14 19 31

20 UNDERTAKER: W. M. Tucker Sons

ADDRESS: Tonth & Pa

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-00 E 66631

E 66631

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 670 W. Saratoga ST. 425 WARD)

2-FULL NAME Albert Robinson

(a) RESIDENCE NO 670 W. Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 29 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Agnes Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wm. Robinson
(Address) 670 W. Saratoga St

15 Filed ..... 192 ..... Registrar

R 141931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

1 Primary Broncho-pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted
If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? (Yes)

What test confirmed diagnosis?

(Signed) Eugene Fellers, M. D.
Coroner

3/12, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3-14-1931

20 UNDERTAKER Louis Carlson

ADDRESS 916 916 Ga Ave.

TION is very important. See instructions on back of certificate.

Spec.—8-30—A. S. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66632

CERTIFICATE OF DEATH

82-E 66632

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE (No.) 1003 W. Lafayette Ave WARD 23

2 FULL NAME Peter Agulleda

(a) RESIDENCE NO. 1003 W. Lafayette Ave ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced. (Write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Agulleda

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE: Years 38 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Cape Town S. Africa

PARENTS
10 NAME OF FATHER Peter
11 BIRTHPLACE OF FATHER (city or town) (State or country) Cuba
12 MAIDEN NAME OF MOTHER Josephine Agulleda
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Africa

14 Informant Emma Agulleda
(Address) 1003 W Lafayette Ave.

15 Filed MAR 14 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12-31

17 I HEREBY CERTIFY, That I attended deceased from Feby 3, 1931, to Mar 13, 1931
that I last saw h— alive on Mar 10 1931 11-50A m.
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) ... No
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) H. C. Pelton M. D.
19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Pt. Lookout Cem. DATE OF BURIAL: 3/15 31
21 UNDERTAKER: Samuel Wensley Waddle ADDRESS 578

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

246310 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 56633 E 56633

CERTIFICATE OF DEATH. 12-52 108

1. PLACE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. WARD)

2. FULL NAME Dorothy Franklin

(a) RESIDENCE NO. 3432 Ash St. Hampden ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5-2-30

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Fred Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Mae Gilling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 14 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12-31

17
I HEREBY CERTIFY, That I attended deceased from March 10. 1931. to March 12. 1931;
that I last saw her alive on March 12. 1931
and that death occurred, on the date stated above, at 8 15 P m.

The CAUSE OF DEATH* was as follows: Lobar
Streptococcus pneumonia with empyema

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? X-ray & thoracentesis

(Signed) A. S. Kottmeier. M. D.

3/13 1931 (Address) Johns Hopkins Hos.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden — DATE OF BURIAL Mar 14 31

20 UNDERTAKER Ehrenwerth Son — ADDRESS 3617 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66634

CERTIFICATE OF DEATH

34 V

E 66634

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Shirley Hill

(a) RESIDENCE NO 1505 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12/30

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Alfred Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Dorothy Chapman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Alfred Hill
(Address) 1505 Presstman St.

15 Filed 3/14/1931 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital Syphillis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [signature] M. D. Coroner

3/14/31 (Address) 608 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn | DATE OF BURIAL Mar 14 19 31

20 UNDERTAKER Virginia A Brooks | ADDRESS 1463 N. Carey

N TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66635

CERTIFICATE OF DEATH

E 66636

REGISTERED NO. 13V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3710 Hudson St. 46-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Bentz

(a) RESIDENCE NO. 3710 Hudson St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Bentz

6 DATE OF BIRTH (month, day, and year) Sept. 14-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Manchester, Pa.

PARENTS

10 NAME OF FATHER Edward Bentz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Manchester, Pa.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Carrie Yaeger

(Address) 3710 Hudson St

15 Filed MAR 14 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12-1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to Mar 12, 1931

that I last saw him alive on Mar 12, 1931

and that death occurred, on the date stated above, at 10:40 a. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. H. Kerfelmacher M. D.

3/12 1931 (Address) 2939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn - Cemetery	March 14 1931
20 UNDERTAKER George W. Zirkler	ADDRESS 1707 East

ATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 66635

CERTIFICATE OF DEATH.

93-003 B 66636

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1002 S. Conkling St. 26-37 Ward 7)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J. Klingler

(a) RESIDENCE NO 1002 S Conkling St. (Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Klingler

6 DATE OF BIRTH (month, day, and year) Sept 26-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jacob Klingler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Schwartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Minnie Klingler
(Address) 1002 S Conkling St

15 Filed ... By C. HAWKINS JONES, M. D. Registrar

MAR 14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11-1931

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1930, to March 11, 1931

That I last saw him alive on March 9, 1931

and that death occurred, on the date stated above, at 5.55 a. m.

The CAUSE OF DEATH* was as follows:

General Arterio Sclerosis

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of ...

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) Caleb N. Hilley M. D.

March 12, 1931 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel Cemetery — DATE OF BURIAL March 15 1931

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E. Eager St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks.

E 66637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30 E 66637

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 705 S. Bayliss St. 26-37 WARD)

2. FULL NAME Estelle M. Lange

(a) RESIDENCE NO. 705 S. Bayliss St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 8. 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm Lange

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rose Schwartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Estelle M. Spence
(Address) 705 S Bayliss St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11 1931

17

I HEREBY CERTIFY, That I attended deceased from November, 1925, to March 11, 1931

that I last saw h er alive on March 11, 1931

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Kidneys -

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Hilliard Arrigan M. D.

19 (Address) 2942 Fayette L.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Mch. 15 1931

20 UNDERTAKER George W Zinkler

ADDRESS 1737 E. Eaga st.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 66638

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66638

CERTIFICATE OF DEATH.

59

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E. Pratt ST. 3-d WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Georgia Marion Thomas

(a) RESIDENCE NO. 1606 E Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jessie Thomas

6 DATE OF BIRTH (month, day, and year) Dec 25 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C.

14 Informant Jessie Thomas (Husband)
(Address) 1606 E. Pratt St.

15 Filed 1 4 1931 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to March 13, 1931,

that I last saw her alive on March 12, 1931,

and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Parenchymatous Nephritis
& Generalized Anasarca

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical Laboratory

What test confirmed diagnosis?

(Signed) R Hopkins, M. D.

3/13, 1931 (Address) 174 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 3-15-1931

20 UNDERTAKER Jos. Jos. Haines

ADDRESS 1620 E. Fayette St

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66639

23VE 66639

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 N. Hamburg ST., 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Foreacre

(a) RESIDENCE NO. 1141 N. Hamburg, ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Arthur F. Foreacre

6 DATE OF BIRTH (month, day, and year) Dec. 3. 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44 45	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George H. Wholey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) Arthur F. Foreacre 1141 N. Hamburg St.

Filed Apr 4 1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13/31.

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to March 13, 1931, that I last saw h[illegible] alive on March 12, 1931, and that death occurred, on the date stated above, at 9.45A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W. H. Dispeau, M. D.

, 19 (Address) 1324 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar 16, 31.

20 UNDERTAKER: Mc & Mrs. John W. Teufel & Son — ADDRESS: 801 W. Fayette

FOR IMPORTANT. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66640 53 E 66640

CERTIFICATE OF DEATH.

E 66640

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2130 Walbrook Ave. WARD) 45-65

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia F. Rau

(a) RESIDENCE NO. 2130 Walbrook Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1. 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42.	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo. D. Rau

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Julia Riebel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) George D. Rau Jr 2130 Walbrook Ave.

15 Filed MAR 14 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12/31.

17 I HEREBY CERTIFY, That I attended deceased from March 1929 to March 12 1931.

that I last saw her alive on March 12 1931.

and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Anaplasarcoma of Orbital Vessels Right

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Sarcomatosis

(duration) yrs. 6 mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Aug 1929

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Sth. Mosail, M. D.

, 19 (Address) 1000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Mar 14 1931.

20 UNDERTAKER Wm. & Chas. John H. Tenfelde Son

ADDRESS 801 Fayette

IMPORTANT—See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66641

CERTIFICATE OF DEATH.

E 66641

REGISTERED NO. 15-084

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1026 Hillman St. 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Rosman Lewis

(a) RESIDENCE NO. 1026 Hillman ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Child Dec 6, 1930

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles F. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Lillian R. Cochran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Galveston Texas

14 Informant (Address) Charles F. Lewis 1026 Hillman St.

15 Filed . 19 Registrar C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1931

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to March 13, 1931, that I last saw h[illegible] alive on March 13, 1931, and that death occurred, on the date stated above, at 2.20 m.

The CAUSE OF DEATH* was as follows:

Intestinal Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Probably a Congenital defect of intestines

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mitchell M. D.

1279 Hillman St (Address) 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Mar 16 1931

20 UNDERTAKER Edmund W. Conklin ADDRESS 624 E Eager St.

THIS IS very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66642 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66642

CERTIFICATE OF DEATH. X 108

1-PLACE OF DEATH U.S. Marine Hospital Baltimore, Md.

CITY OF BALTIMORE: (No. ST 2-L WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willian Liljeberg

(a) RESIDENCE NO. 1628 Lancaster St., Balto. Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 35 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work A.B.Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S Chincha

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Gustav Liljeberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Josefine Klingstrom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Records, U.S. Marine Hospital (Address) Baltimore, Md.

15 Filed APR 14 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 3, 19 31 to March 13, 19 31, that I last saw him alive on March 13, 19 31, and that death occurred, on the date stated above, at 2:50 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & autops findings.

(Signed) Gordon A. Abbott M. D.

3/13, 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys, Hampden

DATE OF BURIAL March 14, 31

UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 125 E. North Ave

FROM is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E66643
E1999 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E66643
E1999 3

REGISTERED NO.

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 712 S. Port St ST. 1-13 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Trautfelter

(a) RESIDENCE NO. 712 S. Port St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (Write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Thomas Trautfelter

6 DATE OF BIRTH (month, day, and year): July 9, 1865

7 AGE — Years: 65 | Months: 8 | Days: 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS
10 NAME OF FATHER: John Haas
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Margaret Bohm
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Getz 712 S. Port St.

15 Filed 1 14 1931 By C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 12, 31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1931, to March 12, 1931
That I last saw h[illegible] alive on March 12, 1931
and that death occurred, on the date stated above, at 1:35 P. m.
The CAUSE OF DEATH* was as follows: Acute Encephalitis following Influenza

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Paul Feinglas M. D.
3/13, 1931. (Address) 3000 E. Balto St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 3/16/31
20 UNDERTAKER: John F. Moran — ADDRESS: 3000 E. Balto St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 66644

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 66644

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH 3204 Hilton St

CITY OF BALTIMORE: (No. 3204 Hilton St — ST. 15-64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Kaplan

(a) RESIDENCE NO. 3204 Hilton St — ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Celia Kaplan

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Wolf Kaplan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Hebe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Celia Kaplan 3204 Hilton St Baltimore, Md.

15 Filed APR 14 1931, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1930, to March 13, 1931,

that I last saw him alive on March 12, 1931,

and that death occurred, on the date stated above, at 6.35 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(Colostomy Sept 23, 1930)

Asthenia (duration) 1 yrs. 7 mos. 17 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Colostomy Date of Sept 23, 1930

Was there an autopsy? no

What test confirmed diagnosis? Microscopic Examination of Section

(Signed) Jno A Fletcher M. D.

3/13/1931 (Address) 122 Roger St - Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ohab Shalom

DATE OF BURIAL: 3/15 — 1931

20 UNDERTAKER: Jack Lewis

ADDRESS: 1857 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

BROWN

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66615

CERTIFICATE OF DEATH.

149-001

149 E 66615

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 24-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bert Brown

(a) RESIDENCE NO. 15 b Webster St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Ben Brown

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Wolfe Angro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Tillie I

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lewis

(Address) 1432 E Baltimore

15 Filed ... 19 ... Registrar

C. HARPER SOMERS, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-31

17 I HEREBY CERTIFY, That I attended deceased from (March 7, 1931 to March 13, 1931, that I last saw h alive on March 13, 1931, and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 1 da

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 7

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Herman Seidel M. D.

19 (Address) 2404 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Workmans Circle

DATE OF BURIAL 3/15 1931

20 UNDERTAKER Jack Lewis 143

ADDRESS 9 E Balto

FOR IMPORTANT INFORMATION OF CERTIFICATES. See instructions on back of certificates.

Form—0-29—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66646

CERTIFICATE OF DEATH

108 E 66646

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1414 Holbrook ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret E. Capriolo

(a) RESIDENCE NO 1412 Holbrook ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Anthony Capriolo

6 DATE OF BIRTH (month, day, and year) May 10 1906

7 AGE	Years	Months	Days	If Less than 1 day ___ hrs. or ___ min.
	24	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph V. Miskelley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Elizabeth L. Snider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mr. Anthony Capriolo

(Address) 1414 Holbrook St

15 19 19 Registrar

JAMES H. HAMILTON-JONES, M. D.

14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 8, 1931, to Mar 12 1931

that I last saw h alive on Mar 12 1931

and that death occurred, on the date stated above, at 1-25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J Walker Thomas M. D.

19 31 (Address) 1278 Caroline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar. 16 1931
20 UNDERTAKER	ADDRESS
Henry Hock Sons Inc.	130 E Eager St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66647

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 E 66647

CERTIFICATE OF DEATH.

1-PLACE OF DEATH If Jewish Hospital — REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Caroline & Oldham ST., 25 WARD)

2-FULL NAME John Murphy

(a) RESIDENCE NO. 1720 E Pratt ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of None

6 DATE OF BIRTH (month, day, and year) April 1 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Sailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Peter F. Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catharine Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Murphy (Address) 1720 E Pratt St

15 Filed _____, 19 _____ Registrar

R 14193

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-31

17 I HEREBY CERTIFY, That I attended deceased from 3-11-31, 19 ..., to 3-13-31, 19 ...,
that I last saw h 3 alive on 3-13-31, 19 ...,
and that death occurred, on the date stated above, at 6 a m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 da.

CONTRIBUTORY (Secondary) Chronic Alcoholism (duration) yrs. mos.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of ...
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) W. H. Hines M. D.
19 (Address) 21 Jewish Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL March 16 1931

20 UNDERTAKER M. W. E. Dippel Inc — ADDRESS 37 S Carey St

IMPORTANT. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 66648 ✓ 131 E 66648

CERTIFICATE OF DEATH.

E 66648

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 659 Portland ST. 12-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MARY KAZDALVICZ

(a) RESIDENCE No. 659 Portland ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. * mos. * ds. How long in U. S., if of foreign birth? 31 yrs. * mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alexander Kazdalevicz

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE 50 Years * Months * Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER No.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Eva Kazdalevicz

(Address) 659 Portland Street

Filed MAR 14 1931 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 31

17 I HEREBY CERTIFY, That I attended deceased from Mar 2, 1931, to Mar. 13, 1931, that I last saw her alive on Mar 9—, 1931, and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows:

1a Chr. Int. Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine Tests

(Signed) J M Dellett, M. D.

Mar 14 1931 (Address) 621 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 16. 1931
20 UNDERTAKER	ADDRESS
John Grebliauckas	423 S Paca St

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 66649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 E 66649

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital (St.) 6-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ursula C. Reisinger

(a) RESIDENCE NO 15 N Chapel St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W. Reisinger

6 DATE OF BIRTH (month, day, and year) May 11 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jackson Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Laura Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Jos. Reisinger

(Address) 15 Chapel St

15 Filed [redacted] 192 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide

Hanged Buchtside Ferry

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) AC Rephinks

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 15 N Chapel

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Ext History

(Signed) W. D. Wades, M. D.

19 (Address) 463 N Bway Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	Mar 14 1931
20 UNDERTAKER	ADDRESS
Franklin Woods & Son	1806 Ashland Ave

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66650 HEALTH DEPARTMENT—CITY OF BALTIMORE 1001 E 66650

CERTIFICATE OF DEATH. 107

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 7-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Harkey

(a) RESIDENCE NO. 503 N Belnord Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles Harkey

6 DATE OF BIRTH (month, day, and year) Lutheran

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 07

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Berger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lutheran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jasper Hoke (Address) 607 N Belnord Av

Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12-31

17 I HEREBY CERTIFY, That I attended deceased from 3-9, 1931, to 3-12, 1931; that I last saw her alive on 3-12, 1931; and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute suppurative cholecystitis &
cholelithiasis &
Subdiaphragmatic abscess.

(duration) ....yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia (Type?)

(duration) ....yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. Reich, M. D.

, 19 (Address) Oman Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Nov 14 19 31

20 UNDERTAKER Frank Leach & Son. — ADDRESS 1700 Eastern Ave

FEB 1931 HAMPSON JONES, M. D.

FEB 1931

IMPORTANT. See instructions on back of certificates.

Spec.—9-28—A. & Co.—250 Blks.

E 6665 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 6665 1

CERTIFICATE OF DEATH.

REGISTERED NO. 27-55

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 33rd & Calvert St. St. WARD 27

2 FULL NAME Sarah Weil

(a) RESIDENCE NO. 3500 Shathuen Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr Weil

6 DATE OF BIRTH (month, day, and year) March 13 1854

7 AGE 76 Years	9 Months	1 Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Emanuel Weil
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Rebecca Rosenstock
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Herbert Rando

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1931

17
I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to March 14, 1931
that I last saw h alive on March 14, 1931
and that death occurred, on the date stated above, at 6.45 A.m.
The CAUSE OF DEATH* was as follows:
Arteriosclerosis Bronchitis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) 5 yrs. 9 mos. 7 ds.

18 Where was disease contracted if not at place of death? 3500 Shathuen
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Laboratory
(Signed) Francis W. Sluck M. D.
19 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Adat Shalom Cem.
DATE OF BURIAL 3/16/1931
20 UNDERTAKER Baird-Sondheimer Co.
ADDRESS 1902 Eutaw Place

APR 14 1931

TION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~Registered No. 8392~~ 46 E 66652

246264

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) (Ward) 9-4

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel Freund

(a) RESIDENCE No. 2103 Linden ave St. ..... Ward ..... Waco Texas (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. mos. 18 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose

6 DATE OF BIRTH (month, day, and year): Jan 8 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: James

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Hannah Lieberman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records

15 ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 31

17

I HEREBY CERTIFY, That I attended deceased from Feb 24th, 1931, to March 14, 1931

that I last saw him alive on March 14th, 1931

and that death occurred, on the date stated above, at 2:25 A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar right

Peritonitis?

(duration) yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of rectum and recto sigmoid colon (duration) 3 yrs.? mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-10-931

Was there an autopsy? No.

What test confirmed diagnosis? Pathological report Surgical

(Signed) Daniel L Reeder M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waco, Texas.

DATE OF BURIAL: 3/14/1931

20 UNDERTAKER: Baird Sondheim & Son

ADDRESS: 1902 Eutaw place

TION is very important. See instructions on back of certificates.

Spar—6-16-28—L. F. B.—150 Blks.

HEALTH DEPARTME[illegible]

CERTIFICA[illegible]

E 66653

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. 1317 Mou[illegible]ras

2—FULL NAME Rachel Thom[illegible]

(a) RESIDENCE NO. 1317 Mount [illegible]
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison Thomas

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic.

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer A A Co md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant William Robertson
(Address) 1317 mount st

15 Filed . 19 Registrar

MAR 14 1931

Important. See instructions on back of certificate.

NT—CITY OF BALTIMORE

TE OF DEATH 131 ✓ E 66653

REGISTERED NO.

Mount St. 5-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ST., WARD

(If non-resident give city or town and State)

How long in U. S., if foreign birth? yrs. mos. ds.

MEDICAL CERT[illegible]IFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1931, to Mar 12, 1931, that I last saw h[illegible] alive on 3-12-31, and that death occurred, on the date stated above, at 8 Am m.

The CAUSE OF DEATH* was as follows:

Toxic Nephritis

(duration) (1) One Mo

CONTRIBUTORY (Secondary) Gastritis (duration) 1 year mo ds.

18 Where was disease contracted if not at place of death? md

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) J. R. Boykin, M. D.

, 19 (Address) 1512 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 3/17/19 31

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66654

E 66654

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkins Ave ST. WARD

2-FULL NAME Aloysius Cook

(a) RESIDENCE NO. 9 Catherine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs. Margaret Cook

6 DATE OF BIRTH (month, day, and year) Oct 25 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	43	4	15-17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER James J Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Y

12 MAIDEN NAME OF MOTHER Mary Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond

14 Informant Mrs Margaret Cook

(Address) 9 Catherine St

15 Filed JAN 14 1931 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/11, 1931, to 3/12, 1931, that I last saw him alive on 3/12, 1931, and that death occurred, on the date stated above, at 9:15 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Nephritis acute

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 9 Catherine St.

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Physical findings

(Signed) Hyalman S Adelson M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 3/16 1931

20 UNDERTAKER Forge & Kelly Inc

ADDRESS Fayette

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. M. Co.—250 Blks

66655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 66655

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 4-25 REGISTERED NO.....

CITY OF BALTIMORE: (No ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Helen Barnes

(a) RESIDENCE NO. 652 Josephine st. St. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	9	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER Arthur Barnes

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Augusta Palmer

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Maryland

14 Informant (Address): Hospital Records

15 Filed 4 12 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 11, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1930, to March 11, 1931

that I last saw her alive on March 11, 1931

and that death occurred, on the date stated above, at 3.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 9 mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Seman M. D.

3-11, 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemetery | DATE OF BURIAL: March 14 1931

20 UNDERTAKER: Walter B Sprigg | ADDRESS: 18 | Hamburg st

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66656 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66656

CERTIFICATE OF DEATH. 79-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Archer Fitzhugh

(a) RESIDENCE NO. 511 So. Ehrend ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Nov. 19, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Richard Fitzhugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Boyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Richard Fitzhugh

(Address) 511 So. Ehrend St

15 Filed MAR 14 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to March 12, 1931, that I last saw him alive on March 12, 1931, and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis

(Pneumococcus)

(duration) 0 yrs. 0 mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 511 So Ehrend St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal Puncture

(Signed) L. Lebo-Wenarski M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery DATE OF BURIAL March 14 1931

20 UNDERTAKER Walter D. Spriggs & Sons ADDRESS Glenburnie Md

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66657 ✓ 160-02 E 66657.

1-PLACE OF DEATH E 66658 REGISTERED NO.

CITY OF BALTIMORE: (No. University Hosp. ST., 11-21 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene R. Barker

(a) RESIDENCE NO. 615 Detroit Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced, (write the word) S.

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Infant

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2 days			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Eugene R. Barker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) UNIVERSITY OF MARYLAND

15 Filed MAR 14 1931 19 Registrar HARRY M. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 2, 19 31 to March 3, 19 31, that I last saw h/M alive on Mar 3, 19 31, and that death occurred, on the date stated above, at 9 00 A. m.

The CAUSE OF DEATH* was as follows:

Asphyxia due to cerebral hemorrhage.

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Geo. P. Smoot Jr. M. D.

, 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAR 14 1931

20 UNDERTAKER Commissioner Health

ADDRESS

Fill out completely. Attention is very important. See instructions on back of certificates.

Spec.—1-10-31—MAT—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66658

CERTIFICATE OF DEATH.

107-001 E 66658

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 N. Fayette St. 18-W (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Hammonds

(a) RESIDENCE NO. 943 N. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/20/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			14 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Clarence Hammonds

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Alice Cubbie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant (Address)

15 Filed 3/14 1931 19 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/6 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-20 .1931. to 3-6 .1931.

that I last saw him alive on 3-6 .1931.

and that death occurred, on the date stated above, at 11:00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (Bi-lateral)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Emil P. Kriegstein M. D.

3/11 .1931 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAR 14 1931

20 UNDERTAKER Commissioner Health.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-30—A. & Co.—250 Blks

1-46125

E 66659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 E 66659

1-PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St. 15-21 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Crew

(a) RESIDENCE NO. 1720 N. Fulton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	White	(Single)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch 3-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Marion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Fleming

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records

(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MAR 14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 13-31

17

I HEREBY CERTIFY, That I attended deceased from Mch 3, 1931, to Mch 13, 1931

that I last saw h er alive on Mch 13, 1931

and that death occurred, on the date stated above, at 7 05 P M.

The CAUSE OF DEATH* was as follows:

Prematurity

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pneumonia of mother c
6 Tromo prematurue.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none.

(Signed) J. C. Goodwin M. D.

3/14 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Westminster Md

DATE OF BURIAL 3/16 1931

UNDERTAKER William Cook

ADDRESS 121 S Paca

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66660

CERTIFICATE OF DEATH

46

REGISTERED NO. E 66660

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 Indiana Ave ST. 25-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Dantoni

(a) RESIDENCE NO. 2825 Indiana Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy L. Dantoni

6 DATE OF BIRTH (month, day, and year) Jan. 28 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Henry Dantoni

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Dantoni

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs. John McGahon

(Address) 2825 Indiana Ave

15 Filed 1 4 1931 C. HAMPSON JONES, M. D. Registrar

Important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Mar 14, 1931, (that I last saw alive on Mar 13, 1931, and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastases to liver

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What (est confirmed diagnosis? Phys

(Signed) Mrs. Stephen, M. D.

3/14, 1931 (Address) 1314 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 3/17 1931

20 UNDERTAKER J. Few McCully

ADDRESS 130 E. Front

Form.—2-29-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66661

93-003

E 66661

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1454 Light ST. 75-28 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sadie Cushnow

(a) RESIDENCE NO. 2020 Wilkens Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, RUSBAND of (or) WIFE of: Morris Cushnow

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 60 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Samuel —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: M. Byrnes
(Address) 1454 Light St.

15 FILED: 3-15-1931 19 — H. HAMILTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 14 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 19 25, to Mar 14, 19 31, that I last saw h alive on Mar 14, 19 31, and that death occurred, on the date stated above, at 1:45 P.M.

The CAUSE OF DEATH* was as follows:

Embolism

Pain Months

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Insufficiency of Mitral Valves

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Theron Kelly, M. D.

3/14 1931 (Address) 1027 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dulaney Washington Road

DATE OF BURIAL: 3-15- 1931

20 UNDERTAKER: Jose Lewis

ADDRESS: 1431 E Balt St

Filed MAR 15 1931

Keep this certificate in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X210-203

E 66662

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 1-30 WARD)

2-FULL NAME David J Fonsa

(a) RESIDENCE No. Guilford Road St., Md WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 53; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Howard Co

9 BIRTHPLACE (city or town) (State or country): Howard Co Md

PARENTS

10 NAME OF FATHER: Ford Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Fowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospitals

(Address)

15 Filed APR 15 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck & knocked down by hit & run auto. Died unconscious

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Valv. Heart Disease Fract L Tibia & Fibula

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Savage Md

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? X-Ray Clin & Path.

(Signed) A Frame Coroner, M. D.

3/15, 1931 (Address) 3934 W. Eldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: 3/17, 1931

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

Spec.—1-10-21—M&T—1500 Bks.

E 66663

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66663

CERTIFICATE OF DEATH.

REGISTERED NO. 107-201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6027 Bellona ave ST. 47-46 WARD

2-FULL NAME Miles Edward Owings

(a) RESIDENCE NO. 6027 Bellona ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Infant

6 DATE OF BIRTH (month, day, and year) JAN 13 31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. City

PARENTS

10 NAME OF FATHER C E Owings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. City

12 MAIDEN NAME OF MOTHER Helen Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co. Md.

14 Informant (Address) Mrs. C. E. Owings 6027 Bellona Ave

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15/31

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to March 15, 1931, that I last saw him alive on March 14, 1931 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John S. Fenby, M. D.

3/15, 1931 (Address) 42 Preston Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenspring Cemetary — DATE OF BURIAL Mar 17 1931

20 UNDERTAKER Wm C Brooks & Son — ADDRESS Sparks, Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-28-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66664 ✓ × 50 E 66664

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE; (No.) 418 N. Milton ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth A. Coy

(a) RESIDENCE NO. 418 N. Milton ST., WARD Fairmont Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if foreign birth? yrs. 1 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: late Elijah J. Coy

6 DATE OF BIRTH (month, day, and year): July 30 61

7 AGE: Years 69 | Months 7 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Somerset Co Fairmont Md

PARENTS

10 NAME OF FATHER: Wm Dryden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Carroll T. Parks

(Address) 418 N. Milton Ave

15 Filed: MAR 15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 14/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Mar 14, 1931, that I last saw h r alive on Mar 14, 1931 and that death occurred, on the date stated above, at 2.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1926

Was there an autopsy? no

What test confirmed diagnosis? X Ray & microscope

(Signed) C. K. McFarland, M. D.

3/17/1931 (Address) 2538 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmont Somerset Co. Md. — DATE OF BURIAL: 3/15 1931

20 UNDERTAKER: Philip Herring — ADDRESS: Princess & Potomac

Important.—See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 66665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 66665

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. Streeper St. ST. 6-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie A. Eagleston

(a) RESIDENCE NO 122 N. Streeper St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Eagleston

6 DATE OF BIRTH (month, day, and year) Jan. 16/1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
72	72	1	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joesph Decker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ernest E. Eagleston

(Address) 122 N. Streeper St.

15 Filed 3/14 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 14/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Arthritis & Arterio-sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], M. D. Coroner

19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem. DATE OF BURIAL 3/16/31

20 UNDERTAKER Philip Henry ADDRESS 2016 Edmondson Ave.

GIVE PLACE OF DEATH in plain terms, as that information may be properly examined. See instructions on back of certificate.

IMPORTANT is very important.

Spec.—9-30—A. A. Co.—250 Blks.

E 66665 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 66665

CERTIFICATE OF DEATH

95-002

1 PLACE OF DEATH Hebrew Home for Aged & Infirm — REGISTERED NO

CITY OF BALTIMORE: (No 29-54 S. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hannah Dechefsky

(a) RESIDENCE NO Belvedere & Greenspring Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Barney Dechefsky

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sig. Rosenbaum
(Address) Belvedere & Greenspring

15 1931 G. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15/31

17

I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1931, to March 15, 1931

that I last saw h[illegible] alive on March 15, 1931

and that death occurred, on the date stated above, at 9 "A m.

The CAUSE OF DEATH* was as follows:

Chr. card. vascular disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Edmundbern M. D.

3/15, 1931 (Address) Rosedale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Mt Carmel — DATE OF BURIAL 3/18/31

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E Balto

TION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Blks

E 66667 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 66667

CERTIFICATE OF DEATH

REGISTERED No. 46

1 PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 10-14 ST. WARD)

2 FULL NAME John Freeland

(a) RESIDENCE No. 1203 E. Madison ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara

6 DATE OF BIRTH (month, day, and year): April 10, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	~~63~~	11	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Watchmaker
(b) General nature of industry, business, or establishment in which employed (or employer): 039
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

PARENTS
10 NAME OF FATHER: William
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Sarah Jane Briggs
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Recrods of Balto. City Hosp.

15 [illegible] 1931 [illegible] HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-12-31

17
I HEREBY CERTIFY, That I attended deceased from 3-2-31, 19 , to 3-12-31, 19
that I last saw him alive on 3-12-31, 19
And that death occurred, on the date stated above, at 3:50 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Anaemia, secondary

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? ~~No~~ Yes.
What test confirmed diagnosis? Clinical exam; X-ray.
(Signed) Paul Podgat. M. D.
(Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mays Cem. Balto Md. — DATE OF BURIAL: 3/16/31

20 UNDERTAKER: George J Roth Inc — ADDRESS: 1734 Hanford

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66668

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66668

CERTIFICATE OF DEATH.

1-PLACE OF DEATH United States Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 2756 WARD) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Locke

(a) RESIDENCE NO. 3723 Manchester Ave., Baltimore, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. 6 mos. 10 da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 3,1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
26		7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman (messman)

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S.Sagadahoc

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Charles F. Lester

11 BIRTHPLACE OF FATHER (city or town) St. Michaels
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E. Granger

13 BIRTHPLACE OF MOTHER (city or town) St. Michaels
(State or country) Maryland

PARENTS

14 Informant J. Lester Locke
(Address) 3723 Manchester Ave.

15 MAR 5 1931 C. HAMPSON JOYCE, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13,1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1930, to March 13, 1931,

that I last saw h im alive on March 13, 1931,

and that death occurred, on the date stated above, at 3.35 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) unknown yrs. mos. da.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab. findings

(Signed) Gordon T. Smith M. D.

, 19 (Address) U.S. Marine Hospital, Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. St Michael Md

DATE OF BURIAL 10/3/31

20 UNDERTAKER George J Ruth Inc Easton

ADDRESS 1735 Maryland Ave

TION is very important. See instructions on back of certificate.

Cor.—16-10-29—A Co.—100 Fks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66669 173 E 66669

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 66669

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital St., Ward) 24-33

2-FULL NAME Charles J. Valentine.

(a) RESIDENCE NO. Essex, Baltimore Co. Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---yrs.---mos.---ds. How long in U. S., if of foreign birth 35 yrs.---mos.---ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) August 15, 1892

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	38	6	25 27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Frank Valentine.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Reffell Susso.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant (Address) Dominic Valentine. (brother) 59 S 6th St. Mt. Vernon N.Y.

Filed ... 19 ... Registrar

15 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquest. (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal Hemorrhage due to a pistol shot wound of the chest involving the right lung. Homicide.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Polly Inn, C. C. Co. Md

Did an operation precede death? No, Date of March 12, 1931

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & Inquest.

(Signed) Otto Lennard M. D.

3/ 14 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Vernon New York	3/18/1931
20 UNDERTAKER John G. Connelly	ADDRESS Essex

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

Dr Cook
413 N Washington ST

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66670

CERTIFICATE OF DEATH.

93-003

E 66670

1. PLACE OF DEATH

CITY OF BALTIMORE. (No 2501 E. Chase St. 8-12 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Katharine Wagline

(a) RESIDENCE No. 2501 E. Chase St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of or WIFE of Conrad Wagline

6 DATE OF BIRTH (month, day and year) May 24th 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Marie Hunninger

(Address) 2501 E. Chase St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 14th 1931

17

I HEREBY CERTIFY, That I attended deceased from March 7 19 31 to March 14 19 31

that I last saw h[illegible] alive on March 4 19 31

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Contributory Cardiac Arrhythmia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Cook M. D.

3/16/1931 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Holy Redeemer Cemetery

DATE OF BURIAL 3/17/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Blks.

Dr Antigenus
1941 E Fayette St

E 66671

HEALTH DEPARTMENT—CITY OF BALTIMORE

66671

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE, (No 3416 Fairmount Ave ST. 10-27 WARD)

2 FULL NAME Geo. A. Bradburn

(a) RESIDENCE NO 3416 Fairmount Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or WIFE of): Margaret Bradburn

6 DATE OF BIRTH (month, day, and year): Dec 13th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer: Gross & Co

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: George Bradburn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elliott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Margaret Bradburn 3416 Fairmount Ave

15 FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): March 14th 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan. 8 1931 to March 14 1931

that I last saw h— alive on March 14 1931

and that death occurred, on the date stated above, at 4 9 - m.

The CAUSE OF DEATH* was as follows:

Nephrectomy

(duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Antigenus M. D.

. 19 (Address) 2942 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 3/17/31

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 Park Ave

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66672

E 66672

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 20-69 WARD)

2-FULL NAME Walter Shanks -

(a) RESIDENCE NO. 2734 W. Fairmount Ave ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 11th 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Leo W. Shanks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Eleanor Wigginton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Leo Shanks
(Address) 2734 W. Fairmount Ave

15 Filed MAR 15 1931, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14th 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1931, to Mar. 14, 1931, that I last saw h/M alive on Mar. 14, 1931, and that death occurred, on the date stated above, at 10 00 A.m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Disease of the New Born.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no -

What test confirmed diagnosis? Physical findings

(Signed) George J. Prooper Jr., M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 3/16 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

...TIONS is very important. See instructions on back of certificates.

Spec—9-30—A & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66673

REGISTERED NO. 92 L 66673

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 211 Cedar Croft Road St. WARD

2 FULL NAME Alice E. Thomas

(a) RESIDENCE NO. 211 Cedar Croft St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed or divorced (or) WIFE of Harry E. Thomas

6 DATE OF BIRTH (month, day, and year) May 4 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Wytheville Va

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wytheville Va

12 MAIDEN NAME OF MOTHER Ellen Handley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wytheville Va

PARENTS

14 Informant (Address) Elsie M. Finley 211 Cedar Croft Rd

15 Filed 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14/31

17 I HEREBY CERTIFY, That I attended deceased from March 14 1931 to March 14 1931

that I last saw her alive on March 14 1931

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage causing Right Hemiplegia, & due to High Blood Pressure

(duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) Ch. Lab Endocarditis (duration) 2 years yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there no autopsy? Yes

What test confirmed diagnosis? ✓

(Signed) Jefferies Buck M. D.

(Address) 5 Club Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Lauderdale Va. Arlington Cem. Iona

DATE OF BURIAL 3/16 1931

20 UNDERTAKER William Cook 1217 St

ADDRESS

TION is very important. See instructions on back of certificate

Spec.—1-30—M. & T.—250 Blks

E 66674 HEALTH DEPARTMENT—CITY OF BALTIMORE 66674

CERTIFICATE OF DEATH.

97

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2732 St. Paul St. ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lawrence Joseph Byrne

(a) RESIDENCE NO. 2732 St. Paul St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 5 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Roehle

6 DATE OF BIRTH (month, day, and year) April 8, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James K. Byrne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ----- Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14 Informant Mrs. Estelle R. Byrne (Address) 2732 St. Paul St.

15 Filed ... 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1924, to Mch 13, 1931, that I last saw him alive on Mch 13, 1931, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

Antecedent Hypertension

Duration: Probably prior to 15

Principal (duration) 7 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Broken Constitution

(duration) ... yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Jno A Lutcher M. D.

March 16, 1931 (Address) 12 W Eager St Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	3/16/31

20 UNDERTAKER Norman & Son

ADDRESS Eutaw St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66675

CERTIFICATE OF DEATH.

23 E 66675

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1706 Mulliken St 6-9 WARD)

2 FULL NAME Josephine Harris

(a) RESIDENCE NO 1706 Mulliken ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	18	7	1920

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Marcus Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucia Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lucia Harris
(Address) 1706 Mulliken St

15 19 Registrar

R 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 12, 1931

17

I HEREBY CERTIFY, That I attended deceased from 3-10-, 1931, to 3-12, 1931

that I last saw h— alive on 3-11-, 1931

and that death occurred, on the date stated above, at 4,30 m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W H Haynie M. D.

3-15-1931 (Address) 611-N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	Mar 15 1931
20 UNDERTAKER	ADDRESS
Mrs. R.A. Elliott	1725 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 66676

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 24-34 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME John J. Rebstock

(a) RESIDENCE NO. 430 E. Randall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Rebstock

6 DATE OF BIRTH (month, day, and year) July 5/1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Rebstock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Mary Howser

(Address) 430 E. Randall St

15 Filed MAR 15 1931, 192. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jos. H. Rose, M. D. Coroner

3/14/31 19 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Mar 16 1931

20 UNDERTAKER Weyforth & Hopper — ADDRESS 422 Light St

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 66677

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66677

CERTIFICATE OF DEATH.

82-09

20-27

REGISTERED NO.

1-PLACE OF DEATH

CITY of BALTIMORE: (No.) 1952 W. Fayette St. (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. O'Neill

(a) RESIDENCE NO. 1952 W. Fayette St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6 - 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sales Lady

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Stephen O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa.

12 MAIDEN NAME OF MOTHER Rachel Mowney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mr. Stephen J. O'Neill 1952 Fulton Ave

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 12th, 1931 to , 19 .

that I last saw her alive on March 12th. 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis ?

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edw Nicolaides M. D.

, 19 (Address) 24 N. Fulton Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peters Cemetery — DATE OF BURIAL: Mar. 16 1931

20 UNDERTAKER: Maryan & E. Flynn — ADDRESS: 1422 Light St.

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 66678

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

119 E 66678

1 PLACE OF DEATH 519 S. Potomac St

CITY OF BALTIMORE. (No 519 ST 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anita Marie De Giralamo

(a) RESIDENCE NO 519 S. Potomac St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 29, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Mario De Giralamo

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country)

12 MAIDEN NAME OF MOTHER Josefina D'Arrigo

13 BIRTHPLACE OF MOTHER (city or town) Italy (State or country)

14 Informant (Address) Mario De Giralamo 519 S. Potomac

15 FILED 3/15/1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to March 13, 1931

that I last saw h[illegible] alive on March 13, 1931

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute gastritis 6 days

(duration) yrs. mns. 6 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mns. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) L. Sobitel M. D.

3/14, 1931 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 3/14/31, 19

20 UNDERTAKER George J. Keith Co. — ADDRESS 173 S. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 66679 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66679

CERTIFICATE OF DEATH. 117-001

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 15-36 ST. 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Harris

(a) RESIDENCE NO. 1221 W. Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. George H. Harris

6 DATE OF BIRTH (month, day, and year) July 31 1[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Howard Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Rebecca Farris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Mrs George Harris

(Address) 1221 W. Fayette St

Filed 3 15 1931. 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-15-31

17 I HEREBY CERTIFY, That I attended deceased from 2-10, 19 31, to 3-15, 19 31.

that I last saw living on 3-15 19 31

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Perforated gastric ulcer

(duration) yrs. mos 1 da

CONTRIBUTORY (Secondary) Rt lung abscess Lt pneumonia with emphysema

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Yes Date of 2-10-31

Did an operation precede death? Yes

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. W. Peters, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va

DATE OF BURIAL 3/15 1931

20 UNDERTAKER Robert Brooks Son

ADDRESS Baltimore

TION is very important. See instructions on back of c

Stat.—6-8-29—E. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66680

CERTIFICATE OF DEATH.

108 E 66680

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 N. Eden ST.: WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Brown

(a) RESIDENCE. No. 301 N. Eden ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Brown

6 DATE OF BIRTH (month, day, and year)

7 AGE: 57 Years | Months | Days | If LESS than 1 day, hrs. or min.

Not known

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): on streets

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Benjamin Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Jane Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Mary L. Brown 301 N. Eden St.

15 Filed 19 Registrar

15193 Perf

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from March 6 1931 to March 13, 1931.

that I last saw him alive on March 9, 1931.

and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at work,

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical,

(Signed) [illegible], M. D.

3-14-1931 (Address) 715 Division

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Keyser W Va

DATE OF BURIAL: March 17 1931

20 UNDERTAKER: Sam'l H. Chase & Son

ADDRESS: 1638 N. Gilmor

CAUSE OF DEATH to be properly established. Full statement of facts may be necessary. Use plain terms, so that it may be understood by the average person. Every question should be answered. Absence of information is not permissible. Blanks must be filled out completely. Use ink. Write plainly. Do not abbreviate. Omission of any item will delay the issuance of certificates.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66681 ✓ E 66681

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyndenham Hospital (St.) 19-29 (Ward) 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Armstrong

(a) RESIDENCE NO. 1303 Lemon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 28, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	3	10	18 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harrisonburg, Va
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Ruth Armstrong

13 BIRTHPLACE OF MOTHER (city or town) Harrisonburg
(State or country) Va.

14 Informant Ruth Armstrong
(Address) 1303 Lemon St.

15 APR 15 1931 H. A. JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to March 15, 1931, that I last saw him alive on March 15, 1931, and that death occurred, on the date stated above, at 6 40 A m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 0 mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? 1303 Lemon St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) S. Peter Meisenheimer, M. D.

, 19 (Address) Lyndenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisonburg Va. — DATE OF BURIAL March 17 1931

20 UNDERTAKER R. P. Swope — ADDRESS Harrisonburg.

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66682 V * 51 E 66682

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. 1 7-49 (ST.) (WARD)

2-FULL NAME James Gilbert Parsley, Jr.

(a) RESIDENCE NO. Ellicott City ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 23 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	8	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Ellicott City
(State or country) Howard Co

PARENTS
10 NAME OF FATHER James Parsley
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Howard Co
12 MAIDEN NAME OF MOTHER Elizabeth Redmond
13 BIRTHPLACE OF MOTHER (city or town) Woodstock
(State or country) Md

14 Informant (Address) Morris Selby Ellicott City Md.

15 Filed MAR 15 1931 [illegible] M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1931

17
I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to March 15, 1931
that I last saw him alive on March 15, 1931
and that death occurred, on the date stated above, at 7:50 P m.
The CAUSE OF DEATH* was as follows:
Sarcoma, Metastatic
(abdominal)

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY —
(Secondary)
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? Yes Date of Oct. 29/30
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) Jesse S. Fyfe M. D.
, 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount View Cem.	Mar. 18 1931
20 UNDERTAKER P. A. Fitzpatrick Jr	ADDRESS Ellicott City

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66683 — CERTIFICATE OF DEATH. — E 66683

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen. Hosp. (Street) 3-16-68 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Murray

(a) RESIDENCE No. Woodstock, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John E. Murray

6 DATE OF BIRTH (month, day, and year): January 7, 1900

7 AGE — Years: 30 — Months: 9 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Walter Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Florence A. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Hosp Record

Filed MAR 15 1931 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/16/31

17 I HEREBY CERTIFY, That I attended deceased from 3/15/31, 19, to 3/16/31, that I last saw her alive on 3/16/31, and that death occurred, on the date stated above, at 12-6 a m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis c Hypertension a Chronic Nephritis

(duration) unknown mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? Clinical

(Signed) H Gelman, M. D.

, 19 (Address) West Balto Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olive Cem.

DATE OF BURIAL: 3/18, 19 31

20 UNDERTAKER: Easton Sons

ADDRESS: Edmonds City

TION is very important See instructions on back of certificates.

Spec—9-20—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66684 CERTIFICATE OF DEATH 121 E 66684

1 PLACE OF DEATH Baltimore City Hospitals 26-37 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. ..... WARD.)

2 FULL NAME Bernard Fowt

(a) RESIDENCE NO. 210 S Oldham St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long if U. S. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 9, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) steel mills

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Leo. Fowt

11 BIRTHPLACE OF FATHER (city or town) Washington (State or country) D.C.

12 MAIDEN NAME OF MOTHER Eva Burkett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Interment (Address) Loudon Park Balto City Hosp.

15 [illegible] H. HAMILTON JONES, M. D. Registrar

MAR 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14-31

17

I HEREBY CERTIFY, That I attended deceased from 3-4- , 1931, to 3-14- , 1931

that I last saw h[illegible] alive on 3-14- , 1931

and that death occurred, on the date stated above, at 10 21 P m.

The CAUSE OF DEATH* was as follows:

Ruptured Gangrenous appendicitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Hemorrhagic Peritonitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 3-9-31.

Was there an autopsy? no

What test confirmed diagnosis? Operation findings

(Signed) Fred M. Buckwalter M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem. DATE OF BURIAL. 3/17/31

20 UNDERTAKER Wm. Cook ADDRESS 1117 W Pratt St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66685

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66685

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 24-33 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Fletcher

(a) RESIDENCE NO 1109 Marshall St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 7, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fisherman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

08

9 BIRTHPLACE (city or town) (State or country) B'lto. Md.

PARENTS

10 NAME OF FATHER Wm. Fletcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Esther A. Griff[illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Record of B'lto. City Hosp.

15 [illegible] 16 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-31

17

I HEREBY CERTIFY, That I attended deceased from 2-7-31, 19..., to 3-13-31, 19...

That I last saw h im alive on 3-13-31, 19...

and that death occurred, on the date stated above, at 8:50 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podgel. M. D.

3-13 19 31, (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Park Cemetery	Mar. 16 1931
20 UNDERTAKER	ADDRESS
John T. Denny	715 Light St.

TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66686

CERTIFICATE OF DEATH.

23 66636

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 1709 Laurens St. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Young Jr.

(a) RESIDENCE. NO. 1709 Laurens ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): 1929

7 AGE: Years 1 Months 2 Days ... If LESS than 1 day, hrs. ... or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Viola Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant (Address): John young 1709 Laurence st

15 Filed 16 1931 G. HAMPSON JONES, M. D., Registrar. By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar-14 — 1931

17 I HEREBY CERTIFY, That I attended deceased from March-11 — 1931, to Mar-14 — 1931, that I last saw h. alive on March-13 — 1931, and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yr. ... mos. 11 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis (duration) yrs. 14 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

(Address) 2037 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Mch 16 1931

20 UNDERTAKER: John H Tradum — ADDRESS 1027 Hanover

TION is very important. See instructions on back of certificates.

Xpert—8-28—A. & Co.—250 Blks

66687

HEALTH DEPARTMENT—CITY OF BALTIMORE

66687

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 853 W. University Pky 15-19 WARD)

2 FULL NAME Miriam A. Wallace

(a) RESIDENCE NO. 853 W. University Pky. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel S. Wallace

6 DATE OF BIRTH (month, day, and year) May 15, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Findell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elvira Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment Mrs. Mary W. Stanton (Address) 853 W. University Pky

15 C. HAMPSON JONES, M. D. Registrar

R 161931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1931 to March 13, 1931

that I last saw h[illegible] alive on March 13, 1931

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) [illegible] yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. Thompson M. D.

3/16/31 (Address) 1739 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	March 16 1931
20 UNDERTAKER	ADDRESS
Chas. O. Mitchell & Sons	1900 Eutaw Pl.

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Bks.

66688

HEALTH DEPARTMENT—CITY OF BALTIMORE

66688

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 204 South Washington St. WARD)

2-FULL NAME Mary Elizabeth Canavan

(a) RESIDENCE No. 204 South Washington St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Capt. Patrick Canavan

6 DATE OF BIRTH (month, day, and year) Sept. 29-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Patrick Cloherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bartly Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Thomas H. Canavan
(Address) 204 S. Washington St.

15 Filed MAR 16 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12/31

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1930, to Mch 12, 1931

That I last saw h alive on Mch 12, 1931

And that death occurred, on the date stated above, at 6.15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) ... yrs. ... mos. 9 ds.

CONTRIBUTORY (Secondary) Chronic Rheumatism (duration) 10 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Geo. H. Kelly M. D.

3/15, 1931 (Address) 1927 Bond

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Hazlet Road

DATE OF BURIAL 3/16 1931

20 UNDERTAKER J. A. Mahan

ADDRESS 350 E. Balto. St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

465

E 66689

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2856 W Lanvale St. (WARD) 16-68

2 FULL NAME Samuel Russell Harton

(a) RESIDENCE NO. 2856 W Lanvale St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Homer V. Harton

6 DATE OF BIRTH (month, day, and year) Nov. 3 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Francis Harton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Manor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Queens

14 Informant (Address): Mrs Mary V. Harton 2856 W Lanvale St.

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 14-1931

17 I HEREBY CERTIFY, That I attended deceased from June 17th, 1928, to Mar. 14-, 1931

That I last saw h in alive on Mar. 14-, 1931

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Sigmoid and Rectum.

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of June 18-1928

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Isaac E. Dickson. M. D.

Mar 14 1931. (Address) 3055 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery	March 16 1931
20 UNDERTAKER: W. J. Radmer Sons	ADDRESS: North Ave

TION is very important. See instructions on back of certificates.

FRED'K HAMPSON JONES, M. D.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66690 — 93-003 — E 66690

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3000 Clifton Ave. St. 15-61 Ward)

2-FULL NAME Virginia Warner

(a) RESIDENCE NO. 3000 Clifton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clement H. Warner

6 DATE OF BIRTH (month, day, and year) Aug 26, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	6	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) A A Co.
(State or country) Md

PARENTS

10 NAME OF FATHER Charles R. Stewart

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Virginia Gunton

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant The Charles H. Stewart
(Address) 1404 Eutaw Place

15 Filed ... 19... HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Coroner, Inquest, Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Necropsy

(Signed) H. Hobart Cronin, M. D.

(Address) 1400 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Mar 16 1931
20 UNDERTAKER Wm Fickus Sons	ADDRESS North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66691 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66691

CERTIFICATE OF DEATH. X 82001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 30 ST. (or) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Nancy Hobach

(a) RESIDENCE NO. Odenton. Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jacob B. Hobach

6 DATE OF BIRTH (month, day, and year) Dec. 13, 187?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own housework

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Landisburg Pa

PARENTS

10 NAME OF FATHER Thomas Graham

11 BIRTHPLACE OF FATHER (city or town) Landisburg (State or country) Pa

12 MAIDEN NAME OF MOTHER ~~Graham~~ Gertrude Nancy Rinesmith

13 BIRTHPLACE OF MOTHER (city or town) Landisburg (State or country) Pa

14 Informant Mr. Leo. Thomas Hobach (Address) Odenton, Md.

15 Filed 3/16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1931, to Mar 14, 1931, that I last saw her alive on Mar. 14, 1931, and that death occurred, on the date stated above, at 1025 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not a disease

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical signs and symptoms

(Signed) Wylie M. Law, M. D.

3/14. 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Elliottsburg Pa	Mar 18 1931
20 UNDERTAKER Wm. T. Walker & Son	ADDRESS North St

TION is very important. See instructions on back of certificate.

6 1931

Spec.—1-30—M. & T.—250 Blks.

E 66692 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66692

CERTIFICATE OF DEATH. 51

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H Kaufman

(a) RESIDENCE NO. 2740 Tivoly Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Carrie Kaufman

6 DATE OF BIRTH (month, day, and year) Sept 1 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tube inspector 086

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore Tube Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Carrie Kaufman (Address) 2740 Tivoly Ave

15 Filed MAR 16 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14-31

17 I HEREBY CERTIFY, That I attended deceased from 2-21, 1931, to 3-14, 1931, that I last saw him alive on 3-14, 1931, and that death occurred, on the date stated above, at 445 PM.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma of Bones

(duration) yrs. 1 mos. de.

CONTRIBUTORY (Secondary) Pneumonia - Bronchial

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of -

Was there an autopsy? no -

What test confirmed diagnosis? X Ray -

(Signed) H Mott Lord M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL March 16 1931

UNDERTAKER D. John Elliot

ADDRESS 2108 Edmondson

IMPORTANT. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks.

E 66693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 E 66693

1-PLACE OF DEATH Baltimore City Hospitals 16-23 (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....

2 FULL NAME George Shanks

(a) RESIDENCE NO. 904 N. Carey ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary O. Shanks

6 DATE OF BIRTH (month, day, and year)? 5/8

7 AGE — Years: 73 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Charlestown, Md.

PARENTS

10 NAME OF FATHER George Shanks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Lila Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed APR 16 1931, 19.....

C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12-31

17
I HEREBY CERTIFY, That I attended deceased from 2-26-31, 19..., to 3-12-31, 19...
that I last saw him alive on 3-12-31, 19...
and that death occurred, on the date stated above, at 2:30 A m.
The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) UNKNOWN yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) UNKNOWN yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.
3-13 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 3/17 1931

20 UNDERTAKER: Mrs Geo. H. Holland

ADDRESS: 1631 Druid Hill

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

PIERSON

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66694

E 66694

23

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1358 N. Fremont ST. 15-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gertrude Pierson

(a) RESIDENCE NO. 1358 N. Fremont ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph

6 DATE OF BIRTH (month, day, and year) Feb. 10-1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Roger Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Sarah Kelly

(Address) 1358 Fremont St.

15 MAR 15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/13/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Mar 13, 1931, that I last saw h alive on Mar 12, 1931, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phth

(duration) yrs. 1 mos. 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. H. Haleston, M. D.

3/13 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3/16/1931

20 UNDERTAKER Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66695

92-001

E 66695

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. City Hospital ST. 21-29 WARD)

2-FULL NAME Walter Robinson

(a) RESIDENCE NO. 205 Atterbrie ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Robinson

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

BIRTHPLACE (city or town) Montevideo Co
(State or country) Md.

10 NAME OF FATHER Joseph Robinson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Grimage

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

Informant Mrs A B Green

(Address) 103 Lemmon St

Filed ..... 19 ..... No. .....

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) 6 Ulcer of Duodenum (duration) yrs. mos 7 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted, if not at place of death? 205 Atterbrie St

Did an operation precede death? — Date of

Was there an autopsy?

What (if any) confirmed diagnosis? History

(Signed) J. C. Vadis, M. D. Coroner

19 (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Mar 6, 1931

20 UNDERTAKER Jno Kate P Williams

ADDRESS 322 Schroeder St

Spec.—9-30—A. A Co.—250 Blks.

E 66698

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66696

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 1317

CITY OF BALTIMORE: (No 18-26 ST. WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm. Brown

(a) RESIDENCE NO 1119 W Saratoga ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie E. Brown

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70 ?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) Ministry

(c) Name of employer Unknown.

9 BIRTHPLACE (city or town) (State or country) Balto Co. Md.

PARENTS

10 NAME OF FATHER David Brown

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Perry

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md.

14 Informant (Address) Phone to ? Balto. City Hosp.

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12-31

17

I HEREBY CERTIFY, That I attended deceased from 3-6- , 1931 , to 3-12- , 1931

that I last saw h[illegible] alive on 3-12- , 1931

and that death occurred, on the date stated above, at 12[illegible] Noon.

The CAUSE OF DEATH* was as follows:

Grandlyl Antroselerosis

Chronic Nephritis.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Fred M. Dunkerly M. D.

. 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Mar 16 19 31

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 3204 Schroeder St.

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks. Coroner Blades Broadway Path

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66697

CERTIFICATE OF DEATH

107-001

E. 66697

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

(City of Baltimore: (No. 225 N. Fulton Ave St., 19-27 Ward)

2-FULL NAME Laura A. Woods

(a) RESIDENCE NO. 225 N. Fulton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isaiah Woods

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
about	78			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER Wm Bell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown Va.

14 Informant E. M. Richardson
(Address) 226 N. Fulton Ave

15 Filed _____ 19 _____ Registrar

APR 10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Contributory Senility (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? — What test confirmed diagnosis? History

(Signed) W C Blades M. D.

3/19/31 (Address) 1430 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetary

DATE OF BURIAL 3/17/1931

20 UNDERTAKER Wm Cook 1317 E Fayette St

ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66698 E 66698

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 15-31 50 REGISTERED NO.....

CITY OF BALTIMORE: (No ..... ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elyza Hill

(a) RESIDENCE NO 1524 Bolton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fml	Colored	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Hill

6 DATE OF BIRTH (month, day, and year) 3-1-1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	-	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) ? 021

(c) Name of employer ?

9 BIRTHPLACE (city or town) St Marys Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER Hamilton Brown

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Md.

12 MAIDEN NAME OF MOTHER Henny Brunk ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Rumsey
(Address) 324 E. Biddle

15 MAR 16 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14-31

17

I HEREBY CERTIFY, That I attended deceased from 10-25-, 1930, to 3-14, 1931

that I last saw h[illegible] alive on 3-14-, 1931

and that death occurred, on the date stated above, at 1 9 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left breast
Complicated Intussusception

(Duration) 1 yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam

(Signed) Fred M. Quatermaly M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

UNDERTAKER Thomas E. Kelson

DATE OF BURIAL Mar 17 19 31

ADDRESS 1303 Druid Hill St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66699

10 L 66699

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 941 Sterling St. 16-14 (WARD)

2-FULL NAME Lorraine Bennett

(a) RESIDENCE NO. 941 Sterling ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of or WIFE of: Married

6 DATE OF BIRTH (month, day, and year): Nov. 26 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Buffalo, Md.

PARENTS

10 NAME OF FATHER: Jacob Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Buffalo, Md.

12 MAIDEN NAME OF MOTHER: Jane Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Buffalo, Md.

14 Informant (Address): Moses Bennett, brother 705 N. Shasben St.

15 Filed APR 16 1931, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/12 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/5 1931, to 3/12 1931.

That I last saw him alive on 3/12 1931,

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Sequel to Bronchitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) James K. Clarke, M. D.

(Address) 924 Hoffman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National M.	March 19 31.
20 UNDERTAKER	ADDRESS
Wesley J. Hepp	[illegible]

TION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 66700

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Central Ave ST. 5-8 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tillie Gross

(a) RESIDENCE NO 534 N. Central Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Gross

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	About 44			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant N. E. Police Dept

(Address)

15 Filed MAR 16 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained hy said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) History Influenza Feby.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

3/16/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[redacted] Mt Calvary cem	Mar 16 1931
20 UNDERTAKER	ADDRESS
Wendell J Wippel	300 S Eden st

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

Spec.—1-30—M. & T.—250 Bks

E 66701 HEALTH DEPARTMENT—CITY OF BALTIMORE 95-0024 E 66701

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1325 W Lombard ST. 19-16 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily J. Kliffpush

(a) RESIDENCE NO. 1325 W Lombard ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Theodor Kliffpush

6 DATE OF BIRTH (month, day, and year) June 5-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER ll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ll

14 Informant D. T. Sutton
(Address) 1325 W. Lombard st

15 Filed MAR 16 1931 19 Registrar H. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-15-31

17 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1931, to March 15, 1931,
that I last saw her alive on 3-15-, 1931,
and that death occurred, on the date stated above, at 7 P m.
The CAUSE OF DEATH* was as follows:
Hypertension
Cardio-Renal disease
(duration) 1 yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Signs
(Signed) C. V. Bryant, M. D.
3/16 1931 (Address) 1324 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park
DATE OF BURIAL 3/18 1931

20 UNDERTAKER Robert Brooks & Son
ADDRESS Baltimore Md

CAUSE OF DEATH. IT IS THE PHYSICIAN'S DUTY TO FILL OUT THE ITEMS OF THIS CERTIFICATE. See instructions on back of certificates.
TION is very important

1-30—M. & T.—100 B—50L

E 66702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-601 E 66702

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospitals ST. 18-29 (WARD)

2-FULL NAME Walter Nichols

(a) RESIDENCE NO 15 S Stockton ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) About 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lab
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lucy Christopher

(Address) 15 S. Stockton St

15 Filed MAR 16 1931 (Signature) HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Struck & Knocked down by moving auto at intersection

(a) _____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) Fr. 1 yr. 11 mos. 5 ds. Chr Valvular Cardiac Disease - C.C. Fract 1/6 & 5/6 - Gas Bac.

18 Where was disease contracted if not at place of death? County + Fayette

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? clin & Surg

(Signed) H. Hamm Coroner, M. D.

3/16, 19 31 (Address) 2939 W. Eldorado

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Mar 16, 1931
20 UNDERTAKER	ADDRESS 322 N. Schroeder St.
Mrs. Katie R. Williams	

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66703

CERTIFICATE OF DEATH

93 E 66703

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5721 Karon Ave (WARD) 24-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Isaac. F. Walraven

(a) RESIDENCE NO. 5721 Karon Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Loretta Walraven

6 DATE OF BIRTH (month, day, and year) Oct 4 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Repairer

(b) General nature of industry, business, or establishment in which employed (or employer) B&O R Road

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Churchtown md

PARENTS

10 NAME OF FATHER Elizah Walraven

11 BIRTHPLACE OF FATHER (city or town) (State or country) Churchtown md

12 MAIDEN NAME OF MOTHER Elizabeth Parson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Churchtown md

14 Informant (Address) Mrs Loretta Walraven 5721 Karon Ave

15 Filed APR 16 1931, 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1931

17 I HEREBY CERTIFY, That I attended deceased from March 3, 19 31, to March 14, 19 31

that I last saw him alive on March 14, 19 31

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Edw A Pierson M. D.

19 3 (Address) Oxford Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cem Balto

DATE OF BURIAL: 3 31

20 UNDERTAKER: Jos Saunders Son

ADDRESS 2173 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66704

E 66704

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins Hospital ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Daniels

(a) RESIDENCE NO. 405 Colvin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 16.30

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Daniels

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Florence Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James Daniels

(Address)

15 Filed Mar 16 1931 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 3/16 1931

20 UNDERTAKER Edward Bryan

ADDRESS [illegible]

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100. Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66705

108 E 66705

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 702 Druid Hill St. 1724 Ward)

2-FULL NAME Doris Preston

(a) RESIDENCE NO. 702 Druid Hill Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Fem	Col	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): June 8 1936

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		8	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore
(State or country)

PARENTS

10 NAME OF FATHER: Chas Preston

11 BIRTHPLACE OF FATHER (city or town): NY
(State or country)

12 MAIDEN NAME OF MOTHER: Mary A Hebron

13 BIRTHPLACE OF MOTHER (city or town): Baltimore
(State or country)

14 Informant (Address): Father Preston 702 Druid Hill Ave

Filed 15 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Dr Smith M. D.

(Signed) Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	3-16 1931
20 UNDERTAKER: Thos J Chase Bro	ADDRESS 638 N Gilmor

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-28—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 66706

E 66706

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH North East Gen. Hosp.

CITY OF BALTIMORE: (NO. Zielinska ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marianna Zielenska

(a) RESIDENCE NO. 1015 S. Elwood Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mathew Zielenstein

6 DATE OF BIRTH (month, day, and year) May 24, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) Poland. (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) Poland. (State or country)

14 Informant Mathew Zielenstein

(Address) 1015 S. Elwood Ave

15 Filed ..., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14 1931

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to March 14, 1931, that I last saw her alive on March 14, 1931 and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Carcinosarcoma

Hypertension Cardio

Diabetes mellitus (duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (Right hemiplegia) (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. Johnson, M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. DATE OF BURIAL Mar. 18 1931

20 UNDERTAKER Stephen J. Falkowski ADDRESS 1100 N. Kenwood Ave

TION is very important. See instructions on back of certificates.

CLARENCE BENSON JONES, M. D.

Cor.—12-9-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66707

CERTIFICATE OF DEATH.

107-002 E 66707

1-PLACE OF DEATH

City of BALTIMORE: (No. 2225 Essex St. 13 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theresah Saskey

(a) RESIDENCE NO. 2225 Essex St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 10 1930

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
		5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph Saskey

11 BIRTHPLACE OF FATHER (city or town): Balto

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Styer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant (Address): Joseph Saskey 2225 Essex St.

15 Filed_____, 19____ By_____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 15 1931

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lob Bronchites

Influenza (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

Exhaustion (duration) yrs. mos. ds.

(Signed) Geo Blades M. D.

(Coroner)

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. Date of Burial: Mar 16 1931

20 UNDERTAKER: Stephen J. Kwiatkowski ADDRESS 1000 N. Kenwood Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & Y.—100 B—50L

E. 66708

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-001 E. 66708

CERTIFICATE OF DEATH

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Fountain Paramount 1152 E Bond. ST., 3-5 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Schaefer.

(a) RESIDENCE NO. 120 Lloyd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	don't Know

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant
(Address)

15 FILED ..... 192 ..... Registrar

APR 15 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Eg Laudin

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? 1152 E Bond

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? History

(Signed) H. C. Blades, M. D.
Coroner

, 19 (Address) 1732 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	19
20 UNDERTAKER	ADDRESS
Health Commissioner	

E. BALDWIN JONES, M. D.

APR 15 1931

Per Wm. E. Arnal

CAUSE OF DEATH in plain terms, so that it may be understood by the public. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

KATENKAMP

E 66709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94 vol 1

E 66709

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2561 Edmondson Ave ST.) 20-6 (WARD)

2-FULL NAME Theodore Henry Katenkamp

(a) RESIDENCE NO. 2561 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Amelia Katenkamp

6 DATE OF BIRTH (month, day, and year) Nov-12-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Umbrella maker 40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. Fleisner Umbrella Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Heinrich Katenkamp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Amelia Katenkamp (Address) [illegible] M. D.

Filed MAY 6 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-31

17 I HEREBY CERTIFY, That I attended deceased from July, 1928, for organic heart

that I last saw h alive on March, 1931

and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) a few minutes yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial disease (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Chester Roland, M. D.

3-14, 1931 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Pikesville — DATE OF BURIAL 3/17/1931

20 UNDERTAKER Geo. Weber Son 2503 Edmondson — ADDRESS

IMPORTANT. See instructions on back of certificates.

1-30—M. & T.—100 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66710

CERTIFICATE OF DEATH

E 66710

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2001 E Pratt ST. 6-9 (WARD) 92-00

2-FULL NAME Morris Baskin

3a RESIDENCE NO 2000 Fairmount ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Baskin

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hyman Baskin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant F. Laws

(Address) 1439 E Balto St

15 Filed ..... 192 ..... Registrar

C 1925 HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? 2001 E Pratt

Did an operation precede death? — Date of

Was there an autopsy? —

What (if confirmed) diagnosis? Mitral Stenosis

(Signed) J C Glade, M. D. Coroner

, 19 (Address) 43 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 3/16 1931

20 UNDERTAKER: Jack Laws 1439 E Balto St — ADDRESS

CAUSE OF DEATH: The primary cause of death, or that which initiated the train of morbid processes resulting in death, should be given in Item 17. Any secondary or contributory cause should be given in Item 17a. Any operation performed should be stated in Item 18. Any accident, injury, or poisoning should be described in Item 17 and in addition the date, place of occurrence, and whether accidental, suicidal, or homicidal should be stated. Burial Permit will not be issued until this certificate is properly executed. See instructions on back of certificates.

Spec.—0-20—A. & Co.—250 Blks

~~E 66711~~ 666711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~E 66711~~ 666711

94-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1800 N. Monroe St.. 15-21 (WARD)

2 FULL NAME Barnett M. Greenstein

(a) RESIDENCE NO. 1800 N. Monroe ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Greenstein

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Baltimore St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-31

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1927 to March 9, 1931 that I last saw h[illegible] alive on March 9, 1931 and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) 5 yrs. — mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. B. Lewis M. D.

. 19 (Address) 1800 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Workmen Circle

DATE OF BURIAL 3-16-1931

20 UNDERTAKER Jack Lewis 1439 E Balto St

ADDRESS

TION is very important. See instructions on back of certificates.

Cor. 10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1081 E 66712

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 913 Plum Alley. St., 23-31 Ward)

2-FULL NAME Norman Green. Jr. C.

(a) RESIDENCE NO. 913 Plum Alley. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 0 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 14, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	0	4	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 000
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Norman Green Sr. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine Boardly (C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Norman Green. Sr. (C) father.
(Address) 913 Plum Alley.

15 Filed ——, 19—— Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) E. M. Leonard, M. D.

3/14/1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

20 UNDERTAKER ISAIAH L BROWN

DATE OF BURIAL 3/16/31

ADDRESS 1081 W Mont St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 66713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66713

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Linden Ave. 1959 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Caroline Thieland

(a) RESIDENCE NO. 2213 Linden Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Thieland

6 DATE OF BIRTH (month, day, and year) Jan 1, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Peter Lembach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Pengel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Ed. Neubauer 220 Patterson Park Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931 to Feb 4, 1931

that I last saw h[er] alive on Feb 4, 1931

and that death occurred, on the date stated above, at 3/15/31 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Senility

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Multan Sheng M. D.

, 19 (Address) 920 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	March 17 1931
20 UNDERTAKER	ADDRESS
H. Sander Sons Inc	1707 Bank St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 66714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 66714

1 PLACE OF DEATH Provident Hosp. 659

CITY OF BALTIMORE: (No 1514 Division St. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Monza Stallings

(a) RESIDENCE NO. Bethel 420 ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) So. Carolina

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant
(Address)

15 [illegible] C. HAMPTON JONES, M. D. Registrar
16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-9-31

17
I HEREBY CERTIFY, That I attended deceased from 2-27, 1931, to 3-9, 1931
that I last saw him alive on 3-9, 1931
and that death occurred, on the date stated above, at 8.05 P.M.

The CAUSE OF DEATH* was as follows:
Arteriosclerotic Hypertensive Cardio vascular renal disease.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Dr. Geo. McDonald M. D.
3/14, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Mar 17 1931
20 UNDERTAKER Lottie Gross	ADDRESS 1407 Ashland Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66715

CERTIFICATE OF DEATH.

25 E 66715

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals T.B. 6-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2 FULL NAME George Cator

(a) RESIDENCE NO. 245 N. Montford ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 19, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Farmville Virginia

PARENTS

10 NAME OF FATHER: Bennie Cator

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Maggie Bottie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Hospital Records
(Address)

15 [illegible] HARRISON JONES, M.D. Registrar

APR 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1930, to March 12, 1931

that I last saw him alive on March 12, 1931

and that death occurred, on the date stated above, at 2.18 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Levin M. D.

3-13-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary Cem	Mar 16, 1931
20 UNDERTAKER: Wm. R. H. Elliott	ADDRESS: 1720 Ashland Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 66716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. E 66716

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF SALTIMORE: (No. Green Spring Manor Apartments, Park Heights Ave. & Shelburn Road WARD 27-55

2 FULL NAME Morton S. Weinberg

(a) RESIDENCE No. Park Heights Ave., & Shelburn Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 5th, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) New York

PARENTS

10 NAME OF FATHER Louis Weinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Rose Feldman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Denver, Colo.

14 Informant Louis Weinberg (Address) Green Spring Manor Apts

15 APR 16 1931 H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15-31

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to Mar. 15, 1931

that I last saw h alive on Mar. 15, 1931

and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) S. Wolman M. D.

19 APR 16 1931 (Address) 2444 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem. DATE OF BURIAL 3/16 1931

20 UNDERTAKER Jack Levis ADDRESS 1439 E Balto St

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66717

178-001 L

E 66717

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 658 W. Franklin St. 7-25 Ward)

2-FULL NAME Sarah Tierney

(a) RESIDENCE No. 658 W. Franklin St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

6 DATE OF BIRTH (month, day, and year): July 3-1896

7 AGE: Years 34 Months 8 Days 12 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Nurse.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Quebec Canada

PARENTS

10 NAME OF FATHER: John Tierney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Quebec

12 MAIDEN NAME OF MOTHER: Sarah Tierney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Quebec

14 Informant (Address): Mary Tierney 658 W. Franklin St

15 Filed MAR 16 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows*

Accident
Asphyxia by Illuminating Gas
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) following Stove
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hollenbeck M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 16 1931

20 UNDERTAKER: John A. Waters & Sons — ADDRESS: 1900 Eutaw St.

IMPORTANT. See instructions on back of certificate. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—0-30—A. & Co.—250 Blks

E 66718

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66718

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals 16-67 (No. ... WARD)

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ...

2 FULL NAME Charles Harris

(a) RESIDENCE NO. Edmondson Ave. & Grantley ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Harris

6 DATE OF BIRTH (month, day, and year) Unknown 18[illegible]3

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gardner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Charlotte Va.

PARENTS
10 NAME OF FATHER Isahul Harris
11 BIRTHPLACE OF FATHER (city or town) (State or country) ?
12 MAIDEN NAME OF MOTHER Annie ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records of Balto. City Hosp.

15 6 1931 H. HAMILTON JAMES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14-31

17 I HEREBY CERTIFY, That I attended deceased from 3-12-31, 19..., to 3-14-31, 19...
that I last saw him alive on 3-14-31, 19...
and that death occurred, on the date stated above, at 3 A. m.
The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. 5 mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis unknown
(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padget M. D.
3-14 1931. (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Greenbrier N. C. DATE OF BURIAL 3/17 1931

20 UNDERTAKER Lemuel Dewsbery ADDRESS 578 N. Eutaw

TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66719 — 108 E 66719

REGISTERED NO.

1-PLACE OF DEATH Md. Gen Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 15-68 St. Ward)

2-FULL NAME Boo, Edwin Christopher

(a) RESIDENCE NO. 1726 Braddish ave St. Ward

(Usual place of abode) Braddish

Length of residence in city or town where death occurred yrs. 11 mos. 10 ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of March 30 1930

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		11	16 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Balto Md.

(State or country)

PARENTS

10 NAME OF FATHER Marion N. Christopher

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Grace M Cox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. Carolina

14 Informant Mrs. Edith Boo

(Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14 19 21

17 I HEREBY CERTIFY, That I attended deceased from 3-7-5 19 21 to 3-14 19 21

that I last saw h[illegible] alive on 3-14 19 21

and that death occurred, on the date stated above, at 4:50 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. about 25 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. 1? mos 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 3-1-21

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert F. Chenowith M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Mem Date of Burial Mar 17 1921

20 UNDERTAKER W M Ro[illegible] ADDRESS 223 E Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks.

E 66720

HEALTH DEPARTMENT—CITY OF BALTIMORE

51 E 66720

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital. St. 6-10 Ward)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bernard Hasse

(a) RESIDENCE No. 226 N Patterson Pk Ave St. 6 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Hasse

6 DATE OF BIRTH (month, day, and year): March 24/1864

7 AGE: Years 67. Months 11 Days 21 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frank Hasse.

11 BIRTHPLACE OF FATHER (city or town) (State or country): ~~Germany~~ Germany

12 MAIDEN NAME OF MOTHER: Anna Pinto

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Hospital Records

15 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-15-31

17 I HEREBY CERTIFY, That I attended deceased from 2-23, 1931, to 3-15, 1931

that I last saw him alive on 3-15, 1931

and that death occurred, on the date stated above, at 11 45 A M.

The CAUSE OF DEATH* was as follows:

Hypertrophy Prostate
Malignant.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiovascular Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Prostatectomy Date of 3/12/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Gayle M. D.

3/15 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: March 18 1931

20 UNDERTAKER: D. Lilly & Son Inc. — ADDRESS: 403 S. Hoffman St.

C. HAMPSON JONES, M.D.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66721

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66721

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 18 George St. 11 127

CITY OF BALTIMORE: (No. Sherman ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline L. Pinder

(a) RESIDENCE NO. 2532 E 13 ave 6 ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of the late George A. Pinder

6 DATE OF BIRTH (month, day, and year) June 14th 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Eisenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant (Address) Hospital Records St. Joseph

15 Filed APR 6 1931, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-15-31

17 I HEREBY CERTIFY, That I attended deceased from 3-9-31, 19.., to 3-15-31, 19.., that I last saw h.. alive on 3-15-31, 19.., and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Emphysema Edema Bladder

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Nil

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Hom

Did an operation precede death? Y. Date of 3/11/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) A B Hendrix, M. D.

, 19.. (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Mch 18th 1931
20 UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Wolfe St

FILL IN ALL ITEMS—IT IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

L 66722

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66722

CERTIFICATE OF DEATH.

127

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Walbert Ave. St. 2069 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Ostermeyer

(a) RESIDENCE NO. 470 Furrow ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Mary Ostermayer

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer) D88

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Paul Ostermayer

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs Lizzie Stees

(Address) 104 Lansing ave

15 MAR 16 1931

16 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1930 to March 14 1931,

that I last saw h~~is~~ alive on March 14 1931,

and that death occurred, on the date stated above, at 7 1/2 m.

The CAUSE OF DEATH* was as follows:

Acute cholecystitis & Empyema of gallbladder

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Cholangitis - Peritonitis & Jaundice

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death? 12-5-30 Cholecystectomy

Did an operation precede death? Yes Date of 12-24-30 cholecystostomy

Was there an autopsy? ~~Yes~~ No

What test confirmed diagnosis? operation not

(Signed) Hjalmar S Anderson M. D.

3-14-31, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Mch 17 1931
20 UNDERTAKER Lilly & Julian Inc	ADDRESS 703 S. Wolfe St

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 66723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66723

1-PLACE OF DEATH

CITY OF BALTIMORE. (a) No. 900 S. Paca St. (Ward) 21-29

2-FULL NAME Joseph J. Malanowski

(a) RESIDENCE NO. 900 S. Paca St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Malanowski

6 DATE OF BIRTH (month, day, and year): March 19, 1864

7 AGE: Years 66 Months 11 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Builder

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self Employed.

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Peter Malanowski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Albert Malanowski

(Address): 900 S Paca St.

15 3-16-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 14 1931

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1931 to March 14, 1931.

that I last saw h[illegible] alive on March 14, 1931

and that death occurred, on the date stated above, at 12:15 P.M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

Apoplexy Contributory

about 1 day (duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac dilatation

(duration) indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death? L.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. L. Finlayson M.D.

3/14/31 (Address) 682 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. AA

DATE OF BURIAL: 3/17/31

20 UNDERTAKER: John Kenny Sons Inc.

ADDRESS: 221 S Grave St.

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

66724

HEALTH DEPARTMENT—CITY OF BALTIMORE

66724

CERTIFICATE OF DEATH

X 107-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No 47 WARD)

2 FULL NAME Miss Lucille Combs

(a) RESIDENCE NO Leonardtown, Md ST WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ben Combs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lucille Carnalier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Leonardtown Md

15 C. HAMPSON JONES, M. D. Registrar

16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3, 16, 31

17:

I HEREBY CERTIFY, That I attended deceased from 3/12/31, 19..., to 3/16/31, 19...

that I last saw h[illegible] alive on 3/16/31, 19...

and that death occurred, on the date stated above, at 12 noon m.

The CAUSE OF DEATH* was as follows:

Staphylococcus Aureus Septicemia

(duration) 7 yrs. mos. dy.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. ds. 3

18 Where was disease contracted if not at place of death? Leonardtown, Md.

Did an operation precede death? yes Date of 3/12/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Walter D. Shull M. D.

3/16, 1931 (Address) 1120 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leonardtown Md St Mary's County

DATE OF BURIAL 18 Mar 1931

20 UNDERTAKER M. C. Mattingly

ADDRESS Md Leonardtown

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66725

HEALTH DEPARTMENT—CITY OF BALTIMORE

V

107-001

X 107 E 66725

CERTIFICATE OF DEATH.

1-PLACE OF DEATH If Inside Hospital — REGISTERED NO. _____

CITY OF BALTIMORE: (No.) Catonsville ST. [illegible] (WARD) 4a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Thompkins

(a) RESIDENCE NO. Granite Md ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 4 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: 0

6 DATE OF BIRTH (month, day, and year): Feb 20, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	50	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 0 40

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm N. Tompkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Lucy Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Hosp Record.

15 Filed [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-15-31

17 I HEREBY CERTIFY, That I attended deceased from 3-11-31, 19____, to 3-15-31, 19____, that I last saw h[illegible] alive on 3-15-31, 19____, and that death occurred, on the date stated above, at 11.40 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Rt Empyema

Rt lung abscess

(duration) yrs. _____ mos. 10 ds.

CONTRIBUTORY (Secondary) Dry hemia

(duration) yrs. _____ mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3/14/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W W Hemsley, M. D.

, 19 (Address) Hosp Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cherry Hill Cem — DATE OF BURIAL 3/18, 19 31

20 UNDERTAKER: Easton Sons — ADDRESS Edmondson

IMPORTANT. See instructions on back of certificates.

R

Spec.—9-30—A. & Co.—250 Blks.

E 66726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66726

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1500 N. Chapel St. Ward 168-17)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James D. Shelton

(a) RESIDENCE NO. 1500 N. Chapel St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 8 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 19 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER James D. Shelton

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Elsie B Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Elsie B Shelton
(Address) 1500 N Chapel St

15 MAR 16 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 31

17

I HEREBY CERTIFY, That I attended deceased from March 8 1931 to March 15 1931

that I last saw h[illegible] alive on March 15 1931

and that death occurred, on the date stated above, at 8 35 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis?

(Signed) G F Shelton M. D.

3/16 1931 (Address) 1219 Williams St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	Mar 17, 1931
20 UNDERTAKER Thanhouser Co	ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Spec—9-30—A & Co—250 Blks

66727 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22-L 66727

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital) 20-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Miss Mary E. Walters

(a) RESIDENCE NO. 1838 West Franklin ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
1 Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69.	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: John Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Mendelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

11 Informant (Address): Annie E. Walters 1838 W. Franklin St.

15 161931 C. HAMPSON JONES, M. D. Registrar

No. Raw

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13-31

17 I HEREBY CERTIFY, That I attended deceased from 3-13-31 at 5^10 P.M. to 3-13-31 at 10^45 P.M.

that I last saw her alive on 3-13-31

and that death occurred, on the date stated above, at 10^45 P.M.

The CAUSE OF DEATH* was as follows:

Femoral hernia (right) with strangulation and obstruction

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. 2 hrs. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3-13-31

Was there an autopsy? yes

What test confirmed diagnosis? Clinical-Operation

(Signed) Andres E. Calas M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar 17. 1931.

20 UNDERTAKER: Mrs. Mrs. John W. Teufel & Son — ADDRESS: 201 W. Fayette St.

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66728

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 10-W(ARD)

2-FULL NAME Daniel Kenneth Henry

(a) RESIDENCE NO. 701-E.Biddle Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) 10/15/1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	4 5	0	xxxx

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wilmington, N. C.

PARENTS

10 NAME OF FATHER Marshall G. Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilmington, N.C.

12 MAIDEN NAME OF MOTHER Eliz. Watkins

13 BIRTHPLACE OF MOTHER Wilmington, N.C.
(State or country)

14 Informant Marshall G. Henry
(Address) 701- E. Biddle Street.

15 Filed 3/16 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Strangulation-hemor hage etc.
Accidently inspirated dried be nn
while playing
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Mar 15/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. S. H. Callen, M. D. Coroner

3/16/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wilmington, N.C.	3/16/31

UNDERTAKER George J. Ruth, ADDRESS Undertakers, 1535 Harford Avenue.

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

Ernest Trans 29 4870
1928 Penna Ave

E 66729 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

131 E. 66729

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1326½ N. Fulton Ave WARD 15-22

2. FULL NAME Sarah A. Koontz

(a) RESIDENCE NO. 1326½ N. Fulton Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed or divorced~~ (or) WIFE of John E. Koontz

6 DATE OF BIRTH (month, day, and year) Dec 11th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Emmitsburg Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: John E. Koontz (Address) 1326½ N. Fulton Ave

15 FILED MAR 16 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Mar 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 5, 1931, to Mar 15, 1931

that I last saw her alive on Mar 15, 1931

and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Fiery M. D.

3/16, 1931 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 3/19/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

Dr. Alex Gage M.D. 1519 E. 709 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66730

CERTIFICATE OF DEATH.

82-E 66730

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 E. Hoffman St. 8-17 WARD)

2 FULL NAME Laura K. Hunter

(a) RESIDENCE NO. 2010 E. Hoffman St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Laura V. Hunter

6 DATE OF BIRTH (month, day and year) Dec 23rd 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Andrew Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) On High Seas

12 MAIDEN NAME OF MOTHER Elizabeth West

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Arthur Hunter 2010 E. Hoffman St

15 [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 1931 to March 15 1931

that I last saw him alive on March 5 1931

and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Character

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Alex. Gage M.D. M. D.

(Address) 709 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 3/17/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 66731

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001 ✓ 107 E 66731

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital Ward) 2675

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vernon Grace

(a) RESIDENCE NO. 614 Annabel Ave, Brooklyn, Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1, 1929.

7 AGE — Years: 1 — Months: 9 10 — Days: 15 16

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Brooklyn, Md.

(State or country)

PARENTS

10 NAME OF FATHER William L. Grace

11 BIRTHPLACE OF FATHER (City or town) Balto, Md.

(State or country)

12 MAIDEN NAME OF MOTHER Anna Bradley

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Hospital Record.

(Address)

15 Filed 16 1931 C. HAMPSON JONES, M. D. Registrar

By: MKP

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1931

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to March 16, 1931, that I last saw him alive on March 16, 1931, and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert F. Ellsworth M. D.

, 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — Date of Burial: 3/18 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 66732

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66732

CERTIFICATE OF DEATH.

107

REGISTERED NO. 12-51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers Hospital (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Horn (Hahn)

(a) RESIDENCE NO. 2604 Bernard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of John Hahn

6 DATE OF BIRTH (month, day, and year) May 1856

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs J. F. Dolson

(Address) 2900 Kenwick Rd

15 Filed 3/16 1931 C. HAMPSON JONES, M. D. Registrar

By ~~Registrar~~ M.C.P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 - 16 1931

17 I HEREBY CERTIFY, That I attended deceased from 3 - 14, 1931, to 3 - 16, 1931, that I last saw her alive on 3 - 15, 1931, and that death occurred, on the date stated above, at 9.20 A. m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Stethoscope

(Signed) A. J. Conroy, M. D.

3-16 1931 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 3/18/1931

20 UNDERTAKER Wm Cook — ADDRESS 12 7 St Paul St

IMPORTANT: See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

B 66733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 66733

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2626 E. Madison ST. 7-12 WARD) 10

2 FULL NAME John F. Feidel

(a) RESIDENCE NO. (Usual place of abode) 2626 E. Madison ST. WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Feidel

6 DATE OF BIRTH (month, day, and year): Dec 20 1854

7 AGE: Years 77 | Months — | Days 24 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country): Balto Md

PARENTS

10 NAME OF FATHER: John F. Feidel

11 BIRTHPLACE OF FATHER (city or town) (state or country): Germany

12 MAIDEN NAME OF MOTHER: E. Zehnmiller

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Germany

14 Informant (Address): Chas. Feidel 2626 E. Madison St.

15 ___ 19 ___ Registrar

R 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar-14-31

17

I HEREBY CERTIFY, That I attended deceased from Mar 11, 1931, to Mar 14, 1931

that I last saw h[illegible] in alive on Mar 14, 1931

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) ___

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

3/4/31, 19 (signed) Fritz F. Krumm M. D.

(Address) 2700 Hoffman St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cem March 14 19 31

DATE OF BURIAL

UNDERTAKER: John C. Miller

ADDRESS: 2436 E Oliver St

TION is very important. See instructions on back of cer[illegible]

C. HAMPSON JONES, M.

Spec.—1-10-21—M&T—1500 Blks.

E 66734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66734

CERTIFICATE OF DEATH.

92-001

15-62

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3800 Forest Park ave. ST.) (WARD)

2-FULL NAME Jacob Ring

(a) RESIDENCE NO. 3800 Forest Park ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bella Ring

6 DATE OF BIRTH (month, day, and year) April 22, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	23	21

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Michael Ring

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Radelheim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Bertha Ring

(Address) 3800 Forest Park ave.

15 Filed MAR 16 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1931

17 I HEREBY CERTIFY, That I attended deceased from about 2 years, 19 , to March 15, 1931, that I last saw him alive on March 15, 1931, and that death occurred, on the date stated above, at 3:30 a. m.

The CAUSE OF DEATH* was as follows;

Heart disease - mitral insufficiency

about 2 yrs.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) L. F. Shamwell, M. D.

March 18 1931 (Address) 3310 Forest Parkway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chet Shalom Cemetery	March 18 31
20 UNDERTAKER	ADDRESS
J. Abrams & Co	2432 Eastern Ave

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

24635 — E 66735 ✓ E 66735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66735

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Johns Hopkins Hospital, S 6-10 WARD)

REGISTERED No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Rowland

(a) RESIDENCE No. 408 N. Glover St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): May 10-1930

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Geo. Rowland

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Friends

15 1931 C. HAMPSON JONES, M. D. Registrar

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15-31

17

I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1931, to March 15, 1931

that I last saw him alive on March 15, 1931

and that death occurred, on the date stated above, at 10 30 a m.

The CAUSE OF DEATH* was as follows: (Enter only one cause per line for (a), (b), and (c).)

(a) Empyema, Pneumonia, (Influenzal?)

(b) Peritonitis?

(duration) 3 wks yrs. mos. ds.

CONTRIBUTORY (Secondary): measles previously

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 3-14

Was there an autopsy? yes

What test confirmed diagnosis? Examinations + X-ray

(Signed) J. C. Geraghty M. D.

(Address) 1211 Hicks Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 17 1931

20 UNDERTAKER: Fusselbaugh & Jones — ADDRESS: 1100 Park Ave

INSTRUCTION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks.

E 66736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-061 E 66736

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3234 Hester ave. WARD 26-37

2 FULL NAME Mary A. Pabst

(a) RESIDENCE NO. 908 S. Bagley ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Pabst

6 DATE OF BIRTH (month, day, and year): March 31-1849

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House. Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Mathias Hornbacher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mary Comberger 908 S. Bagley St.

15 Filed 3/16 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15-31

17

I HEREBY CERTIFY, That I attended deceased from 3/11, 1931, to 3/15, 1931

that I last saw h[illegible] alive on 3/14/31, 19 31

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Uremia Sclerosis
Cerebral Haemorrhage

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Aorta Cardiac Arteriosclerosis

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

Signed: J. H. Carnell M. D.

19 (Address) 633 S. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	Monday 1931

20 UNDERTAKER: M. W. E. Doppelt ADDRESS 212 S. Ann St.

(Secondary) [illegible]

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

Signed: J. H. Carnell M. D.

19 (Address) 633 S. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	Monday 1931

20 UNDERTAKER: M. W. E. Doppelt ADDRESS 212 S. Ann St.

ATION is very important. See instructions on back of certificates.

Spec.—9 30—A. A Co.—250 Pds

L 66737 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 66737

V

82-001

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 S. bastle St. 2-4 (WARD)

2. FULL NAME Wilbur S. White

(a) RESIDENCE NO. 210 S. bastle ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Hallie White

6 DATE OF BIRTH (month, day, and year) May 3 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	9	11

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labor.
(b) General nature of industry, business, or establishment in which employed (or employer): 0 40
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Agnes Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment Hallie White
(Address) 210 S. bastle St.

15 Filed 16 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14-31

17
I HEREBY CERTIFY, That I attended deceased from Jan. 19 29 to March 14 19 31
That I last saw h in alive on March 14 19 31
and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 4 hrs.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Grace E. Fenton M. D.
3 16 1931. (Address) 1901 E. Baltimore

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Baltimore (Md.) DATE OF BURIAL: March 18 1931

20 UNDERTAKER: M. W. E. Dippel Inc ADDRESS: 317 S Amity

TION is very important. See instructions on back of certificate.

Spec—9-26—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

66738

CERTIFICATE OF DEATH

82 L 66738

REGISTERED NO.

1 PLACE OF DEATH
CITY OF BALTIMORE: (No.) German Aged Home (St.) Baltimore and Payson Streets (Ward) 20-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louisa Fredericka Mayer

(a) RESIDENCE NO. German Aged Home (St.) (Ward)
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Mayer

6 DATE OF BIRTH (month, day, and year) November 17th 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Fritz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Schwaderer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) German Aged Home (Records) Balto and Payson Streets

Filed 1931 C. HAMPSON JONES, M. D. Registrar
By: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1931

17
I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1931, to Mar 14, 1931

that I last saw her alive on Mar 14, 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Osteosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Estelle Hemmeter M. D.

3/16 1931 (Address) 2000 Hollins Street

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

20 UNDERTAKER: Joseph B Cook

DATE OF BURIAL: Mar. 17 1931

ADDRESS: 1003 West Baltimore St

TION is very important. See instructions on back of cer

Spec.—1-30—M. & T.—250 Bks.

E 66739 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66739

CERTIFICATE OF DEATH. X 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dietz Levering, H. Dietz

(a) RESIDENCE NO. Randallstown ST., Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 25, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
17	17	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Randallstown (State or country) Maryland

PARENTS

10 NAME OF FATHER Pinkney H. Dietz

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Rhoda V. East

13 BIRTHPLACE OF MOTHER (city or town) Randallstown (State or country) Maryland

14 Informant Mr. P. H. Dietz

(Address) Randallstown, Md.

Filed MAR 16 1931 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from 3-11, 1931, to 3-15, 1931, that I last saw h. alive on 3-15, 1931, and that death occurred, on the date stated above, at 4 o'clock A.m.

The CAUSE OF DEATH* was as follows:

Pneumonia Hypostatic

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Terminal

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. Hampson Jones M. D.

3/16, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Md. Olive Cemetery, Roslyn	Mar. 18 1931
UNDERTAKER Joseph B Cook	ADDRESS 1003 West Baltimore St

FOR IMPORTANT INSTRUCTION ON BACK OF CERTIFICATE.

Spec.—9-30—A. & Co.—250 Blks.

66740

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 66740

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2570 Wilkens Ave ST. 20-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Eugene McLutz

(a) RESIDENCE No. 2570 Wilkens Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 3 mos 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rose M. Lutz

6 DATE OF BIRTH (month, day, and year): ~~Dec 22nd 1876~~

7 AGE: Years 54 | Months 3 | Days 23 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Martin Lutz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Lutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Rose M. Lutz 2570 Wilkens Ave

15 [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/14/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to March 14, 1931, that I last saw him alive on March 14, 1931, and that death occurred, on the date stated above, at 5-12 m.

The CAUSE OF DEATH* was as follows: Carcinomata of Larynx & Supposed Metastasis to Lung

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Norbert C. Mitsch M. D.

3/16/1931 (Address) 2151 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: March 17 1931

20 UNDERTAKER: A. Wagaut ADDRESS: 1850 W. Baltimore St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66741 — CERTIFICATE OF DEATH. — E 66741

#66741

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Universität St. 4-30 WARD)

2-FULL NAME Pearl Constantine

(a) RESIDENCE No. Sheppard Pratt St. Towson WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reisterstown

PARENTS

10 NAME OF FATHER George W.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan Freyfogle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Reisterstown

14 Informant W. Bartholomaeus

(Address) 3311 W. Cressona Ave.

Date 3/17, 1931 H. LEON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-1931

17 I HEREBY CERTIFY, That I attended deceased from 3-13-31, 19 31, to 3-16, 19 31,

that I last saw h— alive on 3-16, 19 31,

and that death occurred, on the date stated above, at 10-45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertension

Myocardial Degeneration

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia Pernicious (duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Rosenau M. D.

3/16, 1931 (Address) Maryland Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL Mar. 18, 1931.

20 UNDERTAKER Wm H. Berryman Sons

ADDRESS Reisterstown

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

Pamphlet

L 66742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V L 66742

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Jefferson ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank J. Sluka

(a) RESIDENCE NO. 2503 Jefferson ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sophia Sluka

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bethlehem Pa

PARENTS

10 NAME OF FATHER: Frank Sluka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Sophia Pomroka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

11 Informant (Address): Sophia Sluka 2503 Jefferson St

15 Filed ..... 19 ..... C. HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 15 31

17 I HEREBY CERTIFY, That I attended deceased from March 14. 1931 to March 15 19 31

that I last saw h— alive on March 15 19 31

and that death occurred, on the date stated above, at 1245 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia - 24 hr

Had had hemiplegia about 2 weeks ago

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Hypertension) Cardio - vascular - Renal (duration) ½ yrs — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No etc.

What test confirmed diagnosis? Urine - Blood pressure

(Signed) Louis F. Krumen M. D.

19 (Address) 722 N. Hemford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 18 1931

20 UNDERTAKER: [illegible] — ADDRESS: [illegible] Calvert

TION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 66743

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 66743

CERTIFICATE OF DEATH

REGISTERED NO. 773

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Lamont Ave Alley St. WARD)

2-FULL NAME Sophia Radford

(a) RESIDENCE NO 1020 Lamont Ave Alley St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Bradford

6 DATE OF BIRTH (month, day, and year) Feb 27/1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	17	H

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Kucera

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Roubal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant James Radford (Bro)

(Address) 1020 Lamont Ave Alley

15 Filed MAR 17 1931, 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Chr Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.
3/17/31 (Address) 508 E. North Ave Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Mar 19 1931

20 UNDERTAKER Frank Brockton — ADDRESS 1006 Eutaw

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66744½ 1082 66744½

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 739 Forrest St. St., 10-WE (Ward)

2-FULL NAME Pauline Harris Cooper. (C)

(a) RESIDENCE NO. 739 Forrest St. St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 12, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	0	9	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Lafayette Harris. (C)

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Tenn.

12 MAIDEN NAME OF MOTHER Louise Royal (C)

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Baltimore, Md.

14 Informant Louise Harris. (C) mother.
(Address) 739 Forrest St.

15 Filed _____, 19 _____ HAMILTON JONES, M.
Registrar

17 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 15, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) C. M. Reinhardt, M. D.

3/16 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arbury	March 1931
20 UNDERTAKER John W Henderson	ADDRESS 1502 E Monument

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 66745

Spec. 1-27-25 Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-002

E 66745

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 317 N East St. 76-11 Ward)

2-FULL NAME Carmelo Jo Bruno

(a) RESIDENCE NO. 317 N East St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. 2 ds. 16 How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Sing.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 3 13 1931

7 AGE: Years — Months — Days 2/12 dy 3 — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Jos Bruno

11 BIRTHPLACE OF FATHER (city or town): Italy

(State or country)

12 MAIDEN NAME OF MOTHER: Sylvia Manocapelli

13 BIRTHPLACE OF MOTHER (city or town): Italy

(State or country)

14 Informant (Address): Jo Bruno 317 N East St

15 [illegible] 19 HAMPSON JONES, M. D.

Registrar

MAR 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3 16 1931 19

17 I HEREBY CERTIFY, That I attended deceased from Mar 13 1931, to Mar 16, 1931, that I last saw him alive on 3/16, 1931, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:

Dystochia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos 2/12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr J Turlington, M. D.

, 19 (Address) 2102 Mt Holly St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial

New Redemption Cemetery 3-17 19 31

20 UNDERTAKER: George J Ruth Inc ADDRESS 1130 Harford Av

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 66746

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 66746

CERTIFICATE OF DEATH

Brooklyn

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 Patapsco Ave) 05-75 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Charles F Mc Donald

(a) RESIDENCE NO. 426 Patapsco Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia C McDonald

6 DATE OF BIRTH (month, day, and year) Feb 25 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of Industry, business, or establishment in which employed (or employer) Carnegie Steel Co

(c) Name of employer Balto Md

9 BIRTHPLACE (city or town) (State or country) White Hall Va

PARENTS

10 NAME OF FATHER Samuel McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Workman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Mrs Julia C McDonald 426 Patapsco Ave

Filed Mar 17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15 1931

17

I HEREBY CERTIFY, That I attended deceased from March 7th, 1931, to March 15, 1931

that I last saw him alive on March 14, 1931

and that death occurred, on the date stated above, at 2 30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. McCoy M. D.

Mar 16 30 31 (Address) 4815 Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Mar 18 1931

20 UNDERTAKER John J Denny — ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 lbs.

E 66747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 66747

CERTIFICATE OF DEATH. Brooklyn 13

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 Pontiac Ave St. 3545 WARD)

2 FULL NAME Virginia A Raines

(a) RESIDENCE NO. 841 Pontiac Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.M	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Raines

6 DATE OF BIRTH (month, day, and year) Sept 8 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER George W Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Whitman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mr Samuel H Swaltney 841 Pontiac Ave

15 Filed ..... Registrar

H. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-31

17

I HEREBY CERTIFY, That I attended deceased from Feb. 17 — 19 31 to March 16 19 31

that I last saw h.. alive on March 15 19 31

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Scott M. D.

(Address) 841 Pontiac Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Waverly Va — DATE OF BURIAL Mar 18 1931

20 UNDERTAKER John F Penny — ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

MAR 17 1931

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66748

CERTIFICATE OF DEATH

E 66748

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1100 East Fayette St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fletcher Bibens

(a) RESIDENCE NO. 1100 E. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	married

5a If married, ~~widowed~~, or divorced HUSBAND of (or) WIFE of Sabah Bibens

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer For self

9 BIRTHPLACE (city or town) Talbot

(State or country) N. Carolina

PARENTS

10 NAME OF FATHER Alfred Bibens

11 BIRTHPLACE OF FATHER (City or town)

(State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Mrs Pitman

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. Carolina

14 Informant (Address) John Bibens 1100 E. Fayette

15 Filed 3-17-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 14 1931

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to March 14, 1931, that I last saw h... alive on March 13, 1931, and that death occurred, on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Richard L. Eastwick M. D.

19 (Address) 1515 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — Date of Burial 3/18 1931

20 UNDERTAKER Edward Bryan — ADDRESS 1631 Orleans

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66749

92-001

E 66749

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Brune ST. 17-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mame Brown

(a) RESIDENCE NO. 619 Brune ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Miss?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Elizabeth Lee

(Address) 619 Brune St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12/31

17 I HEREBY CERTIFY, That I attended deceased from Mar 7, 1931, to Mar 14, 1931, that I last saw her alive on Mar 12, 1931 and that death occurred, on the date stated above, at 6.25 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonar Disease
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. E. Wasmuth M. D.

Mar 14, 1931 (Address) 625 Schroeder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Mar. 17, 1931
20 UNDERTAKER	ADDRESS
Wm. Kate P. Williams	Schroeder St.

1-30—M. & T.—100 B—50L

E 66750

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 66750

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 16-23 WARD)

2-FULL NAME Arthur Davis

(a) RESIDENCE NO. 728 N. Carey. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June 6 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jessie F. Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Alice Fields

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Middletown Va.

14 Informant Alice Davis

(Address) 728 N. Carey

APR 17 1931 C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Natural Causes

(duration) _____ yrs. Sudden mos. _____ ds.

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) _____ Coroner, M. D.

(Address) _____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Mar 18, 1931
20 UNDERTAKER Mr. Estie R Williams	ADDRESS 3227 Schroeder St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66751

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 ✓ E 66751

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 N. Central Ave ST. 5-8 WARD)

2-FULL NAME Martha Thomas Glover

(a) RESIDENCE NO. 312 N. Central Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles Glover

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, __ hrs. or __ min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Drakesbrgnado Va

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Linza
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Charles Glover
(Address) 512 N. Central Ave.

15 Filed _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-15-31

17 I HEREBY CERTIFY, That I attended deceased from Mar 5, 1931 to Mar 15, 1931, that I last saw h__ alive on Mar 15, 19____, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Gilbert Lobar Pneumonia

(duration) yrs. ___ mos 10 ds.

CONTRIBUTORY (Secondary) Carcinomatosis

(duration) yrs. 6 mos. ___ ds.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? ___ Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) _____, M. D.

3-11-31 (Address) 508 Munsey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson's Cem

DATE OF BURIAL 3-17-1931

20 UNDERTAKER Byron Wright 2-1218 N Eldersley St

THIS IS VERY IMPORTANT. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 66752 HEALTH DEPARTMENT—CITY OF BALTIMORE 23 E 66752

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1516 Jefferson St. 7-9 WARD)

2-FULL NAME Irvin Curry

(a) RESIDENCE No 1516 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Married

5a If married, widowed, or divorced (or) WIFE of Carrie Curry

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Elijah Curry

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Annie Nash

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) Annie Curry 1516 Jefferson

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14-31

17 I HEREBY CERTIFY, That I attended deceased from 2-14 .31 to 3-14 .31.

that I last saw h alive on 3-14 .31

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos 8 ds

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

3-16 1931 (Address) 507 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 3-17 1931

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry St

FILL IN ALL BLANKS. IT IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66753

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 66753

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 McElderry ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H French

(a) RESIDENCE No. 1305 McElderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Isabella H French

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nightwatchman

(b) General nature of industry, business, or establishment in which employed (or employer) 062

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jerry French

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Isabella Frazer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) J Elmer French 1305 McElderry St

15 Filed MAR 17 1931, 19 THOMAS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14-31

17 I HEREBY CERTIFY, That I attended deceased from Mar 12 .31 to Mar 14 .1931.

that I last saw him alive on Mar 14 .31,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. D. Miller, M. D.

(Address) 508 Arsenal St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem.	3-17-1931
20 UNDERTAKER	ADDRESS
Byron Wright	1218 McElderry St

TION is very important. See instructions on back of certificate.

Cor.—10-16-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66754

93-004

E 66754

25-75

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3501 Eighth Ave. East Brooklyn Heights) (Street) (Ward)

2-FULL NAME John A. Lund.

(a) RESIDENCE NO. 3501 Eighth Ave. East Brooklyn Heights. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ——— mos. ——— ds. How long in U. S., if of foreign birth? 40 yrs. ——— mos. ——— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of (WIFE of) Bertha E. Lund.

6 DATE OF BIRTH (month, day, and year) July 29, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	7	13 15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): East Brooklyn Box Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Sweden.

PARENTS

10 NAME OF FATHER: Alfred Lund.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sweden.

12 MAIDEN NAME OF MOTHER: Sophia Okerstropp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sweden.

14 Informant (Address): Bertha E. Lund. (wife) 3501-8th Ave. East Brooklyn Heights

15 Filed Apr. 19 1 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) ——— yrs. ——— mos. ——— ds.

CONTRIBUTORY (Secondary)

(duration) ——— yrs. ——— mos. ——— ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], M. D.

3/16. 1931 (Address) 1017 St. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Mch 17 1931
20 UNDERTAKER	ADDRESS
George W Zirkle	1737 E Eagle

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

66755

HEALTH DEPARTMENT—CITY OF BALTIMORE

59 E 66755

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Md. General Hospital

City of BALTIMORE: (No. 26-37 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Margaret Bentz

(a) RESIDENCE NO. 3710 Hudson St. Ward Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? 50 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Fem'l	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Bentz

6 DATE OF BIRTH (month, day, and year) Dec 21, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	72	2	24	

70

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Mr. Ekwig Cook

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Hospital Records

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) mar 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 3, 1931, to Mar. 15, 1931, that I last saw her alive on Mar. 15, 1931, and that death occurred, on the date stated above, at 6 12 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus 37

(duration) 3 yrs. 4 mos. da.

CONTRIBUTORY (Secondary) Diabetic-arteriosclerotic gangrene

(duration) yrs. 3 mos. da.

18 Where was disease contracted ?

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert W. Chenoweth, M D.

. 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

Date of Burial Mch 18 1931

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Eager st

THE CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 66756 E 66756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 S. Curley ST. 1-1 WARD)

2 FULL NAME Earl E. Neal

(a) RESIDENCE NO. 730 S. Curley ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 10-1931

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	—	—	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John E. Neal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Hilda Posinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant John E. Neal
(Address) 730 S. Curley St.

15 Filed MAR 17 1931 19 J. THAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16-1931

17 I HEREBY CERTIFY, That I attended deceased from March 10 1931 to March 16 1931
that I last saw him alive on March 16 1931
and that death occurred, on the date stated above, at 11 a. m.
The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Intracranial Pressure
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? P. S. & S.
(Signed) John V. Lichtenstein M. D.
, 19 (Address) 735 S. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	March 18 1931
20 UNDERTAKER George W. Zirkler	ADDRESS 1737 E. Eager St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

66757

CERTIFICATE OF DEATH.

87-02 66757

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2721 (St.) St Paul (Ward) 12-50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Yewell

(a) RESIDENCE NO. 2721 (St.) St. Paul (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eulalia P. Yewell

6 DATE OF BIRTH (month, day, and year) Oct 6 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 016

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A.A. Co Md.

PARENTS

10 NAME OF FATHER James T. Yewell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Weedon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr. Bernard R. Crozier

(Address) 2721 St Paul St

15 [illegible] HAMPSON JONES, M. D. Registrar

MAR 17 1931

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 15 1931

17

I HEREBY CERTIFY, That I attended deceased from March 7th, 1931, to March 15th, 1931

that I last saw him alive on March 16th, 1931

and that death occurred, on the date stated above, at 11.55 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) McClard Whyte M. D.

3-17-1931 (Address) 3005 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — DATE OF BURIAL: Mar 17 1931

20 UNDERTAKER: Wm McKnew Son — ADDRESS: Northern

TION is very important. See instructions on back of certificates.

Spec —1-30—M. & T.—250 Bks.

E 66758 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66758

27-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1721 Ashland ST. 17-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. H. Johnson

(a) RESIDENCE NO. 1721 Ashland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 11/11/16

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Balto. City

PARENTS

10 NAME OF FATHER Thad. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Belinda Kinggold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Estelle Johnson (Address) ✓

15 Filed MAR 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14/31

17 I HEREBY CERTIFY, That I attended deceased from ~~Mar~~ 1929 to 3/14/31

that I last saw him alive on 3/11/31

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows: Tuberculosis following tuberculosis of the hip joint.

(duration) 2 yrs. mos ds.

CONTRIBUTORY ✓ (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of 1930.

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. A. Lee Phd, M. D.

(Address) 5 E Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem

DATE OF BURIAL Mar 17 1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Ashland Ave

THIS is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 66759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66759

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 9-17 WARD)

2-FULL NAME William S. Disney

(a) RESIDENCE NO. Odenton, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hester E. Disney

6 DATE OF BIRTH (month, day, and year) July 7th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Penna R. R.

9 BIRTHPLACE (city or town) (State or country) Odenton, Md.

PARENTS

10 NAME OF FATHER Wm S. Disney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Odenton, Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Odenton, Md.

14 Informant Wm S Disney

(Address) Odenton, Md.

15 [illegible] 17 1931 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency-Angina Pectori

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cholecystitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Bowers, M. D. Coroner

3/16/31 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockdale memorial

DATE OF BURIAL 3/19/31

20 UNDERTAKER F. B. Wright

ADDRESS 107 N. Bath St

CAUSE OF DEATH in plain terms, so that any person may understand it. See instructions on back of certificate.

TION is very important

Spec.—t-30—M. & T.—250 Bks.

E 66760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 50 ✓ E 66760

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Kimmerly Hospital ST. ... WARD)

2-FULL NAME Letitia Fuller

(a) RESIDENCE NO. 7200 Belair Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Wm. B. Fuller

6 DATE OF BIRTH (month, day, and year) April 25 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John McCormick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Harman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Harold Torbit

(Address) 7202 Belair Road

MAR 17 1931

C. HARRISON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1931, to Mar 15, 1931, that I last saw her alive on Mar 15, 1931, and that death occurred, on the date stated above, at 3.40 P m.

The CAUSE OF DEATH* was as follows:

Scirrhous Carcinoma of left breast

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Mar. 14, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs and symptoms

(Signed) H. Holmes Baker, M. D.

3/15. 1931 (Address) Kimmerly Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Mar. 18 1931
UNDERTAKER Frederick Lassahn & Son	ADDRESS 7401 Belair Rd

TION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Blks.

66761 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-C L 66761

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 806 Pennington Ave. (b) 13-59 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lena Felow

(a) RESIDENCE NO. 806 Pennington ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Felow

6 DATE OF BIRTH (month, day, and year) Oct 5-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Jacob
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Tobie
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Interment
(Address) Jack Lewis 1439 E Baltimore st

MAR 17 1931 Filed 19 A. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-31

17
I HEREBY CERTIFY, That I attended deceased from 9/12, 1929, to 3/16, 1931
that I last saw her alive on 3/16, 1931
and that death occurred, on the date stated above, at 7 30 P m.
The CAUSE OF DEATH* was as follows:
Bronchio Pneumonia (Terminal)

(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Hypertension
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [illegible] M. D.
3/17, 1931 (Address) 2[illegible] Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Harmon Ave — DATE OF BURIAL: 3/17 1931

20 UNDERTAKER: Jack Lewis 1439 — ADDRESS: Baltimore

CAUSE OF DEATH MUST BE FILLED IN. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-004

E 66762

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver) ST. 641 (WARD)

2-FULL NAME Harry Nentze

(a) RESIDENCE NO. 140 N. Kane St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Della K. Nentze

6 DATE OF BIRTH (month, day, and year) Mar 2, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector do

(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Nentze

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louise - -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Della K. Nentze 140 N. Edmondson Ave

15 Filed JAN 7 1931, 19 HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-31

17 I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1931, to Mar. 16, 1931, that I last saw him alive on Mar. 16, 1931, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Coronar dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Kendall, M. D.

, 19 (Address) 1 E Lexington St Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cem	3/20/31
20 UNDERTAKER Phillips Henrich	ADDRESS 2016 Eutaw St

IMPORTANT—See instructions on back of certificate.

Spec.—9 28—A. & Co.—250 Blks.

246535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66763

REGISTERED NO. E 66763

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. ... HOSPITAL) ST. 16-27 WARD 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Clara Evans

(a) RESIDENCE NO. 620 N. Bryce St ST. ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ½ yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 11 1931

7 AGE — Years: ... Months: ... Days: 6 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Earl Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown. Md

12 MAIDEN NAME OF MOTHER Clara Mallard Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown. Md.

14 Informant (Address): Parents -

15 Filed ... 19 ... H. HAMILTON JONES, M. D. Registrar

R 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 17-31

17

I HEREBY CERTIFY, That I attended deceased from March 16, 1931, to March 17, 1931

that I last saw her alive on March 17, 1931

and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity (duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Impetigo (duration) yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. C. Goodwin M. D.

3/17, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Co.

DATE OF BURIAL: 3/19/31

20 UNDERTAKER: Josiah Syfer ADDRESS: 1600 N. Mt.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66764 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66764

CERTIFICATE OF DEATH. 34

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Gorsuch

(a) RESIDENCE NO. 1031 Hartford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	1 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer) Own 088

(c) Name of employer Own

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Silas W Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Eliz McCutchen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Mt Hope Retreat Mt Hope Retreat

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1931

17 I HEREBY CERTIFY, That I attended deceased from April 3. 1925. to March 16. 1931.

that I last saw him alive on March 16. 1931.

and that death occurred, on the date stated above, at 3. P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Syphilis

(Secondary Anaemia)

Unknown (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Deaf + Dumb (Mute)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Rahm

(Signed) Milton P. Hall M. D.

. 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Mar 17 1931

20 UNDERTAKER Rita Wiedefeld

ADDRESS 14 Greenmount Ave

TION is very important. See instructions on

Spec.—9-30—A. & Co.—250 Blks.

E 66765 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 E 66765

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 822 W Saratoga (Ward) 20-17

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Douglas A. Douglas

(a) RESIDENCE NO. 822 W. Saratoga ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 3 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 9, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George L. Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Josephine Sadler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant George L. Hughes
(Address) 822 W. Saratoga

15 Filed 17 1931, 19 — Registrar C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 31

17
I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to March 17, 1931
that I last saw him alive on March 16, 1931
and that death occurred, on the date stated above, at 10-25 A m.
The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? —
What test confirmed diagnosis? Usual

(Signed) Ed. Kummer M. D.
(Address) 1946 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL March 19 31

20 UNDERTAKER Harry H. Witzke — ADDRESS 4101 Edmondson

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 llks

E 66766

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66766

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Carroll ST. 21-29 WARD)

2-FULL NAME Ella May Hill

(a) RESIDENCE NO. 1204 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 18 hrs. or ....min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work no

(b) General nature of industry, business, or establishment in which employed (or employer) no

(c) Name of employer no

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Howard W. Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Elizabeth Rapp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Howard W. Hill

(Address) 1204 Carroll St.

15 Filed 3/17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/31

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1931, to March 17, 1931,

that I last saw her alive on March 16, 1931,

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) John A. Buchness, M. D.

, 19 (Address) 375 S. Stricker St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAR 17 1931

19

20 UNDERTAKER Commissioner Health.

ADDRESS

IMPORTANT See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 66767 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66767

CERTIFICATE OF DEATH. 157-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Department of Clinics (Schapiro) [redacted] ark. age
Morris Hewlie

(a) RESIDENCE NO. Sinai Hospital ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	S.

5a If married, widowed, or divorced (HUSBAND of or) WIFE of none.

6 DATE OF BIRTH (month, day, and year) March 10. 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) Baltimore. (State or country) Maryland.

PARENTS

10 NAME OF FATHER Morris Hewlie

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) USA.

12 MAIDEN NAME OF MOTHER Anna Schapiro

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Anna Schapiro-Mother (Address) 2011 Pulaski St.

15 C. HAMPSON JONES, M. D. Registrar

R 171931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15. 1931

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1931 to March 15, 1931, that I last saw h[illegible] alive on March 15, 1931, and that death occurred, on the date stated above, at 11.20 m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia.

(duration) yrs. mos 2 ds,

CONTRIBUTORY (Secondary) See other side -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? Yes-

What test confirmed diagnosis? Clinical. Autopsy

(Signed) Archibald Robert Cohen, M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS

JOHNS HOPKINS HOSPITAL

MAR 17 1931

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—10c Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66768 X 92-001 E 66768

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Egerton Home (St.) Forest Park Ave. (Ward) 23

2-FULL NAME Belle A Tanner

(a) RESIDENCE NO. Egerton Home, Roland Park Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~xx~~ yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married~~, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 12, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) Orphan Asylum
(c) Name of employer Egerton Home

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Miss Beasley Egerton Home Roland Park

C. HAMPSON JONES, M. D. Registrar

JAN 17 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, aforesaid find that said deceased came to death on the day stated above.

18a CAUSE OF DEATH* was as follows: Pulmonary Hemorrhage (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Morrison M. D.

3/17 1931 (Address) 7132 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C.

DATE OF BURIAL March 18 1931

20 UNDERTAKER Geo. H. Little

ADDRESS 2100 Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 66769

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66769

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun ST. 20-27 WARD) 180

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Herbert Roetger

(a) RESIDENCE NO. 1912 W. Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Minnie F. Roetger

6 DATE OF BIRTH (month, day, and year) June 6, 188[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (City or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John J. Roetger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Fredericka Fildebrandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mrs. H. Roetger 1912 W. Fayette St.

Filed 1-7-1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to March 15, 1931, that I last saw him alive on March 15, 1931, and that death occurred, on the date stated above, at 4:48 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema brought on by inhaling smoke in a burning house (duration) yrs. 1 mos 7 ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1912 W. Fayette St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) C. W. Peake, M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 8 1931

20 UNDERTAKER E. B. Hatfield — ADDRESS 15 N. Bond St.

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 66770

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66770

CERTIFICATE OF DEATH.

46

REGISTERED NO. 27-44

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5010 Arctic Ave ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Susan H. Mueller

(a) RESIDENCE NO. 5010 Arctic Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIDOW of Dr. Louis Mueller

6 DATE OF BIRTH (month, day, and year) Sept 1st 1860

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Williamsport Md.

PARENTS

10 NAME OF FATHER Fred F. Hausen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Emmerine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Louis Mueller 5010 Arctic Ave

15 Filed MAR 17 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15/31

17

I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1930, to March 15, 1931

that I last saw h W alive on March 14 1931

And that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas
& Liver

(duration) yrs. 11 mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Frohn M. D.

3/17 1931 (Address) 1823 N. Wash St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery — DATE OF BURIAL: March 18 1931

20 UNDERTAKER: F. B. Wishart — ADDRESS: 305 Eutaw Place

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 66771 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66771

CERTIFICATE OF DEATH

59

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Union Mem. Hosp. ST. 25-72 WARD)

2. FULL NAME Christian Braun

(a) RESIDENCE NO. 2614 Washington Blvd. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos 11 ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ...

6 DATE OF BIRTH (month, day, and year) Oct. 6/1923.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balt. Md.
(State or country)

PARENTS

10 NAME OF FATHER Christian Braun

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Arabell Gatke

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country) Balto. Md

14 Informant Christian Braun Father
(Address) 2614 Washington Blvd

Filed ... 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1931.

17

I HEREBY CERTIFY, That I attended deceased from 3/16/31, 1931, to 3/17/31, 1931

that I last saw h/ he alive on 3/17/31, 19...

and that death occurred, on the date stated above, at 7:50 a.m.

The CAUSE OF DEATH* was as follows:

Diabetis Mellitus

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Coma & acidosis 24 hrs

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? 0 Date of 0

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory findings

(Signed) Jesse S. Fiske M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Loudon Park Cemetery

UNDERTAKER Western F. H. Wilfong - 1300 Eutaw Place

DATE OF BURIAL 3/19/31

ADDRESS

TION is very important. See instructions on back of certificates.

R

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66772

210-001 E 66772

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem. Hosp ST. 17-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A Griffin

(a) RESIDENCE NO 2426 Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: N

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thos Griffin

6 DATE OF BIRTH (month, day, and year): 8/9/1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jas Brannen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ann Leonard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Ella Finney

(Address): 2426 Maryland Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/16/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and Knocked down by an auto that was in collision with another (she standing on sidewalk)

(A) ..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Stratford and Freeway

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. J. Frame M. D.

3/17/1931 (Address) 2939 W. Eden Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Mar 18 1931

20 UNDERTAKER: Margaret V. Flynn

ADDRESS: 1422 Linden Ave

CAUSE OF DEATH: In plain terms, so that any one may understand it. See instructions on back of certificate.
TION is very important.

Spec.—1-30—M. & T.—250 Blks.

B 66773

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 66773

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. (University Hospital ST. 15-58 WARD 12?)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Jamieson

(a) RESIDENCE NO. 2632 Kate Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of or) WIFE of: John A. Jamieson

6 DATE OF BIRTH (month, day, and year): April 11-1858

7 AGE: Years 72 | Months 11 | Days 4 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Henry Wortche

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Gensel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth W. Jamieson

(Address): 2632 Kate Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931, to March 15, 1931, that I last saw h[e/r] alive on March 15, 1931, and that death occurred, on the date stated above, at 2.20 P m.

The CAUSE OF DEATH* was as follows: Strangulated right femoral hernia.

CONTRIBUTORY (Secondary): Thrombosis, right popliteal artery (duration) yrs. 1 mos. ds. Hypostatic (bronchial) pneumonia (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes, Date of Feb. 15, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George H Yeager M. D.

(Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery — DATE OF BURIAL: Mar. 18 1931

20 UNDERTAKER: Margaret W. Hyman — ADDRESS: 1111 Light St.

TION is very important. See instructions on back of certificates.

Spec. -7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66774

CERTIFICATE OF DEATH

131 E 66774

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) Maryland General Hospital (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Countenaike

(a) RESIDENCE NO. 720 Carroll St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14, 1839

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	91	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md

(State or country)

PARENTS

10 NAME OF FATHER Robert Countenaike

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Martha Howard

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Hospital Record

(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

By

R 7 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16 1931

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to March 16, 1931, that I last saw h[e] alive on March 16, 1931, and that death occurred, on the date stated above, at 9.05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3-4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos 5 ds.

18 Where was disease contracted

if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert [illegible], M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — Date of Burial 3/18/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

IMPORTANT. Physicians should be careful to write plainly and to use only such abbreviations as are commonly employed. Avoid technical terms. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

11 Spec.—1-30—M. & T.—250 Bks.

E 66775

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66775

CERTIFICATE OF DEATH.

59

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Ho ST. 27-48 WARD)

2-FULL NAME Harry Rutledge

(a) RESIDENCE NO. 413 Lyman Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Carrie A. Rutledge

6 DATE OF BIRTH (month, day, and year) Sept 19th 1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jesse Rutledge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Carrie A. Rutledge (Address) 413 Lyman Ave

15 Filed 4-7-1931, 19 C. HAMPSON JONES, M. D. By _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-31

17 I HEREBY CERTIFY, That I attended deceased from 2-28, 1931, to 3-17, 1931, that I last saw him alive on 3-17, 1931, and that death occurred, on the date stated above, at 3 PM m.

The CAUSE OF DEATH* was as follows: Diabetic Gangrene of foot

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Toxic absorption

(duration) yrs. mos. 7 da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert Gordo, M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fair Grove, Pa. Cemetery

DATE OF BURIAL 3/21/1931

20 UNDERTAKER Wm Cook

ADDRESS 127 St Paul St

TION is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Bks. Dr. Michael Baltimore Board of Education

66776

HEALTH DEPARTMENT—CITY OF BALTIMORE

66776

CERTIFICATE OF DEATH.

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 96 W. Mosher St. 14-20 WARD)

2 FULL NAME John Chas Jendrek

(a) RESIDENCE NO. 96 W. Mosher ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~
~~HUSBAND of~~
(or) WIFE of Mary Jane Jendrek

6 DATE OF BIRTH (month, day, and year) June 26th 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Collins Safety Valve Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank V. Jendrek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Torrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mary Jane Jendrek 96 W. Mosher St

15 C. HAMPSON JONES, M. D. Registrar

17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 16th 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1928 to March 16th 1931

that I last saw h im alive on March 16th 1931 and that death occurred, on the date stated above, at 5.00 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Disease.
Generalized Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) W. Mitchell M. D.

March 17 1931 (Address) 290 E. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St Mary's Govans Cemetery

DATE OF BURIAL 3/19 1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66777

CERTIFICATE OF DEATH

93-2 66777

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 18-29 ST. WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Lins

(a) RESIDENCE No. 105 Scott ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	84	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Frederick Hook

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Groskop

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 3 17 1931, 19 By ___ Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-31

17

I HEREBY CERTIFY, That I attended deceased from 10-18-30, 19___, to 3-17-31, 19___

that I last saw her alive on 3-17-31, 19___

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) UNKNOWN yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

(Address) Balto. City Hosp. 3-17-31.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 3/19 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—9-20—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

No. 66778

121 E 66778

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 403 E Lafayette Ave 12-19 (WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Retta V Kulchenstein

(a) RESIDENCE No. 403 E Lafayette Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Michael G Kulchenstein

6 DATE OF BIRTH (month, day, and year) Dec 7/1877

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	53	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Royston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Henrietta Joyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Tuscarora Md

14 Informant (Address): Michael G Kulchenstein 403 E Lafayette Ave

Filed ___, 19___ C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 15/31

17

I HEREBY CERTIFY, That I attended deceased from ___, 1928, to March 15/31, 19___

that I last saw her alive on March 15/31, 19___

and that death occurred, on the date stated above, at 11.30 AM

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chr Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. S. Mc Vey M. D.

(Address) 508 E North Ave 3/16/31

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: David Ridge Cemetery

DATE OF BURIAL: March 15 1931

20 UNDERTAKER: Mary Mc Wedefeld

ADDRESS: 901 E 22nd St

TION is very important. See instructions on back of certificate

Spec.—9-29—A. & Co.—250 Blks.

L 66779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-58 (WARD) 82-007

L 66779

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Callow Avenue ST.

2 FULL NAME Charles H. Stonebraker

(a) RESIDENCE NO. 2105 Callow Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha J. Stonebraker

6 DATE OF BIRTH (month, day, and year) November 18, 1854

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	26 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington County Maryland

PARENTS

10 NAME OF FATHER Henry W. Stonebraker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington County Maryland

12 MAIDEN NAME OF MOTHER Angelica Eliz Wrench

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington County Maryland

14 Interment (Address) Mrs. Martha J. Stonebraker 2105 Callow Avenue

17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 4th, 1931, to March 16th, 1931

that I last saw him alive on March 16th, 1931

and that death occurred, on the date stated above, at 3.35 P m

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary) arteriosclerosis (duration) 6 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eugene Vaughan — M. D.

19 (Address) 3043 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Dulon Park Cemetery

20 UNDERTAKER Joseph B Cook

DATE OF BURIAL Mar. 19 1931

ADDRESS 1003 West Baltimore St.

CAUSE OF DEATH to be plainly written. Do not abbreviate. Each statement of occurrence may be properly classified. Each statement of fact is necessary to that it may be understood. Space for each statement is limited to that required by the average case. Use back of certificate if necessary. TION is very important. See instructions on back

Cor.—10-10-29—A Co.—100 Blks.

Coroners Transcr. 1939 McElderry ✓

E 66780

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66780

CERTIFICATE OF DEATH

210-001

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 15-58 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Earle H. Anderson

(a) RESIDENCE NO. 3751 Reisterstown Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Pauline M. Anderson

6 DATE OF BIRTH (month, day, and year) May 5th 1902

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
28	10	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Bakery
(c) Name of employer General B'k'y Co

9 BIRTHPLACE (city or town)
(State or country) New York N.Y.

PARENTS

10 NAME OF FATHER John Anderson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Sweden

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Sweden

14 Informant Pauline Anderson
(Address) 3751 Reisterstown Rd

15 FILED ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 16th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Patient he was driving collided with (Fact) another motor truck and falling upon him

I (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Chest

Rupt Lung (duration) yrs. mos. ds.

18 Where was disease contracted, If not at place of death? Freeman & Fremont

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. B. Frame M. D.

5/17 1931 (Address) Mount Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkesley, Va. Cemetery	5/18 1931
20 UNDERTAKER W. M. Cook	ADDRESS 1217 E. Fayette St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

No. 66781 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-002 66781

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 714 Edgewood St. 16-69 (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME ADELINE MARGARET MUIR

(a) RESIDENCE NO. 714 Edgewood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Muir

6 DATE OF BIRTH (month, day, and year) April 5, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

PARENTS

10 NAME OF FATHER Henry A. Bozman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Charlotte Bozman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mr. Wm. L. Muir (Husband)

(Address) 714 Edgewood St.

15 MAR 17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16, 1931

17

I HEREBY CERTIFY, That I attended deceased from Mch 14 1931 to Mch 16 1931

that I last saw h-W alive on Mch 15 1931

and that death occurred, on the date stated above, at 1.15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio-vascular Disease (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Ralph L Hoyt M. D.

3/16 1931 (Address) 26 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Monie Cemetery, Somerset Co Md.	Mar. 19 31
20 UNDERTAKER	ADDRESS
Henry Sander & Sons, Inc.	Baltimore St & Broadway.

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66782 | 108 ✓ | E 66782

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 931 N. Stricker St. 16-22 Ward)

2-FULL NAME Marjorie Hill.

(a) RESIDENCE NO. 931 N. Stricker St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Jan 20 1929

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	2	1	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment (in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore
(State or country)

PARENTS

10 NAME OF FATHER: Stephen Hill

11 BIRTHPLACE OF FATHER (city or town): Md
(State or country)

12 MAIDEN NAME OF MOTHER: Edna Wright

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Stephen Hill
(Address): 931 N. Stricker St.

15 Filed: AUG 18 1931 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. H. Hamilton M. D.

(Address) 1600 Boston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Int Auburn Cem	8-18 1931

20 UNDERTAKER: Jas. Inc Elkins

ADDRESS: 1620 E. Monument St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Bks.

E 66783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~92~~ 201

E 66783

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2412 Puget St. 15-32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Arthur Nicholas

(a) RESIDENCE NO. 2412 Puget ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1906

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	76		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER John Nicholas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington

12 MAIDEN NAME OF MOTHER Maggie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant John Nicholas

(Address) 2412 Puget St. Nth.

15 Date 1931 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb 15 . 1931 . to March 16 . 1931

that I last saw him alive on March 16 . 1931

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Medical Examination

(Signed) Wm H. White M. D.

3. 19 17 (Address) 928 Gamma Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel DATE OF BURIAL Mar 19 31

20 UNDERTAKER Gamma Ave Funeral Home ADDRESS 700 N Carrollton

TION is very important. See instructions on back of certificates.

R 18 1931

1-30—M. & T.—100 B—50L

E 66784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 66784

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 Hanticoke ST. 21-24 WARD)

2-FULL NAME August Harvey

(a) RESIDENCE No. 1130 Hanticoke ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND) of
(or) WIFE of Sophia Harvey

6 DATE OF BIRTH (month, day, and year) ? —

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: 015

PARENTS

9 BIRTHPLACE (city or town) (State or country): Balty Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Sophia Rolman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Mrs Lillian Nelson

(Address) 1130 Hanticoke St.

Filed MAR 18 1931 THAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. 1 mos ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) G C Slades, M. D. Coroner

19 (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 18 1931
20 UNDERTAKER: Wm J Tuckner Son	ADDRESS: N. Y Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Abbreviation or OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66735 E 66785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 108

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 12-49 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Seymer

(a) RESIDENCE NO. Hazelthorpe, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 1 mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Henry Seymer

6 DATE OF BIRTH (month, day, and year) Jan. 7th 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk for B+O. RR

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hamburg Germany

PARENTS

10 NAME OF FATHER John Seymer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Oest

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Louise Seymer Hazelthorpe Md

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 17th '31

17

I HEREBY CERTIFY, That I attended deceased from Feb. 16th, 1931, to Mar. 17th, 1931

that I last saw him alive on Mar. 17th, 1931

and that death occurred, on the date stated above, at 3 45 p. m.

The CAUSE OF DEATH* was as follows:

Essential Hypertension c generalized arteriolar sclerosis.

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia (rt.) c emphysema + a terminal pericarditis (duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Thoracentesis + laboratory tests

(Signed) Richard Trance M. D.

, 19 (Address) U. M. H.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Mar 20 19 31

20 UNDERTAKER Kortlander & Fore ADDRESS 1723 W Lafayette Ave

TION is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Bks.

66786 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108 E 66786

1 PLACE OF DEATH Provident Hosp. 1624

CITY OF BALTIMORE: (No 1514 Dir. St. ST. (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Claud Waters

(a) RESIDENCE NO 36 Preston ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10 mos.	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Claud Watson

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country) Un Known

12 MAIDEN NAME OF MOTHER Helen Banks

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country) Tennessee

14 Informant Claud Watson
(Address) 36 Preston ST.

15 Filed . 19 By

C. WILLIAMSON JONES, M.

APR 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/16/31

17

I HEREBY CERTIFY, That I attended deceased from 3-14-, 1931, to 3-16-, 1931

that I last saw him alive on 3-16-, 1931

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

3/17, 1931 (Address) Provd Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: May 18, 1931

UNDERTAKER: Mrs. R. A. Elliott

ADDRESS: 1725 Ashland Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

66787 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 107 E 66787

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. WARD)

2 FULL NAME Betty Jane Kyle.

(a) RESIDENCE NO. Fallston Md. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white.	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fallston Md.

PARENTS

10 NAME OF FATHER Nelson L. Kyle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fallston Md.

12 MAIDEN NAME OF MOTHER Mattie Myrl Bias

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address)

Filed ..... 19 ..... Registrar

MAR 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1931, to 19

that I last saw h— alive on Dead when Came 19

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Not known

(Bilateral Bronchopneumonia)

Autopsy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coroner J. Shanahan

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Bilateral Bronchopneumonia

(Signed) Richard I. Shackelford M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friend Lodge Cem.	Mch 21 1931
20 UNDERTAKER Hamburger & Goss	ADDRESS Benson Md.

TION is very important. See instructions on back of certificate.

H Spec.—1-30—M. & T.—250 Bks.

E 66788

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66788

48

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Womans Hospital

CITY OF BALTIMORE: (No. 13-59 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Brenner

(a) RESIDENCE NO. 2214 Whittier Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? Born here ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

3a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 13 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	43	5-4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Newspaper

(c) Name of employer Balto. News & Amer.

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Simon Brenner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Riga Russia

12 MAIDEN NAME OF MOTHER Ida Isaacs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Abraham S. Brenner 2403 Woodbourne Ave

FILED MAR 18 1931 H. LIVINGSTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17-31

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 11, 1931, that I last saw h[illegible] alive on March 17, 1931, and that death occurred, on the date stated above, at 10 45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinomatosis over

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Jan 28 1931

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Earl P. Coleman, M. D.

3/17, 1931 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mehren Friendship

DATE OF BURIAL 3/19 1931

20 UNDERTAKER Jack Lewis

ADDRESS 1429 E Balto st

TION is very important. See instructions on back of certificate.

Spec—9-30—A. A Co.—250 Blks

E 66789

E 66789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Hebrew Home for aged 3rd WARD) 3rd-54

REGISTERED NO. V 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Max Greenstein

(a) RESIDENCE NO. Lorendale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	68	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work old aged

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sigmund Feinberg

(Address) Edmondson & Greenspring Ave.

Filed MAR 18 1931, 19 [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-31

17

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1930, to 3-19, 1931

that I last saw h[illegible] alive on 3-19-31, 19

and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7-9-29 5-29-30

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H Edmundhein M. D.

3/18 1931 (Address) Lorendale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rerson Rem	3/19 1931
20 UNDERTAKER	ADDRESS
Jack Levis	1439 E Balto

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 66790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66790

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 15-11 WARD) REGISTERED NO.

2-FULL NAME Sarah Satofsky

(a) RESIDENCE NO. 2044 Wildwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. dt. How long in U. S., if of foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sandis Satofsky

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 54; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Mollie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Sandis Satofsky (Address) 2044 Wildwood Ave

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 18 1931

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to March 18, 1931, that I last saw h[illegible] alive on March 18, 1931, and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Mar 1, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) H Ashman, M. D.

3/18 1931 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: North Bend & Germen Hill — DATE OF BURIAL 3/18 1931

20 UNDERTAKER: Jack Levis — ADDRESS 1439 E Baltimore St

TION is very important See instructions on back of certificates.

FOR BOARD OF HEALTH USE ONLY

Spec—9-30—A. & Co.—250 Blks.

E 6679 1

E 6679 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED No. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 2209 Whittier Ave. ST. WARD)

2 FULL NAME Anna Checket

(a) RESIDENCE No. 2209 Whittier Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Checket

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Houswife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morton —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Irah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Lewis 1439 E Balto St

15 [illegible]

16 Undertaker [illegible]

MAR 18 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-31

17

I HEREBY CERTIFY, That I attended deceased from 3/15 . 1931 , to 3/17 . 1931

that I last saw h[illegible] alive on 3/17 . 1931

and that death occurred, on the date stated above, at 11 20 A.m.

The CAUSE OF DEATH* was as follows:

Acute Broncho Pneumonia —

Coma — (duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N Date of

Was there an autopsy? N

What test confirmed diagnosis? Consultation

(Signed) [illegible] M. D.

3/17. 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Keltzer Int Carmel — DATE OF BURIAL 3/18 1931

20 UNDERTAKER Jack Lewis 1439 E Balto St — ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 66792

✓ E 66792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

1 PLACE OF DEATH Baltimore City Hospitals 76-37 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD.)

2 FULL NAME Joseph Smith

(a) RESIDENCE NO. none ST. WARD.
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliz Smith Unknown

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bartender

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Alois Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Nettie Neubert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Record of
(Address) Balto. City Hosp.

15 [illegible] Hattie J. JONES M.D. Registrar

MAR 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-31

17

I HEREBY CERTIFY, That I attended deceased from 5-13-29, 19..., to 3-17-31, 19...

that I last saw him alive on 3-17-31, 19...

and that death occurred, on the date stated above, at A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Cerebral,
Paralysis agitans
(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) ... Bronchopneumonia ...
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Paget. M. D.

(Address) 3-17 1931. Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 3-21 1931

UNDERTAKER 413 Park 115 E West St — ADDRESS

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66793

23-E 66793

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. St. 11-7 Ward)

2-FULL NAME Robert Camp.

(a) RESIDENCE NO. 625 N. Calvert St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ? mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Do not know.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Hospital Report.
(Address)

Filed MAR 18 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage probably of the Lungs and Tubercular.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D.

3/18, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roanoke Va. DATE OF BURIAL 3-19 1931

20 UNDERTAKER Bernard C Harle ADDRESS 1000 S Paca St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

ERMA HACKNEY,

E 66794 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 18 E 66794

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. 14-28 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Erma Hackney

(a) RESIDENCE NO. 1421 Henry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 3 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Nov 26, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Fred. Hackney

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Carl Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Grace Hackney
(Address) 1421 Henry St.

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1931, to March 17, 1931, that I last saw her alive on March 17, 1931, and that death occurred, on the date stated above, at 2:25 p. m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis (Meningococcus)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) /

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1421 Henry St.

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Spinal Puncture

(Signed) L. Peter Meranetz M. D.

....., 19.... (Address) Lyndenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cem

DATE OF BURIAL 3/18 1931

20 UNDERTAKER L. F. McCully

ADDRESS 130 E. First

FILED MAR 18 1931 BALTIMORE CITY REGISTRATION DISTRICT

Spec.—1-30—M. & T.—250 Blks.

66795

HEALTH DEPARTMENT—CITY OF BALTIMORE

66795

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Mc Kelvey

(a) RESIDENCE No. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Samuel Mc Kelvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ann Doherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Little Sisters of the Poor (Address) Preston & Valley St

Filed MAR 18 1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Mar 17, 1931, that I last saw h... alive on Mar 16, 1931, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the bladder

Metastasis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wolff M. D.

3/18. 1931 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Mar 19 1931
19 UNDERTAKER	ADDRESS
Ia Medefeld	914 Fremont

TION IS very important. See instructions on back of

Spec. 7-17-26—A Co.—200 Blks.

E 66796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 66796

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 904 BREWARD ST St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MOSSES GAINES SR

(a) RESIDENCE NO. 904 BREWARD ST St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Ann Gaines

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE Years 74 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): " "

(c) Name of employer: " "

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant (Address): Mrs J. Gaines Jr 904 Brohard

15 Filed MAR 18 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17-1931

17 I HEREBY CERTIFY, That I attended deceased from March 13. 1931. to March 17. 1931.

that I last saw him alive on March 17. 1931.

and that death occurred, on the date stated above, at 1:50 m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Nephritis

(Uremia) Chr Hypertrophy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Enlarged Prostate

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas F Chandler M. D.

19 (Address) 3013 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Lemoy Date of Burial 3/19 1931

20 UNDERTAKER: Richard G Breyer ADDRESS 1648 Arlington St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 66797 # HEALTH DEPARTMENT—CITY OF BALTIMORE E 66797

CERTIFICATE OF DEATH.

122-002

1. PLACE OF DEATH St Josephs Hospital REGISTERED NO.
CITY OF BALTIMORE: (No Caulins & Oliver St. 7 1-42 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Walter S. White

(a) RESIDENCE NO. 6506 Belair Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. White

6 DATE OF BIRTH (month, day, and year) 1895?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 33 years.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work General 073

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) New York
(State or country) N.Y.

PARENTS

10 NAME OF FATHER Robt. White

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Scotland

14 Informant (Address) Wife Mrs. Margaret White 6506 Belair Rd.

15 Filed MAR 19 1931 19 C. HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to March 18, 1931

that I last saw h m alive on March 18, 1931

and that death occurred, on the date stated above, at 12 25 P m.

The CAUSE OF DEATH* was as follows:

Pneumoccocus Peritonitis

(duration) yrs. mos. dys.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mon. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3/8/31

Was there an autopsy? no

What test confirmed diagnosis? 1st operation

(Signed) Vincent Messina M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore St Vincent Cemetery — DATE OF BURIAL Mar. 21, 1931

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E. Eager St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66798 — 131 V — E 66798

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3776 Old York Rd ST. 12-49 WARD

2-FULL NAME Christopher H. Brathuhn

(a) RESIDENCE NO. 3776 Old York Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Brathuhn

6 DATE OF BIRTH (month, day, and year) Oct 23-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Conrad Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rebecca Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Peter Brathuhn (Address) 3776 Old York Rd

15 Filed MAR 18 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16-1931

17 I HEREBY CERTIFY, That I attended deceased from June, 1930, to March 16, 1931

That I last saw him alive on March 15, 1931

and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chr. Myocardial Degeneration

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Balto. County

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Edward Feeley M. D.

3/17, 1931 (Address) 42 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Grove — DATE OF BURIAL Mch 19 31

20 UNDERTAKER R. S. Marshall — ADDRESS 3539 Eastern Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66799

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. 2518 Talbot Road St. 15-65 WARD)

2 FULL NAME Mary M. Smith

(a) RESIDENCE NO. 2518 Talbot Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas A Smith

6 DATE OF BIRTH (month, day, and year) Dec 11-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at Home
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hartland Pa

PARENTS
10 NAME OF FATHER Patk McElhaney
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa
12 MAIDEN NAME OF MOTHER Sarah Brindy
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant (Address) Mrs Minnie Brantt 2518 Talbot Road

15 Filed ..... 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17-1931

17
I HEREBY CERTIFY, That I attended deceased from March 10 . 1931 , to March 17 . 1931
that I last saw h alive on March 17 . 1931
and that death occurred, on the date stated above, at 5 30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) myocarditis - arteriosclerosis

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical

(Signed) W. S. Tibbitt M. D.
Mch. 18/31 . 19
(Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery DATE OF BURIAL May 19 1931

20 UNDERTAKER A S Marshall ADDRESS 3539 Ed Rd

TION is very important. See instructions on back of certificates.

18 1931

Spec.—9-30—A. & Co.—250 Blks

E 66800 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82-E 66800

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 814 N. North ave ST.) 13-20 (WARD)

2 FULL NAME Sera Comm

(a) RESIDENCE NO. 814 N. North ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Comm

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Moses

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sara Comm (Address) 814 N. North ave

Filed APR 8 1931, 19 C. HAMPSON JONES, M. D. Registrar

By ARS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to March 1, 1931

that I last saw h[illegible] alive on March 1, 1931

and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Arterial sclerosis

D. K. Comm J. J. Mooney Jr.

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. Kader M. D.

3/18 1931 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrersburg Penn

DATE OF BURIAL 3/18 1931

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balt St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 66801

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Bon Secours Hospital ST. 15-21 WARD)

2 FULL NAME Mrs Susie E. Cecil

3a RESIDENCE NO. 1502 N. Gilmor ST. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of William W. Cecil

6 DATE OF BIRTH (month, day, and year) Apr. 10, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

PARENTS

10 NAME OF FATHER Louis Peake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Raley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Philip A. Wise

(Address) 3703 Milford Ave.

15 ..... Registrar

R 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-31

17

I HEREBY CERTIFY, That I attended deceased from 3-12, 1931, to 3-17, 1931

That I last saw her alive on 3-17, 1931

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (right base)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. 2 hrs ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Andres E. Calas M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	Mar. 21 1931
20 UNDERTAKER Wm. T. Pickney & Sons	ADDRESS N. Pa

TION is very important. See instructions on back of certificates.

Spec.—9-20—A. & Co.—250 Blks

1 113850

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 66802

CERTIFICATE OF DEATH

B 66802

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL S 6-4 WARD 1

REGISTERED NO. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Burgess

(a) RESIDENCE NO. 1901 Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1930

7 AGE | Years | Months 3 | Days | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Isaac Burgess

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary Austin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C

14 Informant (Address) Records

15 Filed ___, 19 ___ By ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16-1931

17

I HEREBY CERTIFY, That I attended deceased from Dec-26, 1930, to March 16, 1931

that I last saw her alive on March 16, 1931

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Prematurity, cong. Debs.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Ann E. Kuttner M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

UNDERTAKER Commissioner Health.

ADDRESS

C. HAMPSON JONES, M.D. Registrar

MAR 18 1931

MAR 18 1931

5608

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 2.46126 E 56803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 157 REGISTERED NO. E 56803

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Adams.

(a) RESIDENCE No. Lodge Forest North Point Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch 1 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Merle Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Iowa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ill

14 Informant (Address) Records

15 Filed 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch-14-1931

17 I HEREBY CERTIFY, That I attended deceased from Mch 4 , 1931 , to Mch 14 , 1931

that I last saw him alive on Mch 14 , 1931

and that death occurred, on the date stated above, at 7-20 p m.

The CAUSE OF DEATH* was as follows:

Infected meningocele

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital heart + other defects. Congenital

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) W. C. Goodwin M. D.

3/15, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS MAR 18 1931

Deputy Registrar of Vital Statistics

TION is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 75 18 — 66804 — 159 — E 66804

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No JOHNS HOPKINS HOSPITAL, 17-25 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Doris Spriggs

(a) RESIDENCE NO. 661 George St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan - 3 - 31

7 AGE	Years	Months 2 mos	Days 13	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Clarence Spriggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louise Fields

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Friends

15 Filed MAR 18 1931, 19 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar - 16 - 31

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to March 16, 1931

That I last saw he alive on March 16, 1931

and that death occurred, on the date stated above, at 11 50 a m.

The CAUSE OF DEATH* was as follows:

Prematurity

~~Hepatobscess~~

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hepatobscess of back

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) D. B. Kuttner M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS MAR 18 1931

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

B 66805 B 66805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

1. PLACE OF DEATH Baltimore City Hospitals 23-31
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
(If not in hospital or institution, give STREET AND NUMBER) (WARD)

CITY OF BALTIMORE: (No.)

2. FULL NAME Charles Ross

(a) RESIDENCE NO. 117 Ray St. 117 Race ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) 1845 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None old
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS
10 NAME OF FATHER John Ross
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Baltimore City Hospitals Records of:-

15 Filed MAR 16 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/15/31

17
I HEREBY CERTIFY, That I attended deceased from 4/19/29, 19, to 3/15/31, 19
that I last saw him alive on 3/15/31, 19
and that death occurred, on the date stated above, at 10·20 P.M.
The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padgt. M. D.
3-16 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND
Bureau of Vital Statistics
DATE OF BURIAL 19
ADDRESS MAR 18 1931

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

66306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-02 66306

17-26

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ST. WARD)

2 FULL NAME Charles Green

(a) RESIDENCE NO. 624 Pine ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lula Green

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mr. Waters

9 BIRTHPLACE (City or town) ?
(State or country) Md.

PARENTS
10 NAME OF FATHER Chas. Green
11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Md.
12 MAIDEN NAME OF MOTHER Elizabeth Thomas
13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 3-18 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-14-31

17
I HEREBY CERTIFY, That I attended deceased from 1-18-29, 19 , to 3-14-31, 19
that I last saw him alive on 3-14-31, 19
and that death occurred, on the date stated above, at 7:40 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) more than 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padgett. M. D.
3-16 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND
DATE OF BURIAL 19
20 UNDERTAKER Commissioner Health
ADDRESS MAR 18 1931

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66807

REGISTERED NO. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1109 Comet ST. 5-8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Millie Smith Swift

(a) RESIDENCE NO 1109 Comet ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wesner Swift 1875

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 37
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Winchester Va.

PARENTS

10 NAME OF FATHER unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown
12 MAIDEN NAME OF MOTHER unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Delia Jones
(Address) 1109 Comet St.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16-31

17
I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to March 16, 1931
that I last saw her alive on March 16, 1931
and that death occurred, on the date stated above, at 10-20 P. M.
The CAUSE OF DEATH* was as follows:

Cerebro Robral Hemmorrhage

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? yes

(Signed) [illegible] M. D.
3-17, 1931 (Address) 507 Arnold St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Winchester Va	Mar 19 1931
20 UNDERTAKER: Chas. H. Johnson	ADDRESS 416 N. Carolina St.

TION is very important. See instructions on back of certificates.

Cor.—10-10-28—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66808

CERTIFICATE OF DEATH

93-03 V

L 66808

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) En route to University Hospital (Street)

2-FULL NAME John Berger

(a) RESIDENCE NO. 2508 Francis St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Berger

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	69			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoe-maker
(b) General nature of industry, business, or establishment in which employed (or employer) 84
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant George Berger
(Address) 1508 Francis St.

15 Filed 3-18-1931 19 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Talbot, M. D.

3-17, 1931 (Address) 53 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westlern Cem

DATE OF BURIAL 3-18-1931

20 UNDERTAKER Dennis Carton

ADDRESS 916 Park

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66809

CERTIFICATE OF DEATH

92-001

E 66809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 349 Carroll St. 11-24 Ward)

2-FULL NAME Lillian Liggins

(a) RESIDENCE NO. 349 Carroll St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm Liggins

6 DATE OF BIRTH (month, day, and year): Dec 2 1886

7 AGE: Years 44 | Months 3 | Days 15 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Johnson County

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Jane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Jessie Jones 2037 Madison ave

Mar 18 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): March 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. B. Kirk M. D.

March 17 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 3-18 1931

20 UNDERTAKER: Davis Eaton — ADDRESS: Govans

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66810

CERTIFICATE OF DEATH.

133 E 66810

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Bolton ST., 14-20 WARD)

2-FULL NAME William Patrick Lyons

(a) RESIDENCE NO. 2010 Bolton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Carroll

6 DATE OF BIRTH (month, day, and year) March 17, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	68	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Lyons

11 BIRTHPLACE OF FATHER (city or town) (State or country) ---- Ireland

12 MAIDEN NAME OF MOTHER Kate Lloyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ----- Ireland

14 Informant Mr. Geo. Renehan

(Address) 115 W. Monument St.

Filed MAR 18 1931, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17th 1931

17 I HEREBY CERTIFY, That I attended deceased from March 14th, 19 31, to March 17th, 19 31,

that I last saw h.. alive on March 17th, 19 31,

and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Uremia

Hypertrophic Prostatis

(duration) .. yrs. .. mos 4 ds.

CONTRIBUTORY (Secondary) Pyelo cystitis & chronic nephritis

(duration) 1 yrs. .. mos. .. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical symptoms

(Signed) Jas Chatard, M. D.

19 (Address) 1300 Walker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	3/20 19 31

20 UNDERTAKER Henry W. Mears Sr. ADDRESS 800 W. Calvert

TION is very important. See instructions on back of C

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66811

CERTIFICATE OF DEATH.

108 E 66811

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2646 Hampden Ave St. 12-51 WARD)

2. FULL NAME William A Sanders

(a) RESIDENCE NO 2646 Hampden Ave ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elmira E. Sanders

6 DATE OF BIRTH (month, day, and year) 12-20-1848

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Sanders.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rachel — ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Robt. L. Doyle
(Address) 2646 Hampden Ave.

15 MAR 18 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH, (month, day, and year) March 16th 31

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1931 to Mar 16, 1931

that I last saw him alive on Mar 16, 1931

and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY ... (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Cushing M. D.

Mar 18 1931 (Address) 3100 Hafing

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park —

DATE OF BURIAL 3-19-31

UNDERTAKER Randall E. Humphreys

ADDRESS 2416 E Lafayette Ave

TION is very important. See instructions on back of certificates.

Spec.--1-12-23--M&T--500 Blv.

E 66812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-01 E 66812

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 705 E 41st St. (or WARD) 2-47

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Carrie Clayton

(a) RESIDENCE NO. 705 E 41st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, ~~or divorced~~ WIFE of Joseph Clayton

6 DATE OF BIRTH (month, day, and year) Dec 14, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Daniel Mathewson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Lina Johannes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Geo F Markoff

(Address) 705 E 41st St

15 DATE RECEIVED MAR 18 1931 C. HAMPSON JONES, M. D., Registrar

By ____ No. 14240

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1931, to March 17, 1931, that I last saw her alive on March 17, 1931, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis and Insufficiency

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation with Pulmonary Oedema (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas W. Edwards, M. D.

, 19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Mar 20 1931
20 UNDERTAKER F. Vernon Keehner	ADDRESS 532 Fulton

CAUSE OF DEATH in plain terms, so that it may be properly classified. FAILURE TO COMPLY WITH THIS REGULATION is very important. See instructions on back of certificates.

1-30--M & T--100 B--501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66813

92-001

E 66813

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Fallsway (ST.) Scot St. (WARD) 21-29

2-FULL NAME Henry C Murray

1a) RESIDENCE NO. 729 Mc Henry ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jesse H Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amelia Tracey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs S Aldrich

(Address) 3433 Piedmont Ave

15 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death (inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) Cy Pneumonia

(duration) yrs. mos. — ds.

Where did disease contracted if not at place of death? — — —

Did an operation precede death? — Date of — — —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W C Gradel, M. D.

Coroner

(Address) 143 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	May 2 1931
20 UNDERTAKER Vernon Kellner	ADDRESS 153 Hollins

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Blks.

E 66814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66814

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1231 N Butterworth Park ave ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lily Catharine Cannon

(a) RESIDENCE No. 1231 N Butterworth Park ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Cannon.

6 DATE OF BIRTH (month, day, and year) July 10-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Bull

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Maryland.

12 MAIDEN NAME OF MOTHER Julia Kavanaugh.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs H. Cannon.

(Address) 1231 N Butterworth Park ave.

15 Date Received 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18-1931

17

I HEREBY CERTIFY, That I attended deceased from June 1- 1930, to March 18- 1931, that I last saw h alive on 3-13- 1931, and that death occurred, on the date stated above, at 7:00 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum Test

(Signed) Chester Riland. M. D.

3-18. 1931 (Address) 2532 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	3/21 1931
20 UNDERTAKER E. S. Fanning, Inc.	ADDRESS 1913 E. Lafayette Ave

18193

important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66815 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66815

CERTIFICATE OF DEATH. 79-001

1-PLACE OF DEATH St. Agnes Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Wilkens & Caton Avenues ST., 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ina Rose Feiga

(a) RESIDENCE NO. 2664 Lehman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7th 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housfe 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Samuel Krasle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Rose Feiga - (Daughter)

(Address) 2664 Lehman Ste

15 Date MAR 18 1931 Co. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18/31

17

I HEREBY CERTIFY, That I attended deceased from March 16, 1931 to March 18, 1931,

that I last saw her alive on March 18, 1931,

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Meningitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2664 Lehmann

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical findings

(Signed) Robt Steven, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL 3/20/31

UNDERTAKER H. S. Wagaman ADDRESS Bas Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

1-20—M. & T.—100 B—50L

E 66816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-103

E 66816

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hos ST., 15-64 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katharine Schuermann

(a) RESIDENCE NO. 4006 Maine Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Schuermann

6 DATE OF BIRTH (month, day, and year) Feb 10-1864 unquest

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Wm. F. Schuermann

(Address) 4001 Maine Ave

15 Filed MAR 18 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an unquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by moving auto while in act of leaving curb endeavoring to board street car (A)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract base skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Oakfield's Lebanon, Hughs Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. J. Haus, M. D.

3/18 1931 (Address) 2939 W. Eldorado Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	Mar 20 1931
20 UNDERTAKER	ADDRESS
Jno F Mrs. John W Jenkel & Son	801 W. Fayette

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66817

CERTIFICATE OF DEATH.

79-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St. 27-43 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Roland Hanson

(a) RESIDENCE NO. 2903 Northern Parkway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 2, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	6	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy 1st

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lexington, Ky.

PARENTS

10 NAME OF FATHER William F. Hanson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Winchester, Ky.

12 MAIDEN NAME OF MOTHER Effie Thread

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lexington Ky.

14 Informant (Address) William F. Hanson 2903 Northern Parkway

Filed 3-18-1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1931, to March 18, 1931, that I last saw him alive on March 18, 1931, and that death occurred, on the date stated above, at 1.45 p. m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis (Pneumococcus)

(duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) /

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2903 Northern Pkwy.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal Puncture

(Signed) H. Peter Mergenthaler, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lexington Kentucky

DATE OF BURIAL May 19 1931

20 UNDERTAKER Mr. & Mrs. John W. Teufel & Son

ADDRESS 801 W Fayette

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66818 — 107-001 — REGISTERED NO. E 66813

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. 8-17 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Chas. W. Elgert

(a) RESIDENCE NO. 1619 Cutland ave. ST. ... WARD ... (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna B. Elgert.

6 DATE OF BIRTH (month, day, and year) Feb 4 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter. 63

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Chas. W. Elgert.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Ellen Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. Edna G. Elgert.

(Address): 1619 Cutland ave

15 ... Registrar

MAR 19 1931 W

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/18/31

17

I HEREBY CERTIFY, That I attended deceased from 3-14-31, 19..., to 3-18-31, 19...

that I last saw h... alive on 3-18-31, 19...

and that death occurred, on the date stated above, at 6.20 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ...

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) Lawrence M. Sena M. D.

3/19, 1931 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery Co.	March 21 1931
20 UNDERTAKER: Henry Abeel Sons Inc	ADDRESS: 1301 E Eager St

TION is very important. See instructions on back of certificates.

Spec—9-30—A. A Co—250 Blks

E 66819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

E 66819

1 PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No Madeline & Aliceana ST. WARD 14

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Peter E. Traeger

(a) RESIDENCE NO 1008 E. Biddle St.

(Usual place of abode) ST. WARD

(If non-resident give city or town and State)

length of residence in city or town where death occurred 74 yrs. 7 mos. 16 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta M. Traeger

6 DATE OF BIRTH (month, day, and year) Aug. 2nd 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jacob Traeger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Mueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Anna D. Traeger 1008 E Biddle St

15 Filed ... 1931 ... H. H. JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18-31

17 I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1931, to Mar. 18, 1931

that I last saw h[illegible] alive on Mar. 18, 1931

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Myocarditis

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Arteriosclerosis

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H. H. Jones M. D.

3/18, 1931 (Address) 1301 E. Eager St. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	March 21st 1931
20 UNDERTAKER	ADDRESS
Henry Koch Sons, Inc.	1301 E. Eager St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66820 E 66820

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 2-4 108 St WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joe Ferrugia

(a) RESIDENCE No. 1645 Thames St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Oct. 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steward
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ... 19.. E. HARRISON JONES, M. D.
Registrar

R 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-12-31

17
I HEREBY CERTIFY, That I attended deceased from 3-7-31, 19.., to 3-12-31, 19..
that I last saw him alive on 3-12-31, 19..
and that death occurred, on the date stated above, at 7:35 A m.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? ~~No~~ Yes.
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Podgi. M. D.
3-13 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart
20 UNDERTAKER John J Fahey Son

DATE OF BURIAL 3/19 1931
ADDRESS 218 Light St

TION is very important. See instructions on back of certificates.

Spec.—1-12-28—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen'l Hosp. St. Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Root

(a) RESIDENCE NO. 4225 Reisterstown Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 2 . 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	19	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laboratory Assistant

(b) General nature of industry, business, or establishment in which employed (or employer): Research Work

(c) Name of employer: National Dairy Prod. Co.

9 BIRTHPLACE (city or town) (State or country): Washington D. C.

PARENTS

10 NAME OF FATHER: Howard Root

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Va. Root

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Virginia Root. (Address) 2225 Reisterstown Road.

15 Filed MAR 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 16 1931

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to March 16, 1931, that I last saw him alive on March 16, 1931, and that death occurred, on the date stated above, at 10:25 A. m.

The CAUSE OF DEATH* was as follows:

Acute Appendix

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus.

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4/8/31

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H Cashman, M. D.

, 19 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL 3/19/31

20 UNDERTAKER: Herman Lemmon

ADDRESS 411 Park Heights Ave

TION is very important. See instructions on back of certificates.

T-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 66822

REGISTERED NO. E 66822

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 8-16 WARD)

2-FULL NAME Ralph Dattoli

(a) RESIDENCE NO 1970 Perlman Place ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 8/29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Antonie Dattoli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Frances Perrea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Antonie Dattoli
(Address) 1970 Perlman Place

15 Filed [illegible] 1931 162 Registrar HAMPSON JONES M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia (Primary)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. Bullock, M. D.
Coroner

3.16.31 (Address) 300 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem't — DATE OF BURIAL 3/19 1931

20 UNDERTAKER W. J. Diffil — ADDRESS 300 S. Eden St.

CAUSE OF DEATH. In deaths from violence, state the nature of injury and whether accidental, suicidal or homicidal. Where death occurred in a hospital, institution or penal farm, state whether deceased was admitted for treatment or was an inmate. Where death occurred from disease, give the name of the disease causing death, and not the mode of dying, such as heart failure, asthenia, etc. Where there was a contributory cause, state it briefly. Where death was due to a combination of causes, state the primary cause, secondary cause, and other contributory causes in order. Where death was due to a disease peculiar to women, state whether it was puerperal. Where death was due to a disease peculiar to children, state whether it was connected with childbirth. Where death was due to a disease peculiar to children, state whether it was connected with childbirth. Where death was due to a disease peculiar to children, state whether it was connected with childbirth.

Cor.—10-18-29—A Co.—100 Blks.

E 66823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1084

E 66823

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 320 N. Pine St., 17-76 Ward)

2-FULL NAME Chas E. Rayner

(a) RESIDENCE No. 320 N. Pine St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Col	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day and year) Aug 31-1930

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	6	17	16

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Chas Rayner

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Lillie Wilson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Lillie Rayner
(Address) 320 N. Pine

Filed MAR 10 1931 C. HAMPSON JONES, Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem.

DATE OF BURIAL 3/9/31

20 UNDERTAKER Samuel Wensley

ADDRESS 58 E. Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—5-19-13—M. & T.—500 Bks

L 66824 HEALTH DEPARTMENT—CITY OF BALTIMORE 87 L 66824

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3742 Barclay St. 12-50 WARD)
(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Dillon
(Residence in Baltimore: No. 3742 Barclay St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female
4-COLOR OR RACE. Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow
6-DATE OF BIRTH, ... (Month) ..... (Day) 1861 (Year)
7-AGE. 70 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.
8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
9-BIRTHPLACE. (State or Country). Md

PARENTS.
10-NAME OF FATHER. Unknown
11-BIRTHPLACE OF FATHER (State or Country). Unknown
12-MAIDEN NAME OF MOTHER Unknown
13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Evelyn Dillon
(Address) 556 Cockeysville St

15-
Filed ..... 191 ..... C. HAMPSON JONES, M. D.
Registrar.
MAR 19 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 16, 1931 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 9 1931, to March 9 1931, that I saw h— alive on March 9 1931, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:
Paralysis
Cerebral Hemorrage
(Duration) ..... yrs. ..... mos. 7 ds.
CONTRIBUTORY .....
(Secondary)
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) ..... M. D.
March 16 1931. (Address) 652 Gorsuch

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Westminster — DATE OF BURIAL, 3/19/31
20-UNDERTAKER Frank L. Hendrickson — ADDRESS 5 W. Preston St.

Important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 66825 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 92-001 E 66825

CERTIFICATE OF DEATH

REGISTERED NO. _____

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 McCulloh ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harriet Brown

(a) RESIDENCE NO. 2009 McCulloh ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73	5	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Eaton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Estelle L. Brown
(Address) 2009 McCulloh St

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 16-1931

17 I HEREBY CERTIFY, That I attended deceased from July 14- , 1930, to March 16, 1931, that I last saw h alive on March 15, 1931 and that death occurred, on the date stated above, at 7 A- m.

The CAUSE OF DEATH* was as follows:
Organic heart disease -
Mitral incompetency -

(duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) unknown
(duration) - yrs. - mos. - ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no. Date of -

Was there an autopsy? no.

What test confirmed diagnosis? Physical -

(Signed) Chas J Keller, M. D.

3/18, 1931 (Address) 222 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem	3/19 1931
20 UNDERTAKER Samuel Hemsley	ADDRESS 578 N Bond

important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

66826

CERTIFICATE OF DEATH

23 E 66826

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 11-24 (WARD)

CITY OF BALTIMORE: (No ST.

2. FULL NAME George Parr

(a) RESIDENCE NO. 1017 McCulloh st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph Parr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1931

17:

I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to March 17, 1931

that I last saw him alive on March 17, 1931

and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy.

(Signed) David Tenner M. D.

3-18, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: National Lawn

UNDERTAKER Samuel Stemley

DATE OF BURIAL 3/19 1931

ADDRESS 1778 N Bdle

TION is very important. See instructions on back of certificate.

M. D.

Spec.—9-20—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

66827

CERTIFICATE OF DEATH.

16-68

66827

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Baker St. 16-68 WARD)

2. FULL NAME Christfield Scott Larrimore

(a) RESIDENCE NO. Westover. Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma George Larrimore

6 DATE OF BIRTH (month, day, and year) Aug. 11, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer) 018

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Michaels Md.

PARENTS

10 NAME OF FATHER Edward B. Larrimore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Deborah Larrimore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Emma G. Larrimore

(Address) Westover Md.

15 Filed MAR 19 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan - 1 - 1931 to Mch - 17 - 1931

that I last saw him alive on Mch - 17 - 1931

and that death occurred, on the date stated above, at 5.55 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

+ Asthenia -

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Anemia -

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Westover Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray.

(Signed) Marion W. Shoaf M. D.

3-18-31 (Address) 804 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Mar 19 31

20 UNDERTAKER Wm Pickner Sons

ADDRESS North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 66828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 66828

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 16-68 WARD)

2-FULL NAME Edwin Thomas Kelly

(a) RESIDENCE NO 2819 N. Lanvale ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country) Md.

PARENTS

10 NAME OF FATHER John Kelly

11 BIRTHPLACE OF FATHER (city or town) A A Co
(State or country) Md

12 MAIDEN NAME OF MOTHER Thelma Clarke

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Indiana

14 Informant John Kelly
(Address) 2819 N Lanvale St

15 Filed ..... 192 C. HILTON JONES, M. D.
Registrar

MAR 19 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia (Primary)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. C. Wilson, M. D. Coroner

3/19/31 (Address) 508 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Herbert Lodge Bay a.a.C.	Mar 19 1931
20 UNDERTAKER W. Fickus Sons	ADDRESS Monument & Pa

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66829

E 66829

CERTIFICATE OF DEATH.

REGISTERED NO. 182

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Reference Eaton Lane ST. ft-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Lillian Jones

(a) RESIDENCE NO. 1013 Warden St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Edward Jones

6 DATE OF BIRTH (month, day, and year) Aug 23 1881

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse - 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bactimore md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

14 Informant Mr. Lee Jones (Address) 1013 Warden St.

15 Filed ....., 19.. C. HAMILTON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1931

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to March 18, 1931,

that I last saw her alive on March 18, 1931,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage-Rt.

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Hypertension.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1013 Warden St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. & Clinical Findings

(Signed) Robt Deiver, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	March 21 1931
20 UNDERTAKER Jos Joerdans & Son	ADDRESS 2173 Penn

CAUSE OF DEATH must be given in plain terms. Do not use abbreviations or initials. Name of contagious disease, if any, must be given. See instructions on back of certificates. TION is very important.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66830

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 14-59 ST. 9 WARD)

REGISTERED No 93003 66830

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha Johnson

(a) RESIDENCE No 2218 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64 67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER Edmond Hike

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Minnie Standard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed MAR 9 1931 1931 C. HAMPSON JONES, M. D. Registrar

Ref

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-31

17

I HEREBY CERTIFY, That I attended deceased from 12-13-27, 19, to 3-16-31, 19

that I last saw her alive on 3-16-31, 19

and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No clinical exam.

What test confirmed diagnosis?

(Signed) Paul Padgett. M. D.

3-17 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3/19/1931

UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 66831 16 E 66831

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Herman's Hospital for Crippled C. [illegible] REGISTERED NO. 24-34

CITY OF BALTIMORE: (No. Hilldale, Md ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Bernard Schmeisser Jr.

(a) RESIDENCE No. 1506 Battery Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 5 ds. 28 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
3½	3	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: August Bernard Schmeisser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore City

12 MAIDEN NAME OF MOTHER: Grace Maher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore City

14 Informant: Grace Schmeisser (Address) 506 Battery Ave.

15 Date: [illegible] 19 31

Registrar: HAMILTON JONES, M. D.

MAR 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 18 1931

17 I HEREBY CERTIFY, That I attended deceased from [illegible], 1930, to Mar. 18, 1931, that I last saw him alive on Mar 18, 1931, and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Anemia Polymyelitis (con valescent

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) A. Alvan Jones, M. D.

19 (Address) Herman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Mar 20 1931

20 UNDERTAKER: Morgan & Lyon — ADDRESS: 14 W Lexington St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E/66832

~~A 66832~~

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St Joseph's Hospt St., 7-13 Ward)

2-FULL NAME Annie Lee

(a) RESIDENCE NO. 1040 N. Wolfe St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F.	C.	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Lee

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Charlotte Co
(State or country) Va

PARENTS

10 NAME OF FATHER John Brooks

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Louise Thompson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant (Address) Joseph Lee 1040 N. Wolfe St.

15 Date Received, 19 H. WILSON JONES, M. D.
Registrar

APR 19 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Empyema (rt side)

(duration) yrs. mos. 5 days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes at St. Joseph

What test confirmed diagnosis?

(Signed) J. H. Bowers, M. D.

4/19/31 (Address) 908 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shake Branch Va — DATE OF BURIAL Mar 19, 1931

20 UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1925 Ashland Ave

Be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 66833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174 E 66833

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute Hopkins Hospital ST. 5-8 WARD)

2-FULL NAME Mary Reese

(a) RESIDENCE NO. 641 N. High ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Robert Reese

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 24			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... ?
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant .....

(Address) .....

15 Date Received ..... 1931 ..... Registrar

R 19331

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 15th 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above. Broke

The CAUSE OF DEATH* was as follows: Stabbed with knife-left ventricle of heart. Homicide

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) J. H. Hines, M. D. (Coroner)

3/16/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cty	3/17 1931
20 UNDERTAKER	ADDRESS
Isaiah L Brown-Sow	1019 Montgomery St

CAUSE OF DEATH to plain terms, so that it may be properly classified. State statement of disease. TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66834

CERTIFICATE OF DEATH.

36v E 66834

1. PLACE OF DEATH Baltimore City Hospitals

10-14

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ... ST. ... WARD)

2. FULL NAME Thomas S. Phillips

(a) RESIDENCE NO 815 Greenmount Ave. ST. ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bella Phillips

6 DATE OF BIRTH (month, day, and year) July 22, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Asberry Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed ... 19 1931 ... C. Hampson Jones, ... CLERK OF REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18-31

17 I HEREBY CERTIFY, That I attended deceased from 2-26-31, 19 ..., to 3-18-31, 19 ...

that I last saw h im alive on 3-18-31, 19 ...

And that death occurred, on the date stated above, at 1:55 P m.

The CAUSE OF DEATH* was as follows:

Cellulitus of Hand, left (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) General Sepsis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Exam. lab.

(Signed) Paul Padget M. D.

3-18-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden

DATE OF BURIAL: Mar 21 1931

UNDERTAKER: Chenoweth Bros

ADDRESS: 3615 Chestnut Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 66835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66835

1-PLACE OF DEATH

CITY OF BALTIMORE: (No St. Joseph's Hospital St 1-3 WARD) 46

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alexander Valatka

(a) RESIDENCE NO. 222 S. Patterson Pk. Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie Valatka

6 DATE OF BIRTH (month, day, and year) Nov 7 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	52	4	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Casimir Valatka
11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria
12 MAIDEN NAME OF MOTHER Julia ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Celia Valatka
(Address) 222 S Patterson Park

Filed 3-19-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17-31

17
I HEREBY CERTIFY, That I attended deceased from 3-12-31, 19..., to 3-17-31, 19...
that I last saw h alive on 3-17-31, 19...
and that death occurred, on the date stated above, at 11.25 P. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
5

(duration) yrs. mos. 0 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Physical

(Signed) Lawrence M. Sears M. D.
19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: March 21 31

20 UNDERTAKER: M. W. E. Deppel Inc — ADDRESS: 37 Saint

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

73 E 66836

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 19 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Louisa Kornmann

(a) RESIDENCE NO. 35 E North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. 10 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Henry F. Kornmann

6 DATE OF BIRTH (month, day, and year) May 4, 1868

7 AGE	63 Years	Months	Days	If LESS than 1 day, hrs. or min.
63	62	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Conrad Murbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Liz. Silzenger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry F. Kornmann (Address)

15 Filed 1931, 19 C. HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18-31

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 18, 1931, that I last saw her alive on March 18, 1931, and that death occurred, on the date stated above, at 5-20 A m.

The CAUSE OF DEATH* was as follows:

Bantis Disease with Splenomegaly

(duration) 2 yrs. mos da.

CONTRIBUTORY (Secondary) Acute Myocardial Insufficiency (duration) yrs. mos. 5 hours.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of March 17, 31

Was there an autopsy? No Removal of Ovary

What test confirmed diagnosis? Operation

(Signed) Wylie M. Farr, M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk. 11101	3/20 19 31
20 UNDERTAKER Henry H. Wirtz & Edmondson Ave.	ADDRESS

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Blks

Libero Bruno

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66837 — 107 — L 66837

CERTIFICATE OF DEATH.

1. PLACE OF DEATH St Joseph Hospital — REGISTERED No. 1071

CITY OF BALTIMORE: (No. Eastern Ave. — St. — WARD)

2. FULL NAME Liboria Buscelli (Libero Bruno)

(a) RESIDENCE NO. 307 E Lee St. — WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? 23 yrs. — mos. — ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced; (write the word)
Female	White	Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Francesco Bruno

6 DATE OF BIRTH (month, day, and year) 7-2-1869

7 AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
61	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Francesco Bruno
(Address) 307 East Lee St.

15 Filed ____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-31

17
I HEREBY CERTIFY, That I attended deceased from 3-14-31, 19__, to 3-19-31, 19__
that I last saw h[illegible] alive on 3-19-31, 19__
and that death occurred, on the date stated above, at 12.20 A. M.
The CAUSE OF DEATH* was as follows:

Bronco Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Endocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Course

(Signed) F B Kenderdine M. D.
19 (Address) Bayview Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 3/23/31

20 UNDERTAKER: George J Kelly Inc — ADDRESS: 1735 Hoffman St

Information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMILTON JONES, M. D.

1-30—M & T.—100 B—50L

E 66838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 ✓ E 66838

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 N. Bond ST. 8-17 WARD)

2-FULL NAME Thersa Cimino

(a) RESIDENCE NO 1443 N. Bond ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29/1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	10	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Frank Cimino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Cimino

13 BIRTHPLACE OF MOTHER (City or Town) (State or country) Italy

14 Informant Frank Cimino
(Address) 1443 N. Bond St

Rec'd MAR 19 1931 Reg'd ..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) P. H. Bailey M. D.
Coroner

3.19/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
St. Vincent Cem	3/21/31
20 UNDERTAKER George J. Radke Inc	ADDRESS 1730 Wash Blvd

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66839

E 66839

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1920 W Franklin St. 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fanny Estelle Miller

(a) RESIDENCE NO. 1608 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Miller

6 DATE OF BIRTH (month, day, and year) Nov 8-1860

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	70	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER John Thornton Taylor

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary Jane Barnes

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs. George D. Taylor.

(Address) 1920 W. Franklin St.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 16, 1931, to Mar 17, 1931, that I last saw h[illegible] alive on Mar 17, 1931, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? —

(Signed) John A Stewart, M. D.

(Address) 3610 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Frederick Md. Date of Burial March 20-1931.

20 UNDERTAKER Charles J. Schwab. ADDRESS 505 N. Monroe St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66840 HEALTH DEPARTMENT—CITY OF BALTIMORE 5 E 66840

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 2515 Brookfield Ave. St. 3-54 WARD

2. FULL NAME Orlla Friess Acker

(a) RESIDENCE NO. 2515 Brookfield ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice M. Acker

6 DATE OF BIRTH (month, day, and year) June 15 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham B Backer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Cranda Blacker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) J. Lewis 1439 E. Baltimore St

15 Filed MAR 19 1931 Ref. 129

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to March 19, 1931

That I last saw h[illegible] alive on March 19, 1931

and that death occurred, on the date stated above, at 7.45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) 1810 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern Ave.	3-19-1931
20 UNDERTAKER Jack Lewis, 1439 E Balt St	ADDRESS

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates

1-20—M & T—100 B—50L

E 66841

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 66841

CERTIFICATE OF DEATH

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 E. Lombard St. 1-3 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2.-FULL NAME Harris Kaplan

(a) RESIDENCE NO 2228 E Lombard ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6 DATE OF BIRTH (month, day, and year) Sept 10 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Wm Kaplan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Libbie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Annie Kaplan

(Address) 2228 E Lombard st

15 Filed ..... 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(Duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Ex Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History & Clinical Findings

(Signed) ..... Coroner, M. D.

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Herring Run	Mar 19 1931
20 UNDERTAKER	ADDRESS 1127 E Balto st
Sol Levinson & Bro	

CAUSE OF DEATH in plain terms. Do not state mode of dying, as shock of heart failure, asphyxia, anemia, etc., but state the disease causing the condition which caused death. TION is very important. See instructions on back of certificate.

R 1 1931 C. HAMILTON JONES, M. D. Registrar

Spec.—9-20—A. & Co.—250 Blks

24057 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Sanderson

(a) RESIDENCE NO. 912 N. Calvert St. WARD
(Usual place of abode) (If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Sanderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 FILED MAR 19 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18-1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 11, 1930, to Mar 18, 1931

that I last saw h[illegible] alive on Mar 18, 1931

and that death occurred, on the date stated above, at 12 30 p m.

The CAUSE OF DEATH* was as follows:

Myocardial failure

(duration) yrs. mos. 4 days.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? N P N, S C

(Signed) J. A. Armstrong Jr M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	3/20 1931

20 UNDERTAKER Stewart & Mowen Co ADDRESS Balto.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66843

E 66843.

CERTIFICATE OF DEATH

107-001

1352

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4103 Roland Avenue ST. (WARD)

2 FULL NAME Alice Virginia Reese

(a) RESIDENCE NO. 4103 Roland Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 90 yrs. 5 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Reese

6 DATE OF BIRTH (month, day, and year) Oct-15-1840

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	90	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Lynchburg Virginia

PARENTS

10 NAME OF FATHER Harrison Gibbs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lynchburg Virginia

12 MAIDEN NAME OF MOTHER Mary A. Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lynchburg Virginia

14 Informant: Mr. Matthias F. Reese (son)

(Address) 4103 Roland Avenue

15 Date Received APR 19 1931 C. HAMPSON JONES, M. D. Registrar

By ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8-1931

17

I HEREBY CERTIFY, That I attended deceased from March 13. 1931 to March 8 1931

that I last saw h[illegible] alive on March 8 1931

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Besides symptoms

(Signed) A. F. Robinson M. D.

3/9. 1931 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Mar-21-31

20 UNDERTAKER: STEWART & MOWEN COMPANY (successor to Wooden, Successor) — ADDRESS: 100 W. North Ave.

CAUSE OF DEATH must be given. If unknown, so state. INFORMATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

HENTZ

E 66844 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66844

CERTIFICATE OF DEATH. 23

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. No. 2731 Huntington Ave WARD)

2-FULL NAME Sallie Hentz

(a) RESIDENCE No. 2731 Huntington Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard R. Hentz

6 DATE OF BIRTH (month, day, and year) [illegible] 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Thomas J. Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaret Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Howard R. Hentz 2731 Huntington Ave

15 Filed [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 16 1931

17 I HEREBY CERTIFY That I attended deceased from Mar 14 1929 to Mar 16 1931

that I last saw him alive on Mar 16 1931 at 11.45 P.M.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Horace E. Cross M. D.

19 (Address) 2411 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Mar. 20 1931

20 UNDERTAKER: Henry Sander & Sons Inc.

ADDRESS: Baltimore St. & Broadway

be stated EXACTLY. PHYSICIANS should state
be properly classified. Exact statement of OCCUPA-
of certificates.
mation should be carefully supplied. AGE should be
CAUSE OF DEATH in plain terms, so that it may
TION is very important. See instructions on back

Spec.—1-30—M. & T.—250 Bks.

E 66845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66845

46

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. I720 E 25 th St ST. 9-46 WARD)

2-FULL NAME William A Gerbode

(a) RESIDENCE NO. I720 E 25 th St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Johannah Gerbode

6 DATE OF BIRTH (month, day, and year) March 28 th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	II	19 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 20 Yrs

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Gerbode

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Ziesi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germanyb

14 Informant (Address) Miss Elsa J Gerbode I720 E 25 th St

Filed MAR 19 1931, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/17/1931

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1931 to March 17, 1931.

that I last saw him alive on Mch 16, 1931

and that death occurred, on the date stated above, at 9 45 m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma of Esophagus.

(duration) yrs. 10 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Jan 1931

Was there an autopsy? No

What test confirmed diagnosis? Section

(Signed) Thos F Stevens, M. D.

3/19, 1931 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Mar 20 1931

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

TION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks

66846 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. E 66846

1-PLACE OF DEATH Baltimore City Hospitals 93-063

CITY OF BALTIMORE: (No 23-33 W. WARD) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Ludwick

(a) RESIDENCE No. 1118 Marshall St. ST. WARD
(Usual place of abode) (If non-resident: give city or town and State)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 17-1860.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Oyster Shucker
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS
10 NAME OF FATHER Fred. A. Ludwick
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of
(Address) Baltimore City Hospitals

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

APR 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18/31

17 I HEREBY CERTIFY, That I attended deceased from 1/11/31, 19, to 3/18/31, 19 that I last saw him alive on 3/18/31, 19 and that death occurred, on the date stated above, at 1:40 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) UNKNOWN yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.
3-19 1931. (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery DATE OF BURIAL 3/20 1931

20 UNDERTAKER Unknown ADDRESS 1215 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66847

REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Somerset St. 10-14 WARD)

2-FULL NAME Florence M. Wiley

(a) RESIDENCE NO 1011 Somerset St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard C. Wiley

6 DATE OF BIRTH (month, day, and year) Dec 28/1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	192/	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John B. Pensel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie B. Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Frederick Pensel (Address) Raspberg, Md.

15 Filed 3/19 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hopkins Records Jun/30

(Signed) John A Callan, M. D. Coroner

3/19/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Camp Ethyl Md — DATE OF BURIAL 3/22 19 31

20 UNDERTAKER Herman Cook — ADDRESS 217 St Paul St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

(Burnett)

E 66848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66848

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 46 N. Caroline St.) 5-9 (WARD)

2-FULL NAME Amelia Burrell

(a) RESIDENCE NO. 46 N. Caroline ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 18-1913

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	1914	Dec	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waitress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bushopsville S. C.

PARENTS

10 NAME OF FATHER: James Burrell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bishopsville S. C.

12 MAIDEN NAME OF MOTHER: Sarah Reeves

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bishopsville S. C.

14 Informant: Sarah Burrell

(Address): mother

19 1931 C. HAMPSON JONES, M. D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/18/31

17

I HEREBY CERTIFY, That I attended deceased from 2/15/31, 19 31, to 3/18/, 19 31

that I last saw h[illegible] alive on 3-18-, 19 31

and that death occurred, on the date stated above, at 1.P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Cold

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test

(Signed) J. H. Walters M. D.

19 (Address) 1445 E. Eager

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery — DATE OF BURIAL: 3/22/31

20 UNDERTAKER: Robt. T. Williams — ADDRESS: 1618 N. Caroline St

CAUSE OF DEATH is very important. See instructions on back of certificates. Exact statement of OCCUPATION may be properly classified. Use plain terms, so that it may be properly classified.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66849

160-092 E 66849

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 124 N Bond ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Baxter

(a) RESIDENCE NO. 124 N Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 28 1931

7 AGE: Years — Months — Days 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Baxter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pen Mar Pa

12 MAIDEN NAME OF MOTHER Alberta Baxter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pen Mar Pa

11 Informant Martha

(Address)

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19/31

17 I HEREBY CERTIFY, That I attended deceased from 3/19 . 19 31 . to 3/19 . 19 31 .

that I last saw h alive on 3/19 . 19 31

and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Carbol Lemon Lazy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) 1402 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery — DATE OF BURIAL: 3/20/31

20 UNDERTAKER: Robert B Williams — ADDRESS: 1515 W Baltimore St

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66850

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66850

CERTIFICATE OF DEATH

93-005

18-24

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 W. Lombard St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Sullivan

(a) RESIDENCE No. 915 W. Lombard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Cornelius Sullivan

6 DATE OF BIRTH (month, day, and year) May 15, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

031

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Peter McCourt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Cassidy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Miss Anna Sullivan

(Address): 915 W. Lombard St.

15 Filed 19 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18, 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec. 21, 19 30, to Mar. 18, 19 31

that I last saw her alive on Mar. 18, 19 31

and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Acute cardiac dilatation

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Senile arteriosclerosis & chronic nephritis (duration) over 2 yrs. yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical test.

(Signed) Henry C. Chiles M. D.

3-21, 1931 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Mar. 21 19 31

UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 West Baltimore St.

C. HAMPSON JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

66851 HEALTH DEPARTMENT—CITY OF BALTIMORE 66851

CERTIFICATE OF DEATH

94-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3310 Westerwald Ave. St. 9-47 WARD)

2 FULL NAME James Frank Davis

(a) RESIDENCE No. 3310 Westerwald Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline V. Davis

6 DATE OF BIRTH (month, day, and year) February 19, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	-	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Richard Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Caroline Dum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Mrs. Pauline V. Davis 3310 Westerwald Ave.

15 Mar 19 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 16 - , 1931 , to Mar 17 , 1931

That I last saw h im alive on Mar 17 , 1931

And that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Ruth. Whitehurst M. D.

3/5, 1931 (Address) 2112 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Mar. 19 1931

20 UNDERTAKER: Robt B Cook

ADDRESS: 1003 West Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cer.—10-16-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66852 001 ✓ E 66852

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Lexington Hospital Ward) 97

2-FULL NAME Logan Keys.

(a) RESIDENCE NO. 750 N. Bruce Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Keys.

6 DATE OF BIRTH (month, day, and year) Aug 10-1895

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
35	36	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country) "

PARENTS

10 NAME OF FATHER Jas Keys

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country) "

12 MAIDEN NAME OF MOTHER Frances Conway

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country) "

14 Informant Edna Keys
(Address) 750 N. Bruce

15 Filed — 19 — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy au-
thority (copy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Mitral Stenosis
Sudden
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular,

(Signed) H. Hamilton Eberbach, M. D.
Coroner
(Address)

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson	March 20 31
20 UNDERTAKER	ADDRESS
Joseph A Lively	709 N Mont St

C. HAMILTON JONES, M. D.
CORONER

I certify that the above statements are true to the best of my knowledge and belief. All the items must be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66853

85 E 66853

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1725 Park Ave St. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Juliet K. Smith

(a) RESIDENCE NO. 1725 Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Talbot O. Smith

6 DATE OF BIRTH (month, day, and year) Dec 4. 1881

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3 ✓	15 ✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Calvin Whitney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Mary E. Durrel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Juliet Mae Tessmer
(Address) Same Town

15 FILED 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19th 1931

17

I HEREBY CERTIFY, That I attended deceased from March 12th, 1931, to March 18th, 1931, that I last saw h[illegible] alive on March 18th, 1931 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Traumatic Epilepsy (Status Epilepticus 5 days) following fracture of Skull June 5th 1917

Lost Wages (duration) ✓ yrs. ✓ mos. 7 ds.

CONTRIBUTORY ✓
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) E. K. Thomas M.D., M. D.

3-19, 1931 (Address) 1575 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	March 21 1931
20 UNDERTAKER	ADDRESS
Henry J. Jenkins & Son	Cathedral & Mulberry Sts

Fill in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 66854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 E 66854

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 10-14 WARD)

2-FULL NAME Rena Saunders

(a) RESIDENCE NO 702 Harford Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Saunders

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	25		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER Henry Monroe

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Hospital Records

(Address)

15 FILED 1 9 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia- 2nd & 3rd degree burns over body and thighs-accidently fell into open fireplace at above address. Feb 15/31

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. S. H. Cotton, M. D. Coroner

3/18/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL MAR 19 1931

20 UNDERTAKER ..... ADDRESS .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.

8spec —1-30—M. & T.—250 Blks.

E 66855 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66855

CERTIFICATE OF DEATH. X 122-001

1-PLACE OF DEATH St. Agnes Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Wilkens or Caton Ave 25-13 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. J. Albert Siehler

(a) RESIDENCE NO. 5100 Oak Drive Catonsville, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [redacted] yrs. [redacted] mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Pauline Siehler

6 DATE OF BIRTH (month, day, and year) Aug 20 1879

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	6 7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jacob Siehler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lubie Lutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Pauline Siehler

(Address) 100 Oak Drive - Catonsville Md.

15 Filed APR 1 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1931

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1931 to March 19, 1931,

that I last saw him alive on March 19, 1931,

and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Hernia Right Inguinal

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) P.O. Pulmonary Embolism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes. Date of 3-18-31

Was there an autopsy? Yes.

What test confirmed diagnosis? P M. —

(Signed) Hjalmar S. Anderson, M. D.

, 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Mar 21 1931
20 UNDERTAKER Josephs Sons	ADDRESS 217 S. Pac

IMPORTANT is very important. See instructions on back of certificates.

C. HAMILTON JONES, M.D.

Spec.—0-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66856

CERTIFICATE OF DEATH.

131

E 66856

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 2789-Alameda Boulv. St. 9-41 Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Esther A. Pistel

(a) RESIDENCE No. 2789-Alameda Boulv. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Capt. Lawrence Pistel

6 DATE OF BIRTH (month, day, and year) 2/18/1854

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	-	29 26	xxxxx

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: George Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Petroff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. George Strauss

(Address): 2789-Alameda Boulv.

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-31

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 17, 1931

that I last saw her alive on March 17, 1931

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. nephritis - organic heart dis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

3 (Signed) [illegible] M. D.

19 31 (Address) 2700 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 3/21/1931

20 UNDERTAKER: [illegible]

ADDRESS: 1735 Harlem Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

345 917

HEALTH DEPARTMENT—CITY OF BALTIMORE

66857 66857

CERTIFICATE OF DEATH

46

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL 17-50 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Lloyd

(a) RESIDENCE NO. 712 Lorraine Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of: E. Howard Lloyd

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: Years 61; Months 6 0; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home Duties
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: William Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va -

12 MAIDEN NAME OF MOTHER: Elizabeth Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records
(Address)

15 Filed , 19 . C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19/31

17
I HEREBY CERTIFY, That I attended deceased from Feb 21 to 26 1931, to March 19, 1931
that I last saw h[illegible] alive on March 19, 1931
and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach with metastases to liver & ascites

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) John A. Cunningham M. D.
, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 3/23/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul st

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66858

CERTIFICATE OF DEATH

82-001 E 66858

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1502 N Gilmore ST. 15-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frances M Bush

(a) RESIDENCE NO. 1502 N Gilmore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of The late Robt H Bush

6 DATE OF BIRTH (month, day, and year) Feb. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Ann Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Viola J Bush

(Address) 1502 N Gilmore St

15 Filed — 19 C. HAMPSON JONES, M. D. Registrar

R 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1931, to March 18, 1931, that I last saw h a alive on March 18, 1931 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? "

What test confirmed diagnosis? History & observation

(Signed) Wm D. Quinn M. D.

3, 19, 1931 (Address) 1501 W. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross.

DATE OF BURIAL Mar 21 1931.

20 UNDERTAKER Wm Cook.

ADDRESS 1217 St Paul St

Important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

Dr Monroe 3632 Roland Ave 1649

E 66859

92-001 E 66859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. 16 W 21st St. 17-51 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ella G. Fallman

(a) RESIDENCE NO. 16 W. 21st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Frederick H. Fallman

6 DATE OF BIRTH (month, day, and year) June 27th 1871

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
59	8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) _____
(State or country) York Pa

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Penna

12 MAIDEN NAME OF MOTHER Sarah Faber

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Penna

14 Informant Frederick Fallman
(Address) 16 W. 21st St

15 Filed JAN 19 1931 C. HAMPSON JONES II Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular
Nervous
Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) _____

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____, M. D.

1/19/1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
York Pa Prospect Hill Cemetery	1/20 1931
20 UNDERTAKER Wm Cook 1217	ADDRESS Paul St

WRITE PLAINLY, WITH UNFADING INK. This blank should be filled out legibly. All items should be answered. Age should be stated in years, months and days. Every question should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66860 50 ✓ E 66860

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5119 Eastern ave ST. 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Tillie Lena Heck

(a) RESIDENCE NO. 5119 Eastern ave ST. 26 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Heck

6 DATE OF BIRTH (month, day, and year) July 22-1893

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	37	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newark N. J.

PARENTS

10 NAME OF FATHER Carl Herrmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Mühlhausen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George W. Heck (Address) 5119 Eastern Ave

15 Filed MAR 20 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Mar 17, 1931, that I last saw h alive on March 17, 1931 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma Left Breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism (duration) 1 yrs. mos. 2 ds.

18 Where was disease contrarted if not at place of death? Unknown

Did an operation precede death? Yes Date of Jan 7, 1929

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Horace L. Hutchins, M. D.

3/19, 1931 (Address) 515 E. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Cemetery	Mch 22 1931
20 UNDERTAKER George W. Zickler	ADDRESS 1737 E. Eager st

Important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66861

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66861

125-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves ST., 7-37 WARD)

2-FULL NAME Mrs Hazel Schmidt

(a) RESIDENCE No. 800 (Fagley Street Forestville ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Harry Schmidt

6 DATE OF BIRTH (month, day, and year) April 20. 1909

7 AGE: Years 21 | Months 10 | Days 28 29 | If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Julius C. Rohrbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Marie Pfetzer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Harry Schmidt

(Address) 800 Fagley St Forestville

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19. 1931

17

I HEREBY CERTIFY, That I attended deceased from March 9. 1931 to March 19. 1931.

that I last saw her alive on March 17. 1931

and that death occurred, on the date stated above, at 10 45 a. m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Acute Yellow Atrophy of Liver (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 800 S. Fagley

Did an operation precede death? yes Date of 3/19/30

Was there an autopsy? no. Clinical & Physical.

What test confirmed diagnosis?

(Signed) M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: Mch 23 1931

20 UNDERTAKER: George W. Gibler — ADDRESS: 1737 E. Eager st

TION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks.

E 66862

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66862

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hosp. 108 V

CITY OF BALTIMORE: (No 69 St. WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dora Le Count

(a) RESIDENCE NO 430 N. Dallas Street St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. N. LeCount

6 DATE OF BIRTH (month, day, and year) June 26 -1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank Glass

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Anna Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 C. HAMPSON JONES, M. D. Registrar

MAR 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18/31

17

I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to March 18, 1931

that I last saw her alive on March 18, 1931

and that death occurred, on the date stated above, at 10.10 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget. M. D.

3-19 1931 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery — DATE OF BURIAL Mar. 22 1931

20 UNDERTAKER Chas. H. Johnson — ADDRESS 46 N. Carlton St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 66863

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 V 66863

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital St. 19-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Agnes Brown

(a) RESIDENCE NO. 1421 Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced (b) HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Fortune

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Hospital Records

15 [illegible] 20 1931 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-1931

17

I HEREBY CERTIFY, That I attended deceased from February 20, 1931, to March 16, 1931

that I last saw h[illegible] alive on March 16, 1931

and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:

Tubercular Enteritis

Tubercular Peritonitis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Septic Peritonitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of —

Was there an autopsy? Yes - 3/16/31

What test confirmed diagnosis? Autopsy & Clinical findings

(Signed) E Benzie Blanchfield M. D.

3/18 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery Rec	21 1931

20 UNDERTAKER Chas. D. Schumacher & Co. ADDRESS Carlton St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

E 66864

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 626 N. Hilton ST., 16-70 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Varina D. Herbert Hanna

(a) RESIDENCE NO. Ellicott City, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: Edwin F. Hanna

6 DATE OF BIRTH (month, day, and year): Oct 7, 1862

7 AGE: Years 68; Months 5; Days 13; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home. 57

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: John H. Herbert.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah A. Dawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Edwin F. Hanna

(Address) Ellicott City, Md.

15 Filed MAR 20 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20 1931.

17 I HEREBY CERTIFY, That I attended deceased from 12-30 AM 3/20 1931, to 2-30 AM 3/20 1931,

that I last saw her alive on 3/20, 1931,

and that death occurred, on the date stated above, at 2.35 A.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 3 hrs ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) H. R. Lucas, M. D.

March 20, 1931 (Address) 3521 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem.

DATE OF BURIAL: Mar 23 31

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

(1) TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66865

CERTIFICATE OF DEATH

95-002

E 66865

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 14-20 WARD

2 FULL NAME Oscar Webster

(a) RESIDENCE NO. 1626 McCulloh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH ~~(month, day,~~ and year) 1869

7 AGE: Years 62 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Peter Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Catherine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Hospital Records

Registrar

MAR 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18-1931

17

I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to March 18, 1931

that I last saw h in alive on March 18, 1931

and that death occurred, on the date stated above, at 5-28P m.

The CAUSE OF DEATH* was as follows:

Hypertension Cardio-Vascular

Disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy findings

(Signed) G. Bennis Handy Jr M. D.

3/18 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 3-22-1931

20 UNDERTAKER: John H. Trader — ADDRESS: 1027 Druid Hill

HILTON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

Connie B Johnson

E 66866

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66866

146

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Connie B. Johnson

(a) RESIDENCE NO. 1137 S. Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER Cutt. Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Mattie Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Mattie Black (Address) 1137 S. Sharp St

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 18, 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1931, to Mar. 18, 1931, that I last saw her alive on Mar. 18, 1931, and that death occurred, on the date stated above, at 9:05 a. m.

The CAUSE OF DEATH* was as follows:

Pregnancy, Full. term
Pre-eclamptic Toxaemia.

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) George Yeager, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson's Cemetery	3-21, 19 31
UNDERTAKER John H. Trader	ADDRESS 1027 Hanover

TION is very important. See instructions on back of certificates.

FEB 20 1931 BALTIMORE, MD.

Spec.—9-30—A. & Co.—250 Bks.

Dr Buck 5 Chet Rd Vine 8108
2840 St Paul of Chase 0051

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66867

CERTIFICATE OF DEATH.

107-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3216 Guilford Ave 12-50 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Glenn L. Jenkins Jr

(a) RESIDENCE No. 3216 Guilford Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4th 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Glenn L Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wisconsin

12 MAIDEN NAME OF MOTHER Semorna E. Forbes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Illinois

14 Informant Glenn L Jenkins
(Address) 3216 Guilford Ave

15 Filed MAR 20 1931 19 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14th 1931

17

I HEREBY CERTIFY, That I attended deceased from March 16 1931, to March 19 1931
that I last saw h alive on March 18 1931
and that death occurred, on the date stated above, at 7-30 a m
The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) Premature Infant

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Hampton Buck M. D.

3/20 1931 (Address) 5 Chet Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	3/20 1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

B 66868

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 66868

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 N. Hanover ST. 22-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Burroughs

(a) RESIDENCE No. 702 N. Hanover ST., 22 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) — — 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	34	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0/t

(b) General nature of industry, business, or establishment in which employed (or employer) Stevedores

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Josephine Saunders

(Address) 702 N. Hanover St

Filed MAR 20 1931 19 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/18/31

17

I HEREBY CERTIFY, That I attended deceased from 3/9/31 to 3/18/31

that I last saw him alive on 3/17/31

and that death occurred, on the date stated above, at 12:35 A.M.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical - microscopical

(Signed) J. Gr. Bosley M. D.

3/19/31 (Address) 708 S. Shark St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 3/20 1931

20 UNDERTAKER Isaac H. Brown Son

ADDRESS 108 W. Monroe

TION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

E 66869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 66869

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 11-24 ST (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel Ballard

(a) RESIDENCE NO 933 Morris ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year)? 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Samuel

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N. C.

14 Informant Records of

(Address) Balto. City Hosp.

15 MAR 20 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-31

17

I HEREBY CERTIFY, That I attended deceased from 3-14-31, 19, to 3-17-31, 19

that I last saw him alive on 3-17-31, 19

and that death occurred, on the date stated above, at 3:55 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis + Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgett M. D.

3-18 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3-20-31

20 UNDERTAKER Dan'l Carton

ADDRESS 916 Gay St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66870

CERTIFICATE OF DEATH

92-62 66870

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4221 Wickford Rd (St.) [illegible] (Ward) [illegible]

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Reese Pitcher

(a) RESIDENCE NO. 4221 Wickford Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? 77 yrs. 0 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowered

6a If married, widowed, or divorced HUSBAND of (or) WIFE of S. Ella Pitcher

6 DATE OF BIRTH (month, day, and year) Feby-26-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Probably Baltimore Md

PARENTS

10 NAME OF FATHER: Wm S. Pitcher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Mary Jane Lester

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. Jos. Ensor (Sister in law)

(Address) [illegible] Wyeth Road

15 Filed [illegible] 19 [illegible] Registrar

R 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3.19.31

17

I HEREBY CERTIFY, That I attended deceased from Nov. 6. 1920. to March 19. 1921

that I last saw h in alive on March 19. 1921

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pyelitis

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) 4 yrs. 3 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Miner C. Clarke M. D.

3.19.1931 (Address) 2a. Wyeth & Mt. Clare Med Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 3/21/1931

20 UNDERTAKER: Howard Williams — ADDRESS: Balto

CAUSE OF DEATH IS VERY IMPORTANT. See Instructions on back of certificate. Each statement of OCCUPATION should be properly answered. Each statement of

Spec.—9 20—A. A Co.—250 Blks.

E 66871

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66871

CERTIFICATE OF DEATH

107-001

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 1-1 ST. WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Andrysiak

(a) RESIDENCE No. 3018 Dillon ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Michael

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records of Balto. City Hosp.

15 MAR 20 1931 (Date) C. HARPER JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-31

17 I HEREBY CERTIFY, That I attended deceased from 3-17-31, 19, to 3-19-31, 19

that I last saw him alive on 3-19-31, 19

and that death occurred, on the date stated above, at 3:25 A m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis.
Arteriosclerotic gangrene, left foot.

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? clin. exam.

(Signed) Fred M. Dunkwall M. D.

3-19-1931 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. — DATE OF BURIAL: March 23-31

20 UNDERTAKER: John J. Duda — ADDRESS: 2811 Hudson St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66872 HEALTH DEPARTMENT—CITY OF BALTIMORE 66872

CERTIFICATE OF DEATH

47

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2430 Resistertown Road 15-21 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Abel Savage

(a) RESIDENCE NO 2430 Resistertown Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julia Savage

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Lebner Savage
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Eva —
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Julia Savage
(Address) 2430 Resistertown Road

15 Filed 6 . 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-31

17
I HEREBY CERTIFY, That I attended deceased from Feb. . 1930 . to March 19, . 1931.
that I last saw h-im alive on March 19, . 1931.
and that death occurred, on the date stated above, at 1 20 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma lung.
about (duration) 1½ yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocardial.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no.
What test confirmed diagnosis? Physical signs.
(Signed) Nathan H Shpritz M. D.
. 19 (Address) 2318 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave
DATE OF BURIAL 3/20 19 31
20 UNDERTAKER Jack Levis
ADDRESS 1439 E. Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Bks.

E 66873

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66873

CERTIFICATE OF DEATH.

93-003

1 PLACE OF DEATH Baltimore City Hospitals 12-30

CITY OF BALTIMORE: (No. ..... Ward) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Tamalinas

(a) RESIDENCE NO. 536 S. Paca St. (Usual place of abode) ST. ..... WARD .....

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 18 mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Lawrence Gustia

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Eva ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: Records of (Address): Balto. City Hosp.

15 Filed ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-18-31

17:

I HEREBY CERTIFY, That I attended deceased from 2-26-31, 19..., to 3-18-31, 19...

that I last saw her alive on 3-18-31, 19...

and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (secondary) Arteriosclerosis and hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

3-19 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	March 21, 1931

20 UNDERTAKER: John Gabrianczak ADDRESS: 423 S. Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66874

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66874

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard + Greene ST., 30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Burnham

(a) RESIDENCE NO. Garrison Blvd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) MD

PARENTS

10 NAME OF FATHER George Burnham

11 BIRTHPLACE OF FATHER (city or town) (State or country) MD

12 MAIDEN NAME OF MOTHER Angelina Devan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) MD

14 Informant (Address) Wilbur Burnham Garrison Blvd + Fulton

15 Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/19, 1931, to 3/21, 1931, that I last saw him alive on 3/21, 1931, and that death occurred, on the date stated above, at 4 50 A m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Acute uremia, myocardial failure (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) George H. Jarvis, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel Cemetery

DATE OF BURIAL Mar 22 1931

20 UNDERTAKER J. F. Cline Reisterstown MD

ADDRESS

TION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 66875

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66875

CERTIFICATE OF DEATH

REGISTERED NO. 107-007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 246 S Bethel ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robt Coleman

(a) RESIDENCE NO 246 S Bethel ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	colored	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Apr. 20. 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Louis Coleman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Sally Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sally Coleman

(Address) 246 S Bethel St

15 Filed ..... 192 ..... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to Her death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Cap. Bronchitis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) W C Tadd, M. D. Coroner

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cem Pikesville	May 20 1931
20 UNDERTAKER Hendrick & Hyppel	ADDRESS Woodlawn

IMPORTANT: See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66876 — 34 — E 66876

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1416 W. Preston St. 15-21 Ward)

2-FULL NAME Mary E. Pulley.

(a) RESIDENCE NO. 1416 W. Preston St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Fmale	Col	Single

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 3-1920-

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	13	2	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer do

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER John W. Pulley.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Jessie Brooks

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Carrie Pulley
(Address) 1416 W Preston

15 Filed 19 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 17 Th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis
Sudden
(duration) yrs. mos. ds.
Cause unknown

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) H. Hawk, M. D.
(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3/21 1931

20 UNDERTAKER Virginia A. Brooks — ADDRESS 403 N. Carey St.

How should be carefully supplied. AGE, should be stated EXACTLY. PHYSICIAN is very OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

20 1931

Spec.—9-30—A. & Co.—250 Bks.

E 66877

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66877

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Caroline & Oliver Street

CITY OF BALTIMORE: (No St. Josephs Hosp. too — St. 10-14 WARD) 126

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth Mueller

(a) RESIDENCE NO. 1105 Somerset ST. ..... WARD .....
(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? 5yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Philip Mueller

6 DATE OF BIRTH (month, day, and year) Not Asked

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Mr. Mackenzie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mrs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr. Philip L. Mueller

(Address) 1105 Somerset St

FILED MAR 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-31

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to March 19th, 1931

that I last saw h alive on March 19, 1931

and that death occurred, on the date stated above, at 6:10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis - Lithiasis -

Arteriosclerosis -

Hypertension —

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY .....
(Secondary)

Cardiac Insufficiency (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3/17/31.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

3/19 1931 (Signed) W. G. Kennedy M. D.

(Address) 1 E. Mount Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Mar 23 1931
20 UNDERTAKER	ADDRESS
Henry Hoeck Funeral	1301 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

E 66878 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66878

CERTIFICATE OF DEATH 131

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 734 S. Eylet ST. 42-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Zuchowski (Zuchowski)

(a) RESIDENCE NO. 734 S. Eylet ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced
(or) WIFE of Hilary Zuchowski

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Over	73	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frank Zuchowski

(Address) 734 Eylet St.

Filed MAR 20 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18-31

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to March 18, 1931, that I last saw h alive on March 18, 1931 and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kuszewski, M. D.

3/18, 1931 (Address) 3549 Eastern Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

UNDERTAKER William Fiallowski

DATE OF BURIAL 3/21 1931

ADDRESS 611 Eastern Ave

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Dilver

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66879 X 92-001 E 66879

CERTIFICATE OF DEATH.

15-21

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1422 Mount St. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Shadrick Dilver

(a) RESIDENCE NO. 1422 Mount ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Dilver

6 DATE OF BIRTH (month, day, and year) Jan 21 78

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	53	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) C. Dilver 1422 Mount St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 17 31

17

I HEREBY CERTIFY, That I attended deceased from Mar 10, 1931, to Mar 17, 1931

that I last saw him alive on Mar 16, 1931

and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

?

(duration) yrs. 6 mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey M. D.

3/19, 1931 (Address) 928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	Mar 22 1931
20 UNDERTAKER	ADDRESS
Thomas E. Kelson.	1303 Preastman St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66880

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66880

23

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Lafayette Ave ST. WARD)

REGISTERED NO. 66880

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alice Ada Lee

(a) RESIDENCE NO. 1232 Lafayette Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married.

5a If married, widowed, or divorced
(or) WIFE of James Lee

6 DATE OF BIRTH (month, day, and year) June 5 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

PARENTS

10 NAME OF FATHER Andrew Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Sallie Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Princess Anne Md.

14 Interment (Address) Wallace Hall 1232 Lafayette Ave

15 Filed —, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 16, 31

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to Mar 16, 1931

that I last saw her alive on Mar 16, 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. William Lee M. D.

3/19, 1931 (Address) 1911 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Mar 21 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Presstman St

TION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Blks

246 394

Ped.

E 66881

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 66881

CERTIFICATE OF DEATH.

34 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarice Scott

(a) RESIDENCE NO. 1111 No. Gilmor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 ~~Single, Married, Widowed, or Divorced, (write the word)~~: Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 21, 1930

7 AGE: Years — Months: 5 — Days: 24½ — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER James Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Saluda Irvine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Records

15 Filed ... 19 ... Registrar

HAMPSON JONES, M. D.

MAR 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 17 1931

17

I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to March 17, 1931

that I last saw her alive on March 17, 1931

and that death occurred, on the date stated above, at 6.35 p. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Empyema

Cong. heart

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Thoracentesis, Wassermann

(Signed) Ann E. Kottmeier M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery

DATE OF BURIAL: MAR 20 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Freastman St

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66882

CERTIFICATE OF DEATH

108 E 66882

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 310 Princeton Place. St. 12-19 Ward)

2-FULL NAME Thelma D. Maddox. (C)

(a) RESIDENCE NO. 310 Princeton Place St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 29, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	0	11	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank Maddox. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Daisy Brown. (C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

14 Informant Frank Maddox. (C) father.
(Address) 310 Princeton Place.

19 C. HUMPHREY JONES, M. D.
Registrar

Filed

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Robt. Reinhardt M. D.

8/20 1931 (Address) 1017 E. Charles St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	3/20 31
20 UNDERTAKER Samuel S. Hemsley	ADDRESS 28 W. Lafayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66883 X 108 E 66883

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Enroute Hopkins Hospital ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarice Brown (Towson)

(a) RESIDENCE No .... Rogers Forge, Md., ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 24/30

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work . none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Samuel Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rachel Shorter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Towson, Md.

14 Informant Rachel Brown
(Address) Rogers Forge, Md.

15 Filed 3/20/31 C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John W. Walker, M. D.
Coroner

3/20/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	Mar 20, 1931
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1725 Ashland Ave

TION is very important. See instructions on back of certificate.

Spec.—8-30—A. & Co.—250 Blks

E 66834 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 66834

CERTIFICATE OF DEATH

1 PLACE OF DEATH — Manhattan Ave. — REGISTERED No. 20 E 66834

CITY OF BALTIMORE. (No. 5104 Division St.) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Albert L. Stencel

(a) RESIDENCE No. 5104 Division St. — WARD

(Usual place of abode) — (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 6 mos. 15 ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 3-1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Charles C. Stencel — (Address) 5104 Division St.

FILED MAR 20 1931 — H. M. JONES, M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 22nd, 1931, to March 18th, 1931, that I last saw him alive on March 17th, 1931, and that death occurred, on the date stated above, at 7.13 A.m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis (duration) yrs. 2 mos. Ohs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Albumen Test

(Signed) Geo F. Eberhart M. D.

3/18 1931 (Address) 600 Windsor Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Lawn Cemetery, Baltimore — DATE OF BURIAL: Mar. 21, 1931

20 UNDERTAKER: Edward F. Denny — ADDRESS: 715 Eight St.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66885

CERTIFICATE OF DEATH.

131 E 66885

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Forest Park Ave. WARD) 15-61

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Rothholz

(a) RESIDENCE NO. See above. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Rothholz.

6 DATE OF BIRTH (month, day, and year) Mar. 16, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Koschmin Germany

PARENTS

10 NAME OF FATHER ? Bornstein.

11 BIRTHPLACE OF FATHER (city or town) (State or country) —— Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Son (Address) [illegible]

15 Filed [illegible] Registrar

APR 2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from July, 1929, to March 1931, that I last saw her alive on March 19, 1931, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis + Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No especial test.

(Signed) V Botterman, M. D.

3-20, 1931 (Address) 1107 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bait Hebrew	3/20/31
20 UNDERTAKER	ADDRESS
D Sondheim's Son	1402 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66886 ✓ 121 E 66886

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Anne Marshall

(a) RESIDENCE NO. 2307 E. Biddle St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Marshall

6 DATE OF BIRTH (month, day, and year): Mar 10 65

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	66	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Delmar, Md.

(State or country)

PARENTS

10 NAME OF FATHER: Wm Mott

11 BIRTHPLACE OF FATHER (city or town): (State or country) Md.

12 MAIDEN NAME OF MOTHER: Cain

13 BIRTHPLACE OF MOTHER (city or town): (State or country) Md.

14 Informant: Anna Stambaugh

(Address) 341 E Lanvale St Balto

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to March 19, 1931, that I last saw h.e.r alive on March 19, 1931, and that death occurred, on the date stated above, at 4:40 a.m.

The CAUSE OF DEATH was as follows:

Chr. Hypertensive Cardio-vascular renal Disease

Unknown (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Operation for - Cholelithiasis

+ appendicitis (duration) (2 yrs symptoms) yrs. 2 mos. 19 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of March 12, 1931

Was there an autopsy? none

What test confirmed diagnosis? Clinical

(Signed) Oscar E Hubbard, M. D.

19 (Address) 409 Cannall St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Reisterstown Md — Date of Burial: Mar 21 1931

20 UNDERTAKER: Wm Routson — ADDRESS 2238 W Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Stks

66887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66887

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1318 W Lexington St. 14-16 Ward)

2 FULL NAME William F Focke

(a) RESIDENCE NO. 1318 W Lexington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wht.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harriett Hull Slade

6 DATE OF BIRTH (month, day, and year) April 27 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88.	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William F. Focke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Rosina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary Focke
(Address) 1318 W Lexington St

15 Filed [illegible] 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 31

17

I HEREBY CERTIFY, That I attended deceased from Nov 1 1920 to March 19 1931

That I last saw h[illegible] alive on March 19 1931

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY Acute Dilatation of Heart
(Secondary)

(duration) — yrs. — mos. Dec ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? Yes Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Symptoms

(Signed) Herbert F. Hellmann M. D.

19 (Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem — DATE OF BURIAL: Mch 21 1931

20 UNDERTAKER: John O. Mitchell & Sons — ADDRESS: 19.. Eastern Place

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 66888 E 66888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH Fairfield, Lazaretto

CITY OF BALTIMORE: (No. Fayette & Calhoun ST. 3-4 WARD)

2-FULL NAME Sarah Caroline Spell

(a) RESIDENCE NO. 4195 Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Deceased

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown. Deceased

14 Informant Daughter. (Address) 4195 Caroline St.

15 Filed [illegible] 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-31

17 I HEREBY CERTIFY, That I attended deceased from 3-16- 1931 to 3-19 1931

that I last saw h[illegible] alive on 3-19 1931

and that death occurred, on the date stated above, at 1:47P m.

The CAUSE OF DEATH* was as follows:

~~Bronchopneumonia~~

~~(Tuberculosis)~~

Chronic nephritis

(duration) 5 yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Hernia Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home 4195 Caroline St.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Examination

(Signed) M. B. Schreiber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Town

DATE OF BURIAL MAR 21 1931

UNIVERSITY OF MARYLAND

20 UNDERTAKER Chr. Keidel Health.

Walter E. Spence 139 W

ADDRESS Hamburg St

FOR IS very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

66889

HEALTH DEPARTMENT—CITY OF BALTIMORE

66889

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 18-24 St. Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Fred Yost

(a) RESIDENCE No. 832 E. Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 13, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records of Balto. City Hosp.

15 Date 3-19 1931 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-16-31

17

I HEREBY CERTIFY, That I attended deceased from 3-11-31, 19, to 3-16-31, 19

that I last saw him alive on 3-16-31, 19

and that death occurred, on the date stated above, at 7:08 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) UNKNOWN yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

(Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health — ADDRESS MAR 20 1931

FILED WITH REGISTRAR

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66890

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 E 66890

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 913 ST. & WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Anderson

(a) RESIDENCE No. 1920 Madison ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) June 18, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	36	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Afro-American Paper

9 BIRTHPLACE (city or town) (State or country) Thomasville, Va.

PARENTS

10 NAME OF FATHER Sevy Sewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Key West Florida

12 MAIDEN NAME OF MOTHER Emma Bell Sewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Records of Balto. City Hosp.

MAR 20 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-17-31

17

I HEREBY CERTIFY, That I attended deceased from 2-20-31, 19 , to 3-17-31, 19

That I last saw her alive on 3-17-31, 19

and that death occurred, on the date stated above, at 1:25 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix with local metastases.

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. exam.

(Signed) Fred W. Dunkerly M. D.

3-19-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS MAR 20 1931

C. HAMPSON JONES, M. D.

For Wm. F. Wood

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66891 E 66891

CERTIFICATE OF DEATH. 107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 S. Ann ST. 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anthony Haske

(a) RESIDENCE No. 317 S. Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	W. Dowrs

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Haske

6 DATE OF BIRTH (month, day, and year) Aug. 30 - 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 62

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Haske

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. T. Withe

(Address) 317 S. Ann St.

MAR 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1931

17

I HEREBY CERTIFY, That I attended deceased from March, 1930, to March, 1931, that I last saw him alive on March 18, 1931, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 7 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Examination

(Signed) Eugene Zellers, M. D.

3/19, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 3/21/31

20 UNDERTAKER John A. Moran

ADDRESS 3900 E. Balto St.

CAUSE OF DEATH to be properly classified. Explain abbreviations or unusual terms. Be exact and complete.
TION is very important. See instructions on back of certificates.

Spec.—12-9-31—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66892

CERTIFICATE OF DEATH.

92-001

E 66892

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1507 Parkslyn Ave. (or) Ward 25-70)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T. Tuxford

(a) RESIDENCE NO. 1507 Parkslyn Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza A. Tuxford

6 DATE OF BIRTH (month, day and year): May 3-1847

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	83	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 086

(b) General nature of industry, business, or establishment in which employed (or employer): Cattleman

(c) Name of employer

9 BIRTHPLACE (city or town): Balto.

(State or country): Md

PARENTS

10 NAME OF FATHER: Tuxford

11 BIRTHPLACE OF FATHER (city or town): England

(State or country)

12 MAIDEN NAME OF MOTHER: Lambford

13 BIRTHPLACE OF MOTHER (city or town): America

(State or country)

14 Informant: John Dorsey

(Address): 2729 Washington Blvd

15 Filed ..... 1931 ..... C. HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 March 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1931, to March 19, 1931, that I last saw h.. alive on March 19, 1931, and that death occurred, on the date stated above, at 4:20 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 1 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm A. Strauss, M. D.

3/20, 1931 (Address) 1901 Griffith Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery Date of Burial Mar. 21 1931

20 UNDERTAKER: George L. Schwartz ADDRESS 2101 Eutaw Pl.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—190 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66893 E 66893

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 35 W. West St. St. 23-31 Ward)

2-FULL NAME Edward Zimmerman.

(a) RESIDENCE NO. 930 Hanover St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. --- mos. --- ds. How long in U. S., If of foreign birth? 48 yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Divorced

5a If ~~married, widowed or~~ divorced HUSBAND of ~~WIFE of~~ Katie Zimmerman.

6 DATE OF BIRTH (month, day, and year) April 25, 1881

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	49	10	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Reed worker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Germany.
(State or country)

PARENTS

10 NAME OF FATHER John F. Zimmerman.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Sophia Rehbein.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Martin Zimmerman. (brother)
(Address) 417 E. Fort Ave.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Albert Einhardt, M. D.

3/20. 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	3/21 1931
20 UNDERTAKER	ADDRESS
L. Few McCully	130 E. Fort

2 1931

1111

Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

tion should be carefully supplied. AGE should

Spec.—1-30—M. & T.—250 Blks

E 66894 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66894

CERTIFICATE OF DEATH. 131

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1006 E. 20th St. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Simon J. Gaeng

(a) RESIDENCE NO. 2824 Guilford Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. --- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C. Johnson

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Gaeng

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude Schilling

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Germany

14 Informant George H. Gaeng
(Address) 3211 Alameda Boulevard

15 Filed MAR 20 1931, 19 H. HAMPSON JARVIS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930, to March 18, 1931, that I last saw him alive on Mar 18, 1931, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(duration) yrs. 7 mos da.

CONTRIBUTORY (Secondary) Pulmonary Infection

(duration) yrs. 7 mos. 3 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary Tests.

(Signed) J. McDiarmid M. D.

March 20 19 31 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	3/21 19 31
20 UNDERTAKER Henry W. Mears & Son	ADDRESS 805 N. Calvert

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66895

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66895

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Schissler

(a) RESIDENCE NO. Preston & Valley STR. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of George Schissler

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Busch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Friends

(Address)

15 Filed Mar 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1931, to Mar 20, 1931, that I last saw him alive on Mar 19, 1931, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Edmund Wells M. D.

(Address) 1216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Mar 23 1931
20 UNDERTAKER Rita Riedefeld	ADDRESS 17 Greenmt Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks

66896

HEALTH DEPARTMENT—CITY OF BALTIMORE

66896

CERTIFICATE OF DEATH.

186-001

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 33rd & Calvert St. 11-24 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. Henry May

(a) RESIDENCE NO. Same address, Mt. Washington St. WARD Baltimore
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7, 1858

7 AGE	72 Years	11 Months	23 Days	If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired. Gent.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PARENTS

10 NAME OF FATHER Henry May

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta de Coursey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Hospital records.

MAR 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1931

17

I HEREBY CERTIFY, That I attended deceased from January 15, 19 31, to March 20, 19 31

that I last saw h[e] alive on March 20, 19 31

and that death occurred, on the date stated above, at 1 00 A.M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic nephritis

Arteriosclerosis - generalized

(duration) yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Tracheitis pneumonic with pleural effusion

(duration) 0 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Same address - Mt. Washington

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic.

(Signed) Francis W. Clarke M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. — DATE OF BURIAL: 3-21-19 31

20 UNDERTAKER: Kenz W. Jenkins & Sons Co. — ADDRESS: Orchard & Fulton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

trans—001

210-E 66897

E 66897

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital STREET (or) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John R Carroll

(a) RESIDENCE No 1741 N. Washington ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~
HUSBAND of (or) ~~WIFE of~~ Emma Carroll

6 DATE OF BIRTH (month, day, and year) Jan 20th 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer John L Grimes

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hartford Co Md

12 MAIDEN NAME OF MOTHER Hannah A Bartlett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md

14 Informant Thomas L. Carroll

(Address) 3018 Oakcrest Ave

15 Filed _____, 192 _____ Registrar

HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by an moving auto while running across street in front of car from behind car auto in front of car

(Duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) _____ yrs. _____ mos. _____ da.

18 Where was disease contracted (A) If not at place of death? St Paul nr North

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Fraun _____, M. D. Coroner

(Address) 2436 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Country	3/23/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSA-TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks. Coroner Blue

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66898 E 66898

CERTIFICATE OF DEATH

92-001 ✓

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Pier 7 Pratt St. 21-29 Ward)

2-FULL NAME Henry Roman

(a) RESIDENCE NO. 1121 Washington Blvd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Florence E. Roman

6 DATE OF BIRTH (month, day, and year) Sept 12th 1867

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
63	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto City

9 BIRTHPLACE (city or town)
(State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Roman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Elmer Roman
(Address) 24 y Washington Blvd

15 Filed . 19 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~(Inquest, autopsy or inquiry.)~~ Inquiry thereon and from the evidence obtained ~~at said~~ Inquiry find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) Pneumonia (duration) 1 yrs. mos. 1 ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? Pier 7 Balto Md

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Histo

(Signed) Jno C Bradley, M. D.

. 19 (Address) 1437 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Arridental, Suiridal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	3/24/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 E Pratt

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 66899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S. Bouldin St. No. 2 WARD) 108 E 66899

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma L. Knemmel

(a) RESIDENCE No. 200 S. Bouldin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: John A. Knemmel

6 DATE OF BIRTH (month, day, and year): May 22, 1889

7 AGE — Years: 41 — Months: 6 — Days: 27 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Henry H. Lohrman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Elizabeth Winterwerb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Chas. L. Knemmel 200 S. Bouldin St.

15 Filed Mar 20, 1931 C. HAMPSON JONES, II Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to March 19, 1931

That I last saw h[illegible] alive on March 19, 1931

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Symptoms & Signs

(Signed) Wm. S. Bartram M. D.

3-[illegible]-1931 (Address) 2132 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 3/23 1931

20 UNDERTAKER: H. Cook

ADDRESS: 1217 Fulton St

TION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 66900

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

82-002

REGISTERED NO.

E 66900

1-PLACE OF DEATH

City of BALTIMORE: (No.) Maryland Genl. (St.) (Ward)

2-FULL NAME Mrs. Edith Nelson

(a) RESIDENCE NO. 1805 Barclay St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

5a If married, widowed, or divorced (ar) WIFE of Mr. — Nelson

6 DATE OF BIRTH (month, day, and year) Oct. 28, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50	4	20½	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Practical Nurse.

(b) General nature of industry, business, or establishment in which employed (ar employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER Solomon Bazley

11 BIRTHPLACE OF FATHER (City or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Elizabeth Bayliss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant (Address) Hospital Records.

15 Filed 19

C. HAMPSON JONES, Registrar

By

20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1931, to March 20, 1931, that I last saw her alive on March 20, 1931, and that death occurred, on the date stated above, at 12:40 A. m.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer.

Chronic Phlebitis Left Leg.

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 20 dy. hrs.

18 Where was disease contracted

If not at place of death? Home.

Did an operation precede death? Yes Date of 3/18/31

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible] M. D.

19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cathedral

Date of Burial 3/22 1931

20 UNDERTAKER Pittsom & Co

ADDRESS 1217 E. Fond St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Blks.

66901 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 66901

CERTIFICATE OF DEATH.

93003

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2518 N. Charles St. 17-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edna Hunter Edelen

(a) RESIDENCE NO. 2518 N. Charles ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James R. Edelen

6 DATE OF BIRTH (month, day, and year): Jan. 10 1855

7 AGE: Years 76 | Months 0 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: George Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Amanda Edelen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): James R. Edelen 2518 N. Chas. St.

Filed MAR 20 1931 19

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20-1931

17

I HEREBY CERTIFY, That I attended deceased from March 15 1931 to March 19 1931

that I last saw her alive on March 19 1931

and that death occurred, on the date stated above, at 2:30 A m

The CAUSE OF DEATH* was as follows:

Myocarditis & Acute Dilitation

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Place of death.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Personal observation

(Signed) Wm. Conrad Bode M. D.

19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pinesatoway, Md.

DATE OF BURIAL: 3/21 1931

20 UNDERTAKER: J. M. Coufal

ADDRESS: 127 Druid Pl.

TION is very important. See instructions on back of c

Spec.—9-30—A. & Co.—250 Blks.

Dr. Buettner 1319 Light St
Co. Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66902 — 23 — E 66902

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 1602 W. Fayette St. (WARD) 19-27

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Samuel H. Bell

(a) RESIDENCE NO. 1602 W. Fayette St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Bell

6 DATE OF BIRTH (month, day, and year) Jan 1, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2 mo	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Soldier Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 656

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown

14 Informant: T. M. Richardson
(Address) 251 E. Fulton Ave

Filed MAR 20 1931 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19. 1931

17

I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to March 19, 1931

that I last saw him alive on March 14, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 0 yrs. 3 mos. 0 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 0 yrs. 6 mos. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Henry F. Buettner M. D.

19 (Address) 1319 Light St, Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W. L. Rahmal

UNDERTAKER: H. M. Cook

DATE OF BURIAL: 3/21/1931

ADDRESS: 1319 Ft Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

66903 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals (T.B.) 25-11 23 REGISTERED No. 66903

CITY OF BALTIMORE (No. ... St. ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Matuszewski

(a) RESIDENCE No. 1649 Ceddox st. St. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 20, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Michael Matuszewski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Victoria Sebrau(ski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Hospital Records
(Address)

Dec 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1930, to Mch. 19, 1931 that I last saw him alive on Mch. 19, 1931 and that death occurred, on the date stated above, at 8.35 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 10 mos. ... ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Jenner M. D.

3-19, 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pikesville Rosary am March 24	19 31
20 UNDERTAKER	ADDRESS
John M Weber & Co	Shenton 25

TION is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Bks.

66904½

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 L 66904

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) Bon Secours Hosp. (St.) 15-161 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Jessie A. Galvin

(a) RESIDENCE NO. 3317 W. Garrison Ave (St.) (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Galvin.

6 DATE OF BIRTH (month, day, and year) Feb. 5 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fall River Mass.

PARENTS

10 NAME OF FATHER Patrick Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New England

14 Informant (Address) Mrs. Minnie L. Hunard. 3317 W Garrison Ave

Date 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20/31

17 I HEREBY CERTIFY, That I attended deceased from 3/17, 1931, to 3/20, 1931

that I last saw her alive on 3/20, 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Chas R Stillwell M. D.

19 (Address) Bon Secours Hospt

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fall River, Mass.

DATE OF BURIAL 3/21 1931

20 UNDERTAKER C. Brian Lannan.

ADDRESS 461 Park Leighton.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 66905 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66905

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 W. Baltimore St. ST. 19-25 YEARS)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline A. Munz

(a) RESIDENCE NO. 1303 W. Baltimore St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mathias J. Munz

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Switzerland

PARENTS

10 NAME OF FATHER Joseph Saleter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mathias J. Munz

(Address)

15 Filed 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 13, 19 31, to March 20, 19 31, that I last saw h[illegible] alive on March 19, 19 31, and that death occurred, on the date stated above, at 6.00 A. m.

The CAUSE OF DEATH* was as follows:

Acute pleurisy, causing acute cardiac dilatation

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Paralysis agitans and senile debility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No Clinical Facts

What test confirmed diagnosis?

(Signed) Harry [illegible], M. D.

, 19, (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	3/23/31 19

20 UNDERTAKER Harry H. Nuttle ADDRESS 4101 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Blks.

E 66906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66906

CERTIFICATE OF DEATH

1—PLACE OF DEATH Good Shepherd General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1512 N. Gilmore ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Coleman

(a) RESIDENCE NO. 129 N. Schroeder STREET WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Thos. Evans

(Address) 867 Vine

15 MAR 21 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20/31

17 I HEREBY CERTIFY, That I attended deceased from 3-18-, 1931, to 3-20-, 1931, that I last saw him alive on Mar 20-, 1931 and that death occurred, on the date stated above, at 12:35 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy of L. Ventricle probable due to Alcoholism (duration) yrs.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Wm R. Boykin, M. D.

, 19 (Address) 1512 Gilmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 21 1931, 19

20 UNDERTAKER: Commissioner Health.

ADDRESS

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

Rebbel

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66907

CERTIFICATE OF DEATH.

10-7-001

E 66907

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 25 N. Curley St. 6-11 (WARD)

2 FULL NAME Kenneth C. Rebbel

(a) RESIDENCE NO. 25 N. Curley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Aug. 12 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	-	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles N. Rebbel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna Strathberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant (Address) Charles N. Rebbel 25 N. Curley St.

15 ..... 16 .....

MAR 21 1931 (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20-1931

17

I HEREBY CERTIFY, That I attended deceased from March 14 31 to March 20 31

that I last saw h alive on March 19 1931

and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Kurt Jenkins M. D.

3/20/31 (Address) 2935 E. 3rd St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL March 21 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager st

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 66908 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66908

107-001

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 E. Chase St. St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Atkins.

(a) RESIDENCE NO. 1310 E. Chase St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colord	widow

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: widow

6 DATE OF BIRTH (month, day, and year): Dec. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: George Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Harien Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Charlie Askins

(Address) 1708 E. Eager st

MAR 21 1931

Filed Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/19/31.

17 I HEREBY CERTIFY, That I attended deceased from 3/15/31. , 19 , to 3/19/31. , 19 ,

that I last saw her alive on 3/19/31. , 19 ,

and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia.

(duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? home,

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Irving D. Fittman, M. D.

, 19 (Address) 1 B of E. Chase st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvery (Lawsons)

DATE OF BURIAL: March 24 1931

20 UNDERTAKER: Edward Bryan

ADDRESS: 1686 Orleans st

IMPORTANT See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66909 E 66909

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hosp. 26-31 82-001 REGISTERED No.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward Poag

(a) RESIDENCE No. 1846 Chesapeake Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Estimated	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Unknown

14 Informant Records of Balto. City Hosp.
(Address)

15 Filed 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19/31

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1931 to March 19, 1931

that I last saw him alive on March 19, 1931

and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget. M. D.

3-20 1931. (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary cemetery DATE OF BURIAL March 23 1931

20 UNDERTAKER Edward Bryan ADDRESS 1681 orleans st

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66910 E 66910

CERTIFICATE OF DEATH

X 95-002

REGISTERED NO. 90-64

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 N. Lombard St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth R. McCauley.

(a) RESIDENCE NO. 2209 N. Lombard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

8a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. McCauley.

6 DATE OF BIRTH (month, day, and year) Nov. 3-1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) none.

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Ellicott City Howard Co. Md

PARENTS

10 NAME OF FATHER James Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna McIntyre

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Daughter 2209 N. Lombard St.

15 MAR 27 1931 C. HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19-1931

17

I HEREBY CERTIFY, That I attended deceased from January, 1920, to March 19, 1931

that I last saw her alive on March 19, 1931.

and that death occurred, on the date stated above, at 7.25 P. m.

The CAUSE OF DEATH* was as follows:

Enlarged and Hypertrophied Heart

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? none

(Signed) W. J. Costello. M. D.

19 (Address) 325 E. 21st St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Milestone Cem. Ellicott City Md.	3 23 1931
UNDERTAKER Chas. Cowsar Sr.	ADDRESS Gorsuch Ave

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 E 66911

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Milton & Gaston ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Fischer

(a) RESIDENCE NO. 2570 N. Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single.

5a If married, widowed, or divorced HUSBAND of .or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23rd 30.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	9	25	

13 months

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Michael F. Fischer

12 MAIDEN NAME OF MOTHER Mary E. Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Michael Fischer

(Address) 2570 N. Fayette

15 Filed ——— 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20-31

17 I HEREBY CERTIFY, That I attended deceased from 3-19, 1931, to 3-20, 1931, that I last saw him alive on 3-20, 1931, and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Date of

Was there an autopsy? —

What test confirmed diagnosis? Typical Temperature

(Signed) [illegible] M. D.

19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 3/21/1931

20 UNDERTAKER John J. Howard & Son

ADDRESS [illegible]

C. H. REPORT J. S. JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E 66912

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., 9-45 Ward)

2-FULL NAME Robert Glenn

(a) RESIDENCE No. Welcome (Charles Co), Md St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Jan 29, 1926

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co., Md

PARENTS

10 NAME OF FATHER Roy V. Glenn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md.

12 MAIDEN NAME OF MOTHER Mary Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Roy V. Glenn (Address) Welcome, Md.

15 Filed ..... 19.. G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1931, to March 19, 1931, that I last saw him alive on March 19, 1931, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 6 yrs. 0 mos 14 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ..yrs. .. mos. 5 ds.

18 Where was disease contracted if not at place of death? Welcome, Md.

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) L. Peter Meranske, M. D.

, 19 (Address) Lyndenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hockley Cemetery — DATE OF BURIAL March 21 1931

20 UNDERTAKER C. Gentry & Son — ADDRESS Jarrettsville Md

Spec.—1-30—M. & T.—250 Blks

E 66913

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66913

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital 59

CITY OF BALTIMORE: (No. 24-25 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Watson

(a) RESIDENCE (No. 121 East Cross St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Barbara Harlenslein

6 DATE OF BIRTH (month, day, and year) March 10 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Producer Oil

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Barbara Watson

(Address) 121 E Cross St

15 Filed APR 21 1931 19 HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-31

17 I HEREBY CERTIFY, That I attended deceased from 3-8 —, 19 31, to 3-19, 19 31,

that I last saw him alive on 3-19, 19 31,

and that death occurred, on the date stated above, at 730 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Lace (Staphylococcus)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-8-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cem.	March 23 1931
20 UNDERTAKER Charles L. Stevens	ADDRESS 1501 E. Fort. Ave

IONS is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

56914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. 56914

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 165 N. Hare St. (St.) 8-45 (WARD)

2 FULL NAME John A. Tulley.

(a) RESIDENCE NO. 3220 Belair Rd. ST. WARD.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Agnes Tulley.

6 DATE OF BIRTH (month, day, and year) March 3, 1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	—	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Filling Station
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Alfred Tulley.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Mary Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

14 Informant: Mrs. Louise M. Aloisi
(Address) 3220 Belair Rd.

15 Filed: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19, 1931

17
I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to March 19, 1931
that I last saw h[illegible] alive on March 19, 1931
and that death occurred, on the date stated above, at 5.30 P. M.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Acute Myocarditis (Acute Endocarditis, Chronic Valvular Disease)
(duration) yrs. mos. (Chronic)

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) A. Liberi Artigiani M. D.
, 19 (Address) 2942 E. Fayette St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: 3/23/31

20 UNDERTAKER: John A Moran — ADDRESS: 3906 E. Balto St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66915. 66915 13 V

1 PLACE OF DEATH
CITY OF BALTIMORE: (No 35 E. Hill ST. (WARD) 22-33
2 FULL NAME Margaret E. Stanton
(a) RESIDENCE NO 35 E. Hill ST. 22 WARD
(Usual place of abode) (If non-resident give city or town and State)
length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White.
5 Single, Married, Widowed, or Divorced. (write the word): Widow.
5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Michael Stanton.
6 DATE OF BIRTH (month, day, and year): Oct 19 185[illegible]
7 AGE: Years 77; Months 5; Days 1; If LESS than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS
10 NAME OF FATHER: David Thompson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Eliza Crawford
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs. Lillian Rumsey 35 E. Hill St.
15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20-1931
17 I HEREBY CERTIFY, That I attended deceased from Jan . 1931 . to March 20. 1931
that I last saw her alive on March 19 . 1931
and that death occurred, on the date stated above, at 6.0 A m
The CAUSE OF DEATH* was as follows:
Cirrhosis Pulmonis
Chronic Interstitial Nephritis
(duration) 9 yrs. mos. ds.
CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis
(duration) 9 yrs. mos. ds.
18 Where was disease contracted if not at place of death? -
Did an operation precede death? No Date of -
Was there an autopsy? No
What test confirmed diagnosis? Physical examination
(Signed) John S. Bishop M. D.
. 19 (Address) 122 - 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leathedral Cemetery
DATE OF BURIAL: Mar 23 19 31
20 UNDERTAKER: F. A. Wanser & Son
ADDRESS: 703 Hamilton St

TION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 ✓

E 66916 E 66916

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-18 WARD)

2-FULL NAME Florence Bailey

(a) RESIDENCE NO 1104 E. North Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edwin Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Elizabeth Caldwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Blanche Bailey
(Address) 1104 E. North Ave

15
Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 19/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns over body.
Clothes accidently caught fire from kitchen gas range.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) T. S. Haines, Coroner, M. D.

(Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Mar 21 1931
20 UNDERTAKER	**ADDRESS**
Mary M Mudgett	501 E 32nd St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66917

CERTIFICATE OF DEATH.

23 E 66917

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 17-24

CITY OF BALTIMORE: (No ..... St ..... WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm. Albert Johnson

(a) RESIDENCE No. 524 W. Hoffman st. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Johnson

6 DATE OF BIRTH (month, day, and year) Aug. 6, 1905?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	26	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William A. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records
(Address)

15 Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

R 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 19, 1931

17:

I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1931, to March 19, 1931

that I last saw him alive on March 19, 1931

and that death occurred, on the date stated above, at 2.40 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Tenner M. D.

3-19 1931 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Mar. 21, 1931
20 UNDERTAKER: Mrs Katie R. Williams	ADDRESS 3221 Schenley St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66918

34

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1021 N Sharp 23-31 St., 7 WARD)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Thomas Martin

(a) RESIDENCE No. 1021 N Sharp ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Louisa Martin

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	-	.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Darnell 025

(c) Name of employer Frank + Co.,

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bessie Randall

(Address) 302 N. Carey St

15 Filed M. 19 HAMILTON JONES, Registrar.

R 2T1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28/31

I HEREBY CERTIFY, That I attended deceased from 3/17, 1931, to 3/20, 1931, that I last saw h[illegible] alive on 3/19, 1930, and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

Cert (duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Senility (duration) Cert yrs. ____ mos. ____ ds.

17 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

3/30, 1931 (Address) 1708 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Mar. 31, 1931
20 UNDERTAKER	ADDRESS 322 [illegible]
Mrs Kate R Williams	Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66919

CERTIFICATE OF DEATH.

34 E 66919

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 17-26 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Goings

(a) RESIDENCE NO. 721 Pierce St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50?yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Unknown Md.

PARENTS

10 NAME OF FATHER Manuel Goings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Md.

12 MAIDEN NAME OF MOTHER Emily Bowie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown: Md.

14 Informant Records of Balto. City Hosp.
(Address)

Rec'd MAR 21 1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19/31

17

I HEREBY CERTIFY, That I attended deceased from 3/17/31, 19, to 3/19/31, 19

that I last saw him alive on 3/19/31, 19

and that death occurred, on the date stated above, at 5.30 A.M.

The CAUSE OF DEATH* was as follows:

Aneurysm of aorta

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage into thorax (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget M. D.

3-19 1931. (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3-21 1931

20 UNDERTAKER Dennis Easton

ADDRESS 911 E Lexington St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Bks.

E 66920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 66920

REGISTERED NO. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton St. 16-23 WARD)

2-FULL NAME John H Good

(a) RESIDENCE NO. aged men + women's Home ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Good

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Addie Good

(Address) 535 Marshall St.

15 Filed MAR 21 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1931, to March 18, 1931, that I last saw him alive on March 16, 19 31 and that death occurred, on the date stated above, at 10³⁰ a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos 14 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Wheatley, M. D.

, 19 (Address) Branch 20-1230 S. Hanover

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3-21 1931

20 UNDERTAKER Dennis Easton

ADDRESS Pa ave

TION is very important See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks

B 66921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 B 66921

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1605 Chilton St. 9-46 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary H. Dunkehard

(a) RESIDENCE NO 1605 Chilton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single, Married~~, Widowed, or Divorced. (Write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 17 - 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	7	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Hentchel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Rhon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Mary E Brown 2002 Brookdale Ave

Filed ..... 19 ..... Registrar

MAR 27 1931 H. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1931

17
I HEREBY CERTIFY, That I attended deceased from
Jan 5 1931 to March 19 1931
that I last saw her alive on March 19 1931
and that death occurred, on the date stated above, at 1:50 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis ?
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. 2 mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Victor Goldberg M. D.

3/20, 1931 (Address) 1524 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn [redacted]

UNDERTAKER John Ulrich

DATE OF BURIAL Mar 23 1931

ADDRESS 2005 Orleans

TION is very important. See instructions on back of certificates.

Spec.—2-29-29—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 V-001
E 66922

E 66922

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 527 N. Castle ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Anna Raither

(a) RESIDENCE NO. 527 N-Castle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced (or) WIFE of Charles M-Raither

6 DATE OF BIRTH (month, day, and year) Jan 13-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delta Co. Md

PARENTS

10 NAME OF FATHER Geo. W. Line

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rebecca Seibel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Clarence M Raitherr

(Address) 527 N Castle St.

15 Filed MAR 21 1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-31

17 I HEREBY CERTIFY, That I attended deceased from 3-14, 1931, to 3-19, 1931, that I last saw her alive on 3-14, 1931, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows: Arterio-Sclerosis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic Interstitial Nephritis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Loos M. D.

3/20, 1931 (Address) 413 N Loudenslager Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lakeview Cem	Mar 23 1931
20 UNDERTAKER John Ulrich	ADDRESS 2nd & Calvert

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66923

CERTIFICATE OF DEATH.

93 2002 66923

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 937 E. Madison ST. (10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paddy Washington

(a) RESIDENCE NO. 937 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Simeon Washington

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years 72; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

837

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Lines Washington (Address): 937 E. Madison St.

15 Filed MAR 21 1931 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-18-1931

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to March 17, 1931, that I last saw h[illegible] alive on March 17, 1931, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) L. H. Hornstein, M. D.

3/21, 1931 (Address) 733 Argyle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Actony Cemetery — DATE OF BURIAL: Mar 21 1931

20 UNDERTAKER: Chas. H. Johnson — ADDRESS: 1[illegible] N. Carlin St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 66924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-1482-001 66924

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Ashland Ave. 10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James. E. Roberts

(a) RESIDENCE NO. 1421 Ashland Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? Life yrs. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Josephine Roberts

6 DATE OF BIRTH (month, day, and year) Apr.-9-1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Plaster

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Washington Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Sarah. A. Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Mrs Mary L. Owings (Address) 1421 Ashland Ave.

15 21 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/30/31

17

I HEREBY CERTIFY, That I attended deceased from Sept. 21 — 1930 to Mar. 20 — 1931

that I last saw him alive on March 20 — 1931

and that death occurred, on the date stated above, at 12;40 P. M.

The CAUSE OF DEATH* was as follows:

Paralysis of right side of the body. Hemorragic

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) — (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

3/30/1931 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: March 23 1931

20 UNDERTAKER: Henry Hoeck Sons, Inc. — ADDRESS: 1301 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 669 [illegible] 66925

CERTIFICATE OF DEATH

127-002

REGISTERED NO.

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23-31 St. WARD)

2. FULL NAME Albert Dorsey

(a) RESIDENCE NO. 117 Selener St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Garage porter

(b) General nature of industry, business, or establishment in which employed (or employer): out of work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER Lloyd Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Ella Branick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Date: 2 1 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-31

17 I HEREBY CERTIFY, That I attended deceased from 2-27-31, 19, to 3-19-31, 19

that I last saw him alive on 3-19-31, 19

and that death occurred, on the date stated above, at 11:55 A.M.

The CAUSE OF DEATH* was as follows:

Prolapse of rectum (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Paralytic ileus (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 3-1-31

Was there an autopsy? yes

What test confirmed diagnosis? autopsy & clinical symptoms

(Signed) Fred M. Dunbrall M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 3/23/31

20 UNDERTAKER: Edward L. Hemsley ADDRESS: [illegible]

21 [illegible] 19 [illegible] M. D. Registrar

TION is very important. See instructions on back of certificates.

I-20—M & T—100 B—50L

E 66926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 86 001

E 66926

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals ST. 26-37 WARD)

2-FULL NAME John W Mc Guire

(a) RESIDENCE No. City Hospital ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65.	6.	28.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer): City
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Thomas McGuire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Caroline Matter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Lillian S. Struckmeyer

(Address) 706 Walbrook Ave

15 Filed MAR 21 1931 E. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acc Fall in house

Fracture of Femur

(duration) 2½ yrs. 2½ mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 916 Decatur St.

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Hg Tox

(Signed) G. C. Hailes, M. D. Coroner

, 19 (Address) 143 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk Cem	March 23 1931
20 UNDERTAKER	ADDRESS
A. Howard Evans	38 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important See instructions on back of certificates.

1-30—M & T—100 B—50L

E 66927

HEALTH DEPARTMENT—CITY OF BALTIMORE

97 V 001 E 66927

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 205 Carrollton ST. 18-27 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Geo H. Groener

(a) RESIDENCE No 205 Carrollton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Groener

6 DATE OF BIRTH (month, day, and year) Oct 30 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John G Groener

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Kratz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs George M Kaper

(Address) 20 S Carrollton Ave

15 Filed 21 1931 H. C. JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? History

What test confirmed diagnosis?

(Signed) G O Wades, M. D. Coroner

, 19 (Address) 143 N Bury

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 23 1931
20 UNDERTAKER F Vernon Kechner	ADDRESS 1532 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66923

CERTIFICATE OF DEATH

46 ✓ E 66928

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1735 Hollins St. 19-26 WARD)

2—FULL NAME Joseph Greenebaum

(a) RESIDENCE NO. 1735 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	M

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Greenebaum

6 DATE OF BIRTH (month, day, and year) Oct 2/1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto-Md

PARENTS

10 NAME OF FATHER Jos Greenebaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ella Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant M. D. Greenebaum

(Address) 1735 Hollins St

15 Filed 2 2 1931 C. HAMPSON JONES, M. D. Registrar

By AKH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 27, 1930, to March 21, 1931, that I last saw him alive on March 20, 1931 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the peritoneal glands

(duration) over 1 year yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 1929

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry C. Ohl M. D.

3-21, 1931 (Address) 1303 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lakewood Cemetery	March 23 1931
20 UNDERTAKER J. Ahern & Co	ADDRESS 1911 Eutaw Pl

* Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

24678 669298 669299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 WARD)

2-FULL NAME Floyd Sparks

(a) RESIDENCE No. Blair Mill St. ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			6 weeks	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Brady Sparks

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Jessie Cochran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Records

(Address)

15 3-22-1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21-1931

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 21, 1931

that I last saw h/m alive on March 21, 1931

and that death occurred, on the date stated above, at 3.15 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? P. E.

(Signed) Anne C. Kuttner M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Mountain N. C. — DATE OF BURIAL: Mar 22 1930

20 UNDERTAKER: John C. Mitchell & Sons — ADDRESS: 1900 Eutaw place.

TION is very important. See instructions on back of certificates.

Cor.—1-12-22—M&T—100 Blks.

E 66930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66930

CERTIFICATE OF DEATH.

45

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Baker St. 15-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Komparietz

(a) RESIDENCE NO. 2105 Baker ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. dс. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Isedor

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Late

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) 2105 Baker St

15 2 2 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of throat

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

(Signed) H B Leuk, M. D.

(Coroner) Coroner

, 192 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 3/22/31

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto St

(1) Use ink or indelible pencil. (2) Write plainly. (3) Fill all blanks. (4) Make no abbreviations. (5) Do not leave any items unanswered. (6) Write "None" where necessary. (7) Sign and return this certificate. (8) Be careful and exact in answering each question. (9) Do not fail to answer promptly. (10) Do not fail to sign certificate. (11) Do not fail to return certificate. (12) Do not fail to answer all questions. (13) Do not fail to answer promptly. (14) Do not fail to sign certificate. (15) Do not fail to return certificate. (16) Do not fail to answer all questions. (17) Do not fail to answer promptly. (18) Do not fail to sign certificate. (19) Do not fail to return certificate. (20) Do not fail to answer all questions. (21) Do not fail to answer promptly. (22) Do not fail to sign certificate. (23) Do not fail to return certificate. (24) Do not fail to answer all questions. (25) Do not fail to answer promptly. (26) Do not fail to sign certificate. (27) Do not fail to return certificate. (28) Do not fail to answer all questions. (29) Do not fail to answer promptly. (30) Do not fail to sign certificate. (31) Do not fail to return certificate. (32) Do not fail to answer all questions. (33) Do not fail to answer promptly. (34) Do not fail to sign certificate. (35) Do not fail to return certificate. (36) Do not fail to answer all questions. (37) Do not fail to answer promptly. (38) Do not fail to sign certificate. (39) Do not fail to return certificate. (40) Do not fail to answer all questions. (41) Do not fail to answer promptly. (42) Do not fail to sign certificate. (43) Do not fail to return certificate. (44) Do not fail to answer all questions. (45) Do not fail to answer promptly. (46) Do not fail to sign certificate. (47) Do not fail to return certificate. (48) Do not fail to answer all questions. (49) Do not fail to answer promptly. (50) Do not fail to sign certificate. (51) Do not fail to return certificate. (52) Do not fail to answer all questions. (53) Do not fail to answer promptly. (54) Do not fail to sign certificate. (55) Do not fail to return certificate. (56) Do not fail to answer all questions. (57) Do not fail to answer promptly. (58) Do not fail to sign certificate. (59) Do not fail to return certificate. (60) Do not fail to answer all questions. (61) Do not fail to answer promptly. (62) Do not fail to sign certificate. (63) Do not fail to return certificate. (64) Do not fail to answer all questions. (65) Do not fail to answer promptly. (66) Do not fail to sign certificate. (67) Do not fail to return certificate. (68) Do not fail to answer all questions. (69) Do not fail to answer promptly. (70) Do not fail to sign certificate. (71) Do not fail to return certificate. (72) Do not fail to answer all questions. (73) Do not fail to answer promptly. (74) Do not fail to sign certificate. (75) Do not fail to return certificate. (76) Do not fail to answer all questions. (77) Do not fail to answer promptly. (78) Do not fail to sign certificate. (79) Do not fail to return certificate. (80) Do not fail to answer all questions. (81) Do not fail to answer promptly. (82) Do not fail to sign certificate. (83) Do not fail to return certificate. (84) Do not fail to answer all questions. (85) Do not fail to answer promptly. (86) Do not fail to sign certificate. (87) Do not fail to return certificate. (88) Do not fail to answer all questions. (89) Do not fail to answer promptly. (90) Do not fail to sign certificate. (91) Do not fail to return certificate. (92) Do not fail to answer all questions. (93) Do not fail to answer promptly. (94) Do not fail to sign certificate. (95) Do not fail to return certificate. (96) Do not fail to answer all questions. (97) Do not fail to answer promptly. (98) Do not fail to sign certificate. (99) Do not fail to return certificate. (100) Do not fail to answer all questions.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

24 5-15-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 66931

CERTIFICATE OF DEATH

76-37 97 ✓ E 66931

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. or WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anna Brown

(a) RESIDENCE No. 4803 Fleet St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... mdn.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Upholstery factory
(b) General nature of industry, business, or establishment in which employed (or employer) 685
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS
10 NAME OF FATHER Henry O'Neil
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary O'Neil
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Friends.
(Address)

15 MAR 22 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20-31

17
I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1931, to March 20, 1931
that I last saw her alive on March 20, 1931
and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary embolus. — preceded by increasing hypertension, dyspnoea, cardiac hypertrophy, coronary sclerosis and pulmonary infarction (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, coronary sclerosis cardiac hypertrophy (duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death? in natural course of life
Did an operation precede death? No Date of
Was there an autopsy? Yes.
What test confirmed diagnosis?
(Signed) John D. Armstrong M. D.
Mar. 29 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cathedral — DATE OF BURIAL 3/23 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 Eutaw St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

142 66932

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp 4-27 ST. - WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katherine Trought Hening

(a) RESIDENCE NO. 213 S Strieker ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 32 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX: Female

5 COLOR OR RACE: White

3 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard K Hening

6 DATE OF BIRTH (month, day, and year): Jan 1899

7 AGE — Years: 32 — Months: 2 — Days: — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Walter G Trought

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Connie Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Connie Trought
(Address) 213 S Strieker St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20. 1931

17

I HEREBY CERTIFY, That I attended deceased from 3-19-31, 19..., to 3-20-31, 19...

that I last saw h alive on 3-20-31, 19... 1145P m.

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Ruptured Extra uterine pregnancy

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Hemorrhage Collapse

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3/20/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Wm Hening M. D.

..., 19... (Address) 806 Fidelity Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 3/24 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66933

CERTIFICATE OF DEATH

145-001

REGISTERED NO. 66933

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 15-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Gertrude Primmer

(a) RESIDENCE NO. 210 E. Fullon Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey Don Primmer Jr.

6 DATE OF BIRTH (month, day, and year) Sept 12, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER August Eugene Regal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Fick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Interment (Address) Hospital Records.

15 Filed ..., 19... C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-21-31

17

I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to March 21, 1931

that I last saw h[illegible] alive on 3-21-, 1931

and that death occurred, on the date stated above, at 5:35 p. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchial Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Peritonitis Generalized

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 3-11-31

Was there an autopsy? Yes Bacteriological Section

What test confirmed diagnosis? Clinical Signs

(Signed) Michael J. Cronin M. D.

3/21/1931 (Address) Union Memorial Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 3/23/1931

20 UNDERTAKER J. M. Cook

ADDRESS 1212 E. Pratt St

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

H. H. Rutledge 1623 E. Monument
Book 8
56934½ 56934½ 1739 Bank 131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

REGISTERED NO. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 515 S. Collington Ave ST. 13 WARD)

2. FULL NAME Mary A. Lamm

(a) RESIDENCE NO. 515 S. Collington Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Frank Lamm

6 DATE OF BIRTH (month, day, and year) Feb 14th 1857

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Lamm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary A. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Isabelle Mathiedas
(Address) 515 S. Collington Ave

Filed 2 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21st 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1930, to Jan 14, 1931

that I last saw h[illegible] alive on Jan 14, 1931

and that death occurred, on the date stated above, at 6.35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro sclerosis, Chronic interstitial Nephritis & aortic stenosis

(duration) yrs. 3 mos. 4 ds.

CONTRIBUTORY (Secondary) Heart failure & Cystitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) by D Brockett M. D.

, 19 (Address) 16236 Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	3/23/1931
20 UNDERTAKER Wm Cook	ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 66935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66935

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 336 Suffolk Road ST. Guilford 12-49 WARD)

2-FULL NAME Ella Hooper Black

(a) RESIDENCE NO. 336 Suffolk Road ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred about 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Millard S. Black

6 DATE OF BIRTH (month, day, and year) July - 1854

7 AGE: 76 Years | 9 8 Months | — Days | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer): ——— 037

(c) Name of employer: ———

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Wm. S. Hooper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Catherine Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): F. Allen Lazenby 336 Suffolk Road Guilford

15 Died 22 1931 Mar. 20 1931 C. H. THOMPSON-JONES Registrar

Reg.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 20 1931.

17 I HEREBY CERTIFY, That I attended deceased from Sept 11 1930 to Mch 20 1931, that I last saw her alive on Mch 20 1931, and that death occurred, on the date stated above, at 3 0 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Cardio Vascular disease

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ira E. Whitehill, M. D.

19 (Address) 730 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Mch 23 1931

20 UNDERTAKER: John D. Mitchell & Sons — ADDRESS: Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec—1-31—M. A T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66936

93-003

93 66936

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Lanham Memorial Hosp REGISTERED NO.

CITY OF BALTIMORE: (No.) 1000 Eaton St. 11-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Smith

(a) RESIDENCE NO. 1322 Eaton Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
86		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hagerstown Md

PARENTS

10 NAME OF FATHER William Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz. Noble

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant (Address) Lanham Memorial Hosp Lake Eaton Md

15 Filed 2-2-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1931

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to March 21, 1931, that I last saw him alive on March 20, 1931, and that death occurred, on the date stated above, at 2-45 P. m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pulmonic Valve

(Signed) Chas O Chandler M. D.

, 19 (Address) 3013 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Cemetery DATE OF BURIAL March 23 1931

20 UNDERTAKER Edward Muldrew & Sons ADDRESS 1900 Eutaw Place

TION is very important. See instructions on back of certificates.

Spec.—2-20-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66937 46 E 66937

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. The Southern Hotel 7-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jerry Blanch

(a) RESIDENCE NO. 727 N. Linwood Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Blanch

6 DATE OF BIRTH (month, day, and year) Sept 15-1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Balto City Jail

(b) General nature of industry, business, or establishment in which employed (or employer) Park Board

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Susan - -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mr Frank Blanch

(Address) 727 N. Linwood Ave

15 Filed MAR 22 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20/31

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1930, to March 20, 1931, that I last saw him alive on March 19 1931 and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

one

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Haines, M. D.

3-21, 1931 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 1931
Balto Cem	3/24
20 UNDERTAKER Philip Henrig	ADDRESS 206 Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 66938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓

E 66938

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST., 7-9 (WARD)

2-FULL NAME Bettie M.Laubach (County)

(a) RESIDENCE. No Sewer Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Jan. 29/31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co.

PARENTS

10 NAME OF FATHER Christian Laubach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Schadel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Christian Laubach

(Address) Sewer Road

15 Filed 2 2 1931 By C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 20/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia with Convulsions

..... (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible] M. D. Coroner

3/21/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
5th Gu. Reformed Cem	3/23/31
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66939 — 93-004 ✓ — E 66939

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1006 E. 20th St., 9-46 Ward)

2-FULL NAME Michael Gaeng

(a) RESIDENCE NO. 1006 E. 20th St., _____ Ward

(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. - mos. - ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? 76 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude Schilling

6 DATE OF BIRTH (month, day, and year) -------- 45

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	86	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) -------
(State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Gaeng

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not obtainable

13 BIRTHPLACE OF MOTHER (city or town) ------
(State or country) Germany

14 Informant Geo. H. Gaeng
(Address) 1006 E. 20th Street

15 Filed _____, 19__ _____ Registrar

R 2 2 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 20/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis-Senility

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) [illegible] M. D.

Mar 21/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	3/23 19 31
20 UNDERTAKER Henry U. Mears	ADDRESS 805 W. Lafayette

FILL WITH PEN AND INK—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

I-30—M. & T.—100 B—50L

E 66940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

E 66940

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital ST. 9-17 WARD)

2-FULL NAME Dora Fisher

(a) RESIDENCE No Aberdeen, Md. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Nov 30th 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	21 20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): ---
(c) Name of employer: ---

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Michel H. Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary C. Lay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mr John Tarring
(Address) Aberdeen, Md.

15 Filed APR 22 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

Bronchopneumonia (Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. H. Wilson Coroner, M. D.

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Perrymans, Md. St Paul's Luth Cem.

DATE OF BURIAL Mar24 1931

20 UNDERTAKER [illegible]

ADDRESS N & Pa.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

66941 — 7 — L 66941

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2044 E. Biddle St. 8-13 WARD)

2 FULL NAME Arthur J. Burgan Jr

(a) RESIDENCE NO 2044 E Biddle ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5-1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Arthur J. Burgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER Clara May

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Arthur J. Burgan 2044 E. Biddle St

MAR 22 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) March 21-1931

17
I HEREBY CERTIFY, That I attended deceased from 3-11 1931, to March 21 1931
that I last saw h[illegible] alive on March 21 1931
and that death occurred, on the date stated above, at 7.30 A. m.
The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary): Bronchial-Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Lowe M. D.

3/21 1931 (Address) 413 N. Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Mar 23 1931

20 UNDERTAKER: Mrs C. Miller & Son — ADDRESS: 2334 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66942

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66942

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Navarre Apts. # 12. ST. 14-20 (WARD)

2-FULL NAME Moritz Witz

(a) RESIDENCE NO. Navarre Apts. # 12. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Shefa Witz

6 DATE OF BIRTH (month, day, and year) Nov. 4, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Marchant.

(b) General nature of industry, business, or establishment in which employed (or employer) 645

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Abraham Witz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Theresa Weiss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mr. Sigmund M. Witz

(Address) Atlantic City. N.J.

25 Filed 3/24 1931 C. HAMPSON JONES, M.D. Registrar

By NRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 21, 1931.

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1925 to March 21, 1931.

that I last saw him alive on March 21, 1931,

and that death occurred, on the date stated above, at 5 50 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Pulmonary Oedema

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Julius Friedenwald, M. D.

3/22 1931 (Address) 1013 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem.	3/22/ 1931

20 UNDERTAKER Harold Sondheimer & Son

ADDRESS 1902 Eutaw Place

TION is very important. See instructions on back of certificates.

Spec.—B 50—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 L 66943

L 66943

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 301 S. Chester ST. 1 3 WARD)

2 FULL NAME Hannah J. Jordan

(a) RESIDENCE NO 301 S. Chester ST. 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow John T. Jordan

6 DATE OF BIRTH (month, day, and year) Nov. 26 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	2 23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Ortlip.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Sophia Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Anna Klaus (Daughter)
(Address) 301 S. Chester St.

2 22 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19/31

17
I HEREBY CERTIFY, That I attended deceased from Jan 3, 1930 to March 19, 1931

That I last saw h[illegible] alive on March 19, 1931

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pelvic Carcinoma

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pelvic Carcinoma

(duration) yrs. 15 mos. [illegible] ds.

18 Where was disease contracted if not at place of death? L

Did an operation precede death? No Date of L

Was there an autopsy?

What test confirmed diagnosis? Typical signs

(Signed) [illegible] M. D.

3/21, 1931 (Address) 1937 Gough

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL March 23 1931

20 UNDERTAKER Lilly + Zeidler Inc. — ADDRESS 4038. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66944

CERTIFICATE OF DEATH.

23 E 66944

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 838 Pine (St.) 18-Nb (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David Cornish

(a) RESIDENCE NO. 838 Pine St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel Cornish

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 44 | Months | Days | If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: Porter 070

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: David M Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lena Mobray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): Rachel Cornish 838 Pine St

15 [illegible] 19 [illegible]

C. HAMPSON JONES, M. D. Registrar

MAR 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/19/31

17 I HEREBY CERTIFY, That I attended deceased from March 16. 1931 to March 19 1931

that I last saw him alive on March 18 1931

and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) 1 yrs. 10 mos. 1 ds.

CONTRIBUTORY (Secondary): Cardiac failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W F Howley M. D.

3/21/31 (Address) 601 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 3/22/31

20 UNDERTAKER: Samuel Wensley

ADDRESS: [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 66945

1-PLACE OF DEATH: Dead on Arrival St. Joseph Hospital

CITY OF BALTIMORE: (No.) ST. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME: Bertha W. Schmidt

(a) RESIDENCE No. 1916 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	wh te	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12/12

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Conrad Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Catherine Ochse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md.

14 Informant: Conrad Schmidt

(Address): 404 N. Patterson Pk Ave

15 Filed 2 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Ruptured Congenital Aortic Aneurysm

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at St. Joseph Hospital

What test confirmed diagnosis?

(Signed) H. Bates, M. D. Coroner

3/21/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 3/24/1931

20 UNDERTAKER: John Ulluch

ADDRESS 200 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 66946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 66946

1 PLACE OF DEATH Baltimore City Hospitals 9-18

CITY OF BALTIMORE: (No ... St. ... WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Theodore Scheffer

(a) RESIDENCE NO. 1412 Holbrook ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 21 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farm laborer 0

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Glenrock Pa.

PARENTS

10 NAME OF FATHER Emanuel ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER Matilda ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind.

14 Informant (Address): Records of Balto. City Hosp.

MAR 22 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-21-31

17

I HEREBY CERTIFY, That I attended deceased from 3-14-31, 19..., to 3-21-31, 19...

that I last saw him alive on 3-21-31, 19...

and that death occurred, on the date stated above, at 7:45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma cardiac end of stomach.

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 3-19-31

Was there an autopsy? no

What test confirmed diagnosis? clin. exam.

(Signed) Fred M. Dunkenell M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glen Rock Pa — DATE OF BURIAL: Mar 22 1931

20 UNDERTAKER: John Ulrich — ADDRESS: 2008 Calvert

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 66947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 66947

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp. ST. (or) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Buehler

(a) RESIDENCE NO. 679 Washington Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If ~~married, widowed, or divorced~~ ~~HUSBAND OF~~ (or) WIFE of Henry Buehler

6 DATE OF BIRTH (month, day, and year) 11/28/1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Chas Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Stahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Chas H. Smith

(Address) 207 Penn St

15 Filed 2 2 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a motor auto when she passed in front behind street car

(a) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Track Stress

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fractured Pelvis

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. J. Traum, M. D. Coroner

3-21, 19 31 (Address) 2939 N. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL 3-23-31

20 UNDERTAKER Geo Reinhardt — ADDRESS 220 N Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 66948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66948

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 4-30 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Curran

(a) RESIDENCE No. Guntersville Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of William Curran

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William Curran

(Address)

15 Filed MAR 22 1931 C. HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 22, 1931, that I last saw h.. alive on March 22, 1931, and that death occurred, on the date stated above, at 5:45 A.M.

The CAUSE OF DEATH* was as follows:

Peritonitis (pneumococcus)

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of March 20

Was there an autopsy? no Attending Surgeon.

What test confirmed diagnosis? Laboratory.

(Signed) Geo. Yeager, M. D.

Mar. 22 1931 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Md	Mar. 24 1931
20 UNDERTAKER Lloyd Kaiser	ADDRESS Laurel Md

TION is very important. See instructions on back of certificates.

E 66949

STATE OF MARYLAND—CERTIFICATE OF DEATH ✓

X 82-001 E 66949

1. PLACE OF DEATH

County

Village or City Baltimore Md Registration Dist. No. 38 St. 64 Ward

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if at foreign birth? yrs. mos. ds.

2. FULL NAME Harriet Agnes Goldstark

(a) Residence: No. 4508 Mountcastle Rd Ward Harrisonville, Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 6, 1854

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
76	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Port Deposit Maryland

13. NAME Jos. M. Goldstark

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Randolph

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Goldstark

(Address) 4508 Mountcastle Rd

18. BURIAL, CREMATION, OR REMOVAL Place Holy Family Date Mar 23 1931

19. UNDERTAKER Frank H Kenrell

(Address) Catonsville Md

Filed Mar 22 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar. (Month) 20 (Day) 1931 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1931 to Mar 20 1931

I last saw her alive on Mar 19 1931, death is said to have occurred on the date stated above, at 10 a m

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other Contributory Causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. E. Martin M. D.

(Address) Randallstown, Md

If more than one are listed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

E 66950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 E 66950

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3709 Chatham Road St. 15-62 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Elizabeth Buettner

(a) RESIDENCE NO. 3709 Chatham Road Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F. | 4 COLOR OR RACE: W. | 5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed.

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Conrad Buettner

6 DATE OF BIRTH (month, day, and year): July 27-1858

7 AGE: Years 72 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Anton Wolff.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Henry Bullock

(Address): 3709 Chatham Road

15 2-21-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from about 6 mos. ago, 19..., to March 20, 1931

that I last saw h.. alive on March 20, 1931

and that death occurred, on the date stated above, at 9.45 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver - secondary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Carcinoma of breast Oct. 13, 1930

Did an operation precede death? yes, for Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical appearance of specimen

(Signed) J. H. Uhrmann M. D.

(Address) 1310 Tyson Parkway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: Mar 23 1931

20 UNDERTAKER: Kertauff Bros | ADDRESS: W. Lafayette Ave

TION is very important. See instructions on back of certificate. It may be properly classified. Exact statement of OCCUPA-

Rjac—1-30—M. & T.—250 Blks.

E 66951

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66951

CERTIFICATE OF DEATH.

1931

1-PLACE OF DEATH 3034 Edmondson ave

CITY OF BALTIMORE: (No. S. 16-70 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Opitz

(a) RESIDENCE No. 3034 Edmondson ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Opitz

6 DATE OF BIRTH (month, day, and year) Dec 21- 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	17 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Friesie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Margaret May Steinmetz

(Address) 3034 Edmondson ave

15 Filed MAR 22 1931, 19 C. HAMPSON JAMES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20-31

17 I HEREBY CERTIFY, That I attended deceased from Mar 8, 1931, to Mar 20, 1931, that I last saw her alive on Mar 20, 1931, and that death occurred, on the date stated above, at 4 00 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis.

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (or Place of death)

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence

(Signed) Ernest Hahnen jr, M. D.

, 19 (Address) 20 Lindsor Court apts Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park, DATE OF BURIAL: Mar 23 1931

UNDERTAKER: Margaret L. Flynn ADDRESS: 14 W Biddle St.

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—200 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 66952 — 66952 — 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 3300, Calvert St. 11-25 Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Hunt Morgan

(a) RESIDENCE NO 109 W Monument St. ST. ..... WARD Baltimore
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs John H Morgan

6 DATE OF BIRTH (month, day, and year) April 25, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64		10	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS
10 NAME OF FATHER Dewitt C Morgan
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Sarah B Hunt
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) Hospital records.

Date 1931 — C. HAMPSON JONES, M.D. Registrar
Filed [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1931

17
I HEREBY CERTIFY, That I attended deceased from March 19, 19.. to March 21, 19 31
that I last saw him alive on March 21, 19 31
and that death occurred, on the date stated above, at 12.15 P m.
The CAUSE OF DEATH* was as follows:

Pneumonia, lobar, bilateral.

(duration) 4 yrs. 0 mos. 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 109 W. Monument St.
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Laboratory
(Signed) Francis H Slack M. D.
(Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	March 23/31
20 UNDERTAKER: J Stewart Warren Co.	ADDRESS: Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 66953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 130 ✓

E 66953

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 15-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith A Williman

(8) RESIDENCE NO. 2126 N Fulton Ave. St. _____ Ward Houston Texas

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? 38 yrs. 3 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of C. Williman Williman Jr.

6 DATE OF BIRTH (month, day, and year) Dec 7/1892

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
38	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Wilmington, Del.
(State or country)

PARENTS

10 NAME OF FATHER Howard P. Anderson

11 BIRTHPLACE OF FATHER (city or town) Charlestown
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary E Leary

13 BIRTHPLACE OF MOTHER (city or town) Stillpond
(State or country) Maryland

14 Informant C. W. Williman Jr. husband.
(Address) Houston-Texas

15 FILED _____, 19____ C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 20 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb 6 ....., 1931, to Mar 20, 1931, that I last saw h[illegible] alive on Mar 20, 1931, and that death occurred, on the date stated above, at 6:00 P.m.

The CAUSE OF DEATH* was as follows:

Put acute hemorrhagic Nephritis

(duration) ....yrs. 2 mos. ....ds.

CONTRIBUTORY (Secondary) Uremia

(duration) ....yrs. ....mos. 43 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ....

Was there an autopsy? No

What test confirmed diagnosis? ....

(Signed) James L. Leary, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery Date of Burial Mar 23 31

20 UNDERTAKER Stewart Memorial ADDRESS Baltimore

R 2 1931

tion should be carefully supplied. NOTE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E.66954 ✓ E.66954

E.66954 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST. 13-57-154 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Grover Jerry McDaniel

(a) RESIDENCE NO. 1428 Mill Race Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. Juneta mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 23rd 1931

7 AGE Years	~~Months~~	Days	If LESS than 1 day, ___ hrs. or ___ min.
	17 weeks	2 d	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: James McDaniel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Gwendolyn Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Hospital Records
(Address)

15 Filed ___, 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 21, 1931

17

I HEREBY CERTIFY. That I attended deceased from Jan. 24th, 1931, to Mar. 21, 1931

that I last saw him alive on Mar. 21, 1931

and that death occurred, on the date stated above, at 11:10 A.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) — yrs. — mos. ✱ ds.

CONTRIBUTORY (Secondary) ... Pneumonia

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jesse L. Tiffer M. D.

3/21 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Cemetery Govanstown	Mar 23, 1931

20 UNDERTAKER: Walter Davis ADDRESS: 3418 Eastern Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 2 1931 C. HAMPSON JONES, M. D.

1-20—M. & T.—100 B—50L

66955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 66955

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Franklin Hosp St. 19-27 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Schaffer

(a) RESIDENCE NO Not Known ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick Schaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude Funk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Schaffer

(Address) 107 Orleans St. City

15 Filed 2 2 1931, 192 Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Walked into side of a moving auto

(A) ..... (duration) hrs. mos ds

CONTRIBUTORY (Secondary) Head Wound (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pratt Blvd & F. E. Plant

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Krause Coroner, M. D.

3/21, 19 31 (Address) 2989 W Pratt City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Mar 23 1931

20 UNDERTAKER Jos Goodans Son — ADDRESS 217 S. Pac

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

E 66956

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 13 E 66956

CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO. 11-24

City of BALTIMORE: (No. ____ St. ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maude Waddell

(a) RESIDENCE NO. Westminster, Md. St. ____ Ward ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 4 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) Jan. 22, 1881

7 AGE: Years 50 Months 2 Days ____ IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: H. Wife
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: ____

9 BIRTHPLACE (city or town) Westminster, Md
(State or country)

PARENTS

10 NAME OF FATHER Joseph Waneda

11 BIRTHPLACE OF FATHER (City or town) ____
(State or country) Md.

12 MAIDEN NAME OF MOTHER Maude Waneda

13 BIRTHPLACE OF MOTHER (city or town) ____
(State or country) ____

14 Informant ____ Hospital records
(Address)

15 Filed ____ 19 ____ C. HAMPSON JONES, M. D. Registrar
By ____

2 2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 3/22/31

17 I HEREBY CERTIFY, That I attended deceased from 3/18/ 1931, to 3/22/31, 19____, that I last saw her alive on 3/22/31, 19____, and that death occurred, on the date stated above, at 9 10 a.m.

The CAUSE OF DEATH* was as follows:
Sarcoma fibroid of uterus

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Chronic Nephritis Uremia

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted ____
If not at place of death? ____
Did an operation precede death? Yes Date of ____
Was there an autopsy? No
What test confirmed diagnosis? operation & physical
(Signed) Edward R. Wilkinson M. D.
19____ (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Cem. — Date of Burial: Mar. 24, 1931

20 UNDERTAKER: J. Francis Reese — ADDRESS: Westminster Md.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.--1-10-21--M&T--1500 Blks.

E 66957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66957

186-001

CERTIFICATE OF DEATH.

[redacted]

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 Harlem Ave 46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaretha Mueller

(a) RESIDENCE NO. 2422 Harlem Ave (STR.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Louis Mueller

6 DATE OF BIRTH (month, day, and year): Sept 26 1854

7 AGE — Years: 76 — Months: 5 — Days: 24 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Caspar Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Gutach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): James E. Hawthorne 2422 Harlem Ave

MAR 22 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 20 1931

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to March 20, 1931,

that I last saw her alive on March 20, 1931,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Fall accidental

(duration) yrs. mos. 4 ds.

18 Where did disease contracted (Yes) not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Pulmonary Edema

(Signed) W. Ian Williams, M. D.

19 (Address) 3200 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Married Wife of Louis Mueller

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — DATE OF BURIAL: March 23 1931

20 UNDERTAKER: Jos Jacobs & Son — ADDRESS: 2173 Ru

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66958

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. 16-22 ST. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby David N. Ellingsworth

(a) RESIDENCE No. 1908 Riggs Ave ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 17 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none old

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Martin H Ellingsworth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Beulah M Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorothy Md

14 Informant Mr Martin H Ellingsworth
(Address) 1908 Riggs ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

R 2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-21-31

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 21, 1931, that I last saw h[illegible] alive on March 21, 1931, and that death occurred, on the date stated above, at 12:15 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Joseph S. [illegible] M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Mar 23 1931

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

Spec.—0-20—A. & Co.—250 Blks.

2/6636 HEALTH DEPARTMENT—CITY OF BALTIMORE

N-Surg

CERTIFICATE OF DEATH. X 53 B 66959

1 PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. ... WARD) 9-4

2 FULL NAME George Lanham

(a) RESIDENCE NO. Del Sola Mo ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work soldier
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Mo.

PARENTS
10 NAME OF FATHER Willis
11 BIRTHPLACE OF FATHER (city or town) (State or country) Mo.
12 MAIDEN NAME OF MOTHER Maggie Wagner
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mo.

14 Informant Records.
(Address) ...

15 MAR 22 1931 C. HAMPTON GAINES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22-31

17
I HEREBY CERTIFY, That I attended deceased from
3-14, 1931, to 3-22, 1931
that I last saw him alive on 3-22, 1931
and that death occurred, on the date stated above, at 11:40 a. m.
The CAUSE OF DEATH* was as follows:
Br Tumor, Gliomas
Malignant

(Duration) ... yrs. 9 mos. ... ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of 3 20 31
Was there an autopsy? Yes
What test confirmed diagnosis? Roentgen Ray.

(Signed) C. D. Briggs M. D.
. 19 (Address) 1.88

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Washington, D. C.

DATE OF BURIAL
Mar. 22, 1931

20 UNDERTAKER
John C. Mitchell & Son, 1900 Eutaw Place

ADDRESS
Mch.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

66960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66960

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves ST. 11-24 WARD) 31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Miss Cathryne Sheehan

(a) RESIDENCE NO. 153 W. Lanvale ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Companion
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Catherine Sheehan

(Address) 1409 Eutaw Place

15 [illegible] 1931 H. N. JONES, M. D. Registrar

AR 23 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Glomerular Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis & Decompensation (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? 153 W. Lanvale St

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) Guy A. Thomazell Ludwigs, M. D. Coroner

3/30, 1931 (Address) 203 Lafayette Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
East Hampton Mass	March 28 31
20 UNDERTAKER	ADDRESS
Chas. E. Black	142 Worthington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E66961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66961

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-72 ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Starnes

(a) RESIDENCE NO. St Agnes Hospital ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 1½ yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
♀	W	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41 yrs	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sister of Charity 063

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sister Anna
(Address) St Agnes Hospital

15 Filed ..... 19..... C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1930, to March 20, 1931.

that I last saw her alive on March 20, 1931

and that death occurred, on the date stated above, at 9 10 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

1½ ..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Utica, N. Y.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical & Clinical

(Signed) Hjalmar S. Anderson, M. D.

3-22 1931 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL March 23 1931.

20 UNDERTAKER Martin Fahey & Sons — ADDRESS 1827 W. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 131

E 66962

1-PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. 14-20 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Louisa A. Kosman.

(a) RESIDENCE NO. Stemmers Run, Md. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. 6 mos. 17 ds. How long in U. S., if of foreign birth? Life yrs. — mos. 4 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of or) WIFE of William H. Kosman

6 DATE OF BIRTH (month, day, and year) Oct. 22 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	~~75~~	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William E. Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William H. Kosman Husband (Address) Stemmers Run Md.

15 Filed MAR 23 1931, 19 Registrar C. HAMILTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 3, 1931 to Mar 20, 1931, that I last saw her alive on Mar 20, 1931, and that death occurred, on the date stated above, at 1.20 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (bilateral)
3 days duration

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chronic Cardio-vascular renal disease (duration) 10 yrs. 1 mos. 6 ds.

18 Where was disease contracted if not at place of death? ~~Stemmers Run~~

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Rudolph J. Schoop, M. D.

, 19 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. — DATE OF BURIAL 3/23/31 19

20 UNDERTAKER George J. Ruth Mem Chapel — ADDRESS 1735 Hoffman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66963

E 66963

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 675 W Barre ST., 22 30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richrt A. Pirsuk

(a) RESIDENCE NO. 675 W Barre ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1930

7 AGE * Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) No.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER J. Pirsuk

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russian

12 MAIDEN NAME OF MOTHER K. Senkus

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithvania

14 Informant P. Pirsuk

(Address) 675 W Barre St. Balto Md.

15 MAR 23 1931 19 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 31

17

I HEREBY CERTIFY, That I attended deceased from 3-19, 1931, to 3 20, 19 31,

that I last saw him alive on 3-20, 19 31,

and that death occurred, on the date stated above, at 6. P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 1 da.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

3/24, 19 31 (Address) 34 S Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	March 23, 19 31
20 UNDERTAKER	ADDRESS
John Grebliauckas	413 S Paca St.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 66964 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 66964

CERTIFICATE OF DEATH. X 107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. ST. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Viola

(a) RESIDENCE NO. 320 S. Lehigh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 22, 1930

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Thomas Viola

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Philopina Sirna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs Tomas Viola (Mother)

(Address) 320 S Lehigh St

15 [illegible] 19 H. HARRISON JONES, M. D. Registrar

MAR 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 31

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1931, to March 20, 1931, that I last saw her alive on March 20, , 1931, and that death occurred, on the date stated above, at 6:20 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) M. L. Levin, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Mar 23 1931
20 UNDERTAKER	ADDRESS
Henry Sauter & Sons, Inc.	Baltimore St. & Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 66965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

E 66965

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 145 N. Eutaw ST. 6th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Madden

(a) RESIDENCE NO. 145 N. Eutaw ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Madden

6 DATE OF BIRTH (month, day, and year): July 1873

7 AGE: Years 57 | Months 8 | Days | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): " "

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Ephrim Kimball

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maine

12 MAIDEN NAME OF MOTHER: Elmira Bacon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Michael Madden

(Address): 145 N. Eutaw St.

15 Filed 3-24-1931 [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/21/31

17 I HEREBY CERTIFY, That I attended deceased from 3/10, 1931, to 3/21, 1931, that I last saw him alive on 3/20, 1931 and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary): Chronic Kidney disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Dearen M. D.

3/21, 1931 (Address) 39 W. Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	March 24 1931
20 UNDERTAKER	ADDRESS
Jos. L. Henson 1564	Eutaw

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66965 — 157-E 66966

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Eutaw ST. 2345 WARD

2. FULL NAME Anthony A. Endres

(a) RESIDENCE NO. 2805 Mayfield Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Supp yrs. mos. ds. How long in U. S., if of foreign birth? Supp yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 14-31

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Anthony J Endres

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Kath Dryden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Anthony J Endres
(Address) 2805 Mayfield ave

Filed .19 (Registrar)

MAR 23 1931

C. HAMPTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22-31

17 I HEREBY CERTIFY, That I attended deceased from Mar. 19 .1931 to Mar. 22 1931

that I last saw h[illegible] alive on Mar. 22 .1931

and that death occurred, on the date stated above, at 8 19 a.m.

The CAUSE OF DEATH* was as follows:

Pyloric Stenosis, Congenital

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Mar. 21, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) J W Mendez M. D.

.19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Mar 24 1931

20 UNDERTAKER J Wm Sanders ADDRESS 526 Dryden

1-30—M. & T.—100 B—50L

E 66967

HEALTH DEPARTMENT—CITY OF BALTIMORE

79-001

E 66967

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 16-22 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William McGuire

(a) RESIDENCE NO ..... (Usual place of abode) 1406 Harlem Ave ST., ... WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 30/1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	6	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William McGuire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Marie Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Marie McGuire

(Address) 1406 Harlem Ave

15 Filed ..... 193 ..... C. EMERSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumococcic Meningitis

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no (Hospital)

What test confirmed diagnosis? Spinal Puncture at

(Signed) ..... M. D. Coroner

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	3/23 1931
20 UNDERTAKER	ADDRESS
Saml. Hawley	578 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

20-653 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66968 CERTIFICATE OF DEATH. X 53 E 66968

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harold Brannini

(a) RESIDENCE No. 1971-9th St. St. WARD Wash - H. C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct-22-1920

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	10	5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS
10 NAME OF FATHER Jacob Bannini
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER Sarah Lagnese
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Parents -

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar-22-31

17
I HEREBY CERTIFY, That I attended deceased from Mar-16, 1931, to Mar-22, 1931
that I last saw him alive on Mar-22, 1931
and that death occurred, on the date stated above, at 9-0 m.
The CAUSE OF DEATH* was as follows:

Brain Tumor - Glioma
Malignant

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 3-19-31
Was there an autopsy? No
What test confirmed diagnosis? Examination

(Signed) C.H. Griggs M. D.
3/22 1931 (Address) J.H.H.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Cem. | DATE OF BURIAL: 3/23 1931

20 UNDERTAKER: Jack Laros | ADDRESS: 1439 E. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CHAMPION JONES, M. D.

APR 7 1931

Spec.—1-30—M. & T.—250 Bks.

Garven

E-66969

E 66969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1111 N. Fulton ST., 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerome Groom

(a) RESIDENCE NO. 1111 N. Fulton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/17/30

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. City

PARENTS

10 NAME OF FATHER John Leyton

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Mildred Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant Mildred Groom

(Address) 1111 Fulton Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/19/31

17 I HEREBY CERTIFY, That I attended deceased from 3/17, 1931, to 3/19/31, 19..., that I last saw him alive on 3/18/31, 19..., and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Thi, M. D.

(Address) 52 Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Mar 23 1931
20 UNDERTAKER	ADDRESS
Thomas E Nelson	1303 Pressman St

Spec.—9-30—A. & Co.—250 Blks

E 66970

216471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001 E 66970

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 9-47 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jean Davis

(a) RESIDENCE NO. 508 Rockhill Ter. St. Yorn Road WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-23-27

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	3	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anne Mc Laughlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records

15 Filed ___, 19___ ___ Registrar

MAR 23 1931 H. HANSON JONES M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22-1931

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to March 22, 1931

that I last saw h er alive on March 22, 1931

and that death occurred, on the date stated above, at 12.30 A m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) F. C. Goodspeed M. D.

3/22 19 1 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 3/24 19 31

20 UNDERTAKER J. A Moran

ADDRESS E. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 66971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 E 66971

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital St. 16-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Gwangale

(a) RESIDENCE NO. 3226 Braxton St ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/30/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) add

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Howard Gwangale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Grace Jane Schwant

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore, Md

14 Informant (Address) Hospital Records

R 23 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/22/31

17

I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to March 22, 1931

that I last saw him alive on March 22, 31

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Routine

(Signed) J. H. Gordon M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bonnie Brae

DATE OF BURIAL 3/23 19 31

20 UNDERTAKER J. A. Moran

ADDRESS 3000 E. Balto St.

Spec.—0-26—A. & Co.—250 Bks.

246181

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66972

CERTIFICATE OF DEATH.

23 E 66972

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 2 WARD) 7-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Florence Shulman

(a) RESIDENCE No. 2029 E Balto St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10, 1914 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: 00

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Abraham Shulman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Esther Lewe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Records

15 Filed MAR 23 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March-22-1931

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1931, to March 22, 1931

that I last saw her alive on March 22, 1931

and that death occurred, on the date stated above, at 2^00 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Miliary Tuberculosis

(duration) yrs. mos. 2 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? Refused—

What test confirmed diagnosis? sputum

(Signed) Conrad Cecton M.D.

3/23/1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or Injuries from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern ave — DATE OF BURIAL: 3/23/1931

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS: 1127 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66973

CERTIFICATE OF DEATH.

23 E 66973

1. PLACE OF DEATH Baltimore City Hospitals 5-58

CITY OF BALTIMORE. (No ST. (WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Todoc Safron

(a) RESIDENCE No. 255 N. Exeter st. ST. ..... WARD
(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 3, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER William Safron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Records

15 231931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 28, 1930, to March 20, 1931

that I last saw h in alive on March 20, 1931

and that death occurred, on the date stated above, at 4.45 a.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 3 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) David Seiver M. D.

3-20 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Russian Indepndet	March 23 19 31
20 UNDERTAKER	ADDRESS
John Grebliaucka s	433 S Paca st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66974

23 C 66974

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3012 W Elder St. 7-11 WARD)

2 FULL NAME Augusta Hoppe

(a) RESIDENCE No. 3012 W. Elderly ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (b) WIFE of Richard Hoppe

6 DATE OF BIRTH (month, day, and year) Feb 14 73

7 AGE: Years 58; Months 1; Days 7; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John Wohlmather

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Interment (Address): Mrs Adam Simon 3012 Mc Elderry St

15 MAR 23 1931 C. HUDSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 21/31

17

I HEREBY CERTIFY, That I attended deceased from 3-1 19 31 to 3-21 19 31

that I last saw h[illegible] alive on 3-20 19 31

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation

Edema

Pulmonary Edema

Chronic Endocarditis

Arteriosclerosis

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) hrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

3-29-31 [illegible]

*State the Disease Causing Death, or if death from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cem

DATE OF BURIAL: 3/24 1931

20 UNDERTAKER: Philip Herring

ADDRESS 2016 Orleans

Spec.—1-30—M. & T.—250 Blks.

E 66975 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66975

CERTIFICATE OF DEATH.

48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5201 Beaufort Av ST. 27-55 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie E. Collier

(a) RESIDENCE No. 5201 Beaufort Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Collier

6 DATE OF BIRTH (month, day, and year) August 15 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nothing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Harry Burnore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Walter Collier (Address) 5201 Beaufort Ave

15 MAR 23 1931 16 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Mch 21, 1931, that I last saw h[illegible] alive on Mch 20, 1930, and that death occurred, on the date stated above, at 3 [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. 2 mos — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles J. Wells, M. D.

, 19 (Address) 5216 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Mar 24 1931

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 66976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 66976

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE; (No.) 1139 N. Carey ST., 16-29 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dora Mapp Savage

(a) RESIDENCE NO. 1139 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mapp

6 DATE OF BIRTH (month, day, and year): Sept 27, 1902

7 AGE — Years: 28 — Months: 5 — Days: 23 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic work

(b) General nature of industry, business, or establishment in which employed (or employer): Maid 070

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Elmore Va.

PARENTS

10 NAME OF FATHER: Edw Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country): Elmore Va.

12 MAIDEN NAME OF MOTHER: Elizabeth Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Elizabeth Savage
(Address) 1139 N. Carey St.

15 Filed 7-3-1931, 19..., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/20/31

17 I HEREBY CERTIFY That I attended deceased from Jan 15, 19 31 to Mar 20, 19 31

that I last saw h alive on Mar 20, 19 31

and that death occurred, on the date stated above, at 6 H m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. F. Hatcher, M. D.

3/20, 19 31 (Address) 1115 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Mar. 23, 1931

20 UNDERTAKER: Curley & Co. Inc. — ADDRESS: 2619 E. Chase St.

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

A46096 C66977 — 141 — C66977

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL ST.) (WARD) 10-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edna Harge

(a) RESIDENCE NO. 934 Harford Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced
(6c) WIFE of Postal Harge

6 DATE OF BIRTH (month, day, and year) 3/20/09

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22.	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): S. Carolina

PARENTS
10 NAME OF FATHER: James Boyd
11 BIRTHPLACE OF FATHER (city or town) (State or country): S. Carolina
12 MAIDEN NAME OF MOTHER: Louvenia Walker
13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. Carolina

14 Informant (Address): Friend

15 Filed [illegible], 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-20-31

17 I HEREBY CERTIFY, That I attended deceased from 3-3, 1931, to 3-20, 1931

that I last saw h[illegible] alive on 3-20, 1931

and that death occurred, on the date stated above, at 3:1[illegible] P. M.

The CAUSE OF DEATH* was as follows:

Toxemia of Pregnancy Pernicious vomiting.

6 weeks (duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) Pregnancy

5½ mos (duration) yrs. 5½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-19-31.

Was there an autopsy? Yes Therapeutic Abortion

What test confirmed diagnosis? Autopsy

(Signed) E. P. Harrison M. D.

3/21, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenlle Sta.

DATE OF BURIAL: Mar 23 1931

20 UNDERTAKER: Mrs R. A. Elliott

ADDRESS: 1725 Ashland Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 2[illegible]

Stor.—2-20-28—L. F. S.—500 Blks.

E 66978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 66978

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE; (No. 1715 Mosher ST. 16-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ellis Caulk.

(a) RESIDENCE NO. 1715 Mosher ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Maggie Caulk.

6 DATE OF BIRTH (month, day, and year): Sept. 15th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer, odd

(b) General nature of industry, business, or establishment in which employed (or employer): Hampton Court Apts.

(c) Name of employer: George R. Morris

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: George Caulk.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Maryland

12 MAIDEN NAME OF MOTHER: Caroline Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14 Informant: Wife Maggie Caulk.

(Address): 1715 Mosher St.

15 MAR 23 1931, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/17/31.

17 I HEREBY CERTIFY, That I attended deceased from March 15th 1931, to March 17th 1931, that I last saw him alive on March 14th 1931, and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Ex Spouse

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. T. Dunn, M. D.

19 (Address) 522 N. Arlington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	Mar 23, 1931
20 UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1725 Carlton Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66979

CERTIFICATE OF DEATH

13 1/2 E 66979

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 East Hill St. (WARD) 22-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jane A. Faulkner

(a) RESIDENCE NO. 10 East Hill ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

(a) If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) APR. 1st 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
52	53	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER James Faulkner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. John Thornton

(Address) 10 East Hill St.

15 Filed MAR 23 1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to March 21, 1931.

that I last saw her alive on March 21, 1931

and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis, myocarditis Cardiac Decompensation. General anasarca (duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Edema of Lungs (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

Test. (Signed) J. Edward Norris, M. D.

3.22. 1931 (Address) 107 East west St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Mar 24 1931
20 UNDERTAKER	ADDRESS
F. A. McManus & Son	703 Hamm

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

66930 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

481 E 66980

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 16-22 (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Cox

(a) RESIDENCE NO. 1002 N. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) April ?

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Bedford Va.

PARENTS

10 NAME OF FATHER Peter Mosley

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Nancy ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant deceased (Address)

15 MAR 23 1931 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20-31

17

I HEREBY CERTIFY, That I attended deceased from 3-7-31, 19___, to 3-20-31, 19___

that I last saw her alive on 3-20-31, 19___

and that death occurred, on the date stated above, at 12:30 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of body of uterus with local metastases.

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia 3

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. exam.

(Signed) Fred M. Duckwall M. D.

. 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson — DATE OF BURIAL March 23 31

UNDERTAKER Joseph A Lively — ADDRESS 409 N Mount St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 66981 — 66-002 — E 66981

1-PLACE OF DEATH Maryland Gen. Hospital — REGISTERED NO. 11724

City of BALTIMORE: (No. ____ St. ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Minnie Kitzmiller

(a) RESIDENCE NO. 1019 N. St. ____ St. ____ Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced (or) WIFE of Ralph Kitzmiller

6 DATE OF BIRTH (month, day, and year) June 28, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	5	0	8 2321	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ____ H.W. 037

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer

9 BIRTHPLACE (city or town) ____ (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Reuben Stitler

11 BIRTHPLACE OF FATHER (City or town) ____ (State or country) Penn.

12 MAIDEN NAME OF MOTHER Sarah Marks

13 BIRTHPLACE OF MOTHER (city or town) ____ (State or country) Penn.

14 Informant Husband (Address) ____

15 Filed ____ 19 ____ Registrar

MAR 23 1931 H. C. JOHNSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/ ____, 1931, to 3/21/31, 1931,

that I last saw h[er] alive on March 20, 1931,

and that death occurred, on the date stated above, at 6 50 A. m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism

____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted ____

If not at place of death? ____

Did an operation precede death? Yes Date of 3-11-31

Was there an autopsy? No

What test confirmed diagnosis? Hyp. etc.

(Signed) ____, M. D.

3/21, 1931 (Address) ____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Lewistown, Pa.	3/23 1931
20 UNDERTAKER	ADDRESS
Harry F. Witzel	401 Edmondson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66982 — 126 E 66982

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No University Hospital St 4-20 Ward)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John C. Colton

(a) RESIDENCE NO 1502 Eutaw Place ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Mamie Colton

6 DATE OF BIRTH (month, day, and year) Jan 18, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	58	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carnival worker

(b) General nature of industry, business, or establishment in which employed (or employer): ok

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John C. Colton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Mamie L. Colton
(Address) 1502 Eutaw Pl

15 Filed 6 HAMPTON ST. _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 22, 1931

17

I HEREBY CERTIFY, That I attended deceased from 3-15-, 1931, to 3-22, 1931

that I last saw h im alive on 3-22, 1931

and that death occurred, on the date stated above, at 7.50 a. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis
Cholelithiasis
Choledocholithiasis

(duration) 8 yrs. (approximately) mos. ds.

CONTRIBUTORY (Secondary) Secondary hemorrhage after operation (duration) 15 hours (approx.) mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3-21-31.

Was there an autopsy? Yes General & Gall Stone

What test confirmed diagnosis? Operative findings - autopsy

(Signed) J. H. Hornbaker M. D.

19 31 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
U. S. National	3/25/31
20 UNDERTAKER Harry Metz & Friends	ADDRESS 410

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—1-30—M. & T.—250 Bks.

E 66983 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66983

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. Catonsville)

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Coates.

(a) RESIDENCE NO. 735 W. Fayette St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M.

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 21 1895

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
35	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.Y.

PARENTS

10 NAME OF FATHER Andrew J. Coates

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant Mrs. Bessie Watts

(Address) 735 W. Fayette St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-21-31

17 I HEREBY CERTIFY, That I attended deceased from 3-17, 1931, to 3-21, 1931, that I last saw him alive on 3-21, 1931, and that death occurred, on the date stated above, at 9:30 9 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia - Rt.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Hjalmar S. Anderson M. D.

3/21, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk.

DATE OF BURIAL 3/24, 19 31

20 UNDERTAKER Harry V. Mitchell

ADDRESS 4101 Edmondson Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

Kate Neadberger

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66984

CERTIFICATE OF DEATH

9-18

13 1 E 66984

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 W. Fort Ave. St.) (WARD) 9-18

2 FULL NAME Katie Neadberger.

(a) RESIDENCE NO. 1338 W. Fort Ave. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
	Cauc'd. White.	Widow.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Neadberger.

6 DATE OF BIRTH (month, day, and year) Jan. 30, 1865.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66.	1.	27.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER ------Sonnenleiter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Don't know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Rose Rice.
(Address) 1338 W. Fort Ave.

15 Filed Aug. 19. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from 7.31.29. 19 to 3.21.31. 19

that I last saw h-er alive on 3.21.31. 19

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstit Nephritis

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical-Chemical-Microscopic

(Signed) Philip B. Fowler M. D.

3.22.31. 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem — DATE OF BURIAL: March 24 1931

20 UNDERTAKER: C. Edward Evans — ADDRESS: 3 E Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66985

CERTIFICATE OF DEATH

93-093

E 66985

1-PLACE OF DEATH

City of Baltimore: (No. 1000 Argyle St.) (W 7-24 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Reed

(a) RESIDENCE NO. 1000 Argyle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 85

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
About	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Jacksonville
(State or country) Florida

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant — Mrs Washington
(Address) 1247 Argyle

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

March 18th (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — UNIVERSITY OF MARYLAND

DATE OF BURIAL 1931

20 UNDERTAKER — [illegible]

ADDRESS

MAR 23 1931

THE MORGUE

Per Wm. H. Woods

N. B.—WRITE PLAINLY, WITH UNFADING INK—tion should be carefully supplied. AGE should OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66985

CERTIFICATE OF DEATH

108

E 66985

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 420 George St. 17-25 Ward)

2-FULL NAME Romain Chase.

(a) RESIDENCE NO. 420 George, St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Dec 10-1930

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None old
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Clarence Chase

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Hazel Willis

13 BIRTHPLACE OF MOTHER (city or town) Alabama
(State or country)

14 Informant Romain Chase
(Address) 420 George St

15 C. HAMPSON JONES M. D.
Registrar

MAR 23 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. H. Smith M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER — Commissioner Health.

ADDRESS MAR 23 1931

THE MORGUE.

For Wm. H. WOOD, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 66987 HEALTH DEPARTMENT—CITY OF BALTIMORE E 66987

CERTIFICATE OF DEATH. 32-002

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. 24-33

CITY OF BALTIMORE: (No. Fayette & Calhoun ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Snyder

(a) RESIDENCE NO. 201 E. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Catherine Snyder

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bag sewer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER deceased

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Deceased

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Son in law (Address) 201 E. Cross St.

Filed MAR 23 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 23, 1931, that I last saw him alive on March 23, 1931, and that death occurred, on the date stated above, at 11:22 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism with right hemiplegia.

(duration) yrs. mos 4 da.

CONTRIBUTORY (Secondary) Auricular fibrillation

(duration) ? yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) M. B. Schreibe, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred Loudon Park DATE OF BURIAL 3/26 19 31

20 UNDERTAKER Geo. E. Cook ADDRESS 1725 Eutaw Pl.

MAR 23 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

246472
Ped.
E 66988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 66988

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. (WARD) 27-56

2 FULL NAME Hamid Stobley

(a) RESIDENCE NO. 4680 Falls Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

~~5 Single, Married, Widowed, or Divorced, (write the word)~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1928

7 AGE — Years: 2 — Months: 5 — Days: 25 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: 000
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Burton Stobley

11 BIRTHPLACE OF FATHER (city or town) (State or country): D. C.

12 MAIDEN NAME OF MOTHER Blanche Stobley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 18 1931

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to March 18, 1931

that I last saw him alive on March 18, 1931

and that death occurred, on the date stated above, at 12:05 a m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Mesenteral Tuberculosis

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes Physical Findings

What test confirmed diagnosis?

(Signed) Dan'l C. Cutter M. D.

..... 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL ..... 19 .....

20 UNDERTAKER: [illegible] — ADDRESS [illegible] — DATE MAR 23 1931

C. HAMPSON JONES

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. Physicians should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 66989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66989

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH 537 W West St

CITY OF BALTIMORE: (No. ~~Lombard & Eutaw~~ ST. 21-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Fisher

(a) RESIDENCE NO. 537 W. West St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jan 4th, 1931

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Dennis Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Henrietta Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Eng Spring 5 Garrett St

15 Filed 3-24 1931 Registrar C. HAMPSON JONES, M. D.

AR 23193

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23/31

17 I HEREBY CERTIFY, That I attended deceased from 3/5/31, 19..., to 3/19/31, 19...,

that I last saw him alive on 3/19/31, 19...,

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) ~~Edward Smith~~ Lewis D. Mallet M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Zion	March 24 1931
20 UNDERTAKER	ADDRESS
Joseph A Lively	409 N Monroe St

MAKE ENTRIES WITH INK. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—9-30—A. & Co.—250 Blks

66990

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-02 66990

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 14-20 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Reed

(a) RESIDENCE NO. 240 Laurens St.
(Usual place of abode)

ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) N.Y.

PARENTS

10 NAME OF FATHER Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 3-24 19 31 C. HAMPSON JONES, M. D. Registrar

R 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-21-31

17

I HEREBY CERTIFY, That I attended deceased from 10-20-29, 19 , to 3-21-31, 19

that I last saw h in alive on 3-21-31, 19

and that death occurred, on the date stated above, at 8:40 A. M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & hypertension (duration) yrs. mos. ds. unknown.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgett. M. D.

3-24 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	3/24 1931
20 UNDERTAKER: Henry W. Myers & Son	ADDRESS 502 W. Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-19-29—A Co...

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66991

CERTIFICATE OF DEATH

210-001

E 66991

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Elliott & Dedeaux Ave St., 1-1 Ward)

2-FULL NAME Mike Sewandowski or Teachem Sebidowski

(a) RESIDENCE NO. 3036 Boston St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER Samuel Sewandowski

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Mary Sewandowski
(Address) 3036 Boston St.

15 [illegible] 19 C. HAMPSON JONES, M. D.
Registrar

MAR 23 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto at intersection

(A) (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Elliott & Boston

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. F. Krause M. D.

3/21, 1931 (Address) 1429 E. Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar 24 1931
20 UNDERTAKER	ADDRESS
Fallon Funeral Home	1001 Hanover

Spec.—1-30—M. & T.—250 Blks

E 66992

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 66992

CERTIFICATE OF DEATH.

93-003

28-64

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5510 Wesley Ave. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Nestor Graser

(a) RESIDENCE No. 5510 Wesley Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline R.Graser

6 DATE OF BIRTH (month, day, and year) Feb.13 1879

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Special Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Railways & E Co

9 BIRTHPLACE (city or town) (State or country) Dunkirk N.Y.

PARENTS

10 NAME OF FATHER Thomas N.Graser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baden Germany

12 MAIDEN NAME OF MOTHER Catherine Gunther

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York State

14 Informant Caroline R.Graser

(Address) 5510 Wesley Ave.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23-31

17 I HEREBY CERTIFY, That I attended deceased from March, 1931, to March 23, 1931, that I last saw him alive on March 20, 1931, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Obliteration of Heart

Immediate

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Hypocondria

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) C. C. Grant, M. D.

June 23, 1931 (Address) 4509 Liberty Heights

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Mar. 25 1931
20 UNDERTAKER Harry N Armacost & Son	ADDRESS 4204 Ridgewood Ave

Harry N Armacost & Son 4204 Ridgewood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

66993

HEALTH DEPARTMENT—CITY OF BALTIMORE

66993

CERTIFICATE OF DEATH.

107-007

1 PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No 12-50 ST. WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Rutherford

(a) RESIDENCE NO 422 Whittmore St. Whitridge Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 7, 1871.

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) — 040

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Andrew Rutherford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland.

12 MAIDEN NAME OF MOTHER Bridget King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Records

15 3-21 1931 Registrar

R 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1930, to March 21, 1931

that I last saw him alive on March 21, 1931.

and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Alcoholism, Chronic

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) yrs. mos. 17 ds.

18 Where was disease contracted, if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History; Clinical exam.

(Signed) Paul Padget M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Presbyterian Cemetery Govans	Mar. 24 1931
20 UNDERTAKER	ADDRESS
Mary M. Winfield	201 E 22nd St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

246649

B 66994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-50 7

A 66994

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. ...JOHNS HOPKINS HOSPITAL... St. ...WARD)

2 FULL NAME Leo D Rogers

(a) RESIDENCE NO 334 E. 21st St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): —

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 19 - 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Leo Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Ida Swope

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records

(Address)

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 21 - 31

17

I HEREBY CERTIFY, That I attended deceased from March 14 1931, to March 21 1931, that I last saw him alive on March 21, 1931, and that death occurred, on the date stated above, at 3 A M.

The CAUSE OF DEATH* was as follows:

Meningitis

(duration) ... yrs. 20 mos. ... ds.

CONTRIBUTORY (Secondary) ... Measles

(duration) ... yrs. ... mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? ...

(Signed) I. C. Faerstein M. D.

3/22 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Hartford Co Md — DATE OF BURIAL: 24 1931

20 UNDERTAKER: Mary M. Medford — ADDRESS: 501 E 22nd St

MAR 23 1931

INSTRUCTIONS: This certificate should be carefully supplied. AGE, PLACE OF DEATH and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

66995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 2 66995

1-PLACE OF DEATH 335 E. 21st St

CITY OF BALTIMORE: (No. Baltimore, Md ST., 12-19 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Ada Francis Allen

(a) RESIDENCE NO. 335 E. 21st St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry F. Allen

6 DATE OF BIRTH (month, day, and year) Nov 1-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	Nov 4	1 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D. C.

PARENTS

10 NAME OF FATHER Charles Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ada F. Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D. C.

14 Informant Mrs. Abel

(Address) 335 E 21st St

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

R 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23/31

17 I HEREBY CERTIFY, That I attended deceased from 3/10/31, 19 ... to 3/23/31, 19 ..., that I last saw her alive on 3/22/31, 19 ..., and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Terminal Exhaustion

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Eugene Covington, M. D.

, 19 (Address) 532 E. 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Mar 26 19 31

20 UNDERTAKER Mary M Wedefeld

ADDRESS 501 E 22nd St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 66996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 66996

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp ST. 25-72 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Vincent Kvedaris (Vincent Kvedera)

(a) RESIDENCE No. 2702 Carroll. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Antanino Kvedera

6 DATE OF BIRTH (month, day, and year) October 5, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	57	5	1723	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of Industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lithuanian

PARENTS

10 NAME OF FATHER: Mr. Kvedera

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuanian

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Antanino Kvedera
(Address): 2702 Carroll St.

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

MAR 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/22/31

17

I HEREBY CERTIFY, That I attended deceased from 3/18/31, 19..., to 3/22/31, 19...

that I last saw him alive on 3/22/31, 19...

and that death occurred, on the date stated above, at 2:10 P m.

The CAUSE OF DEATH* was as follows:

Heart Disease (Arteriosclerotic)
Nephritis (Arteriosclerotic)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary): Heart Block.

(duration) ... yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. + Lab. Findings

(Signed) W. H. Varney M. D.

3/24 19 31 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL: Mar 25" 19 31

20 UNDERTAKER: Joseph B Cook ADDRESS: 1003 West Baltimore St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

Webster ✓

66997 HEALTH DEPARTMENT—CITY OF BALTIMORE 66997

CERTIFICATE OF DEATH.

11-24 46

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Dolphin St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Needham Webster

(a) RESIDENCE NO. 309 Dolphin St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Life

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertha Carson

6 DATE OF BIRTH (month, day, and year) Dec. 2, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant Marine

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry W. Webster, Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Bertha M. Bradly
(Address) Hampton Court Apts.

15 Filed MAR 23 1931, 19 C. HAMPSON JONES, M. D. Registrar

16 By DFW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22-1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 13- , 1931 , to March 22- , 1931

that I last saw h[im] alive on March 22- , 1931

and that death occurred, on the date stated above, at 10 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastatic Carcinoma of the Intestines (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray Examination

(Signed) Robert B. Whitehill M. D.

3/23 1931 (Address) 2112 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Mar. 25 1931

20 UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw Place

Wm B Mitchell

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 66998 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E should be stated EXACTLY. PHYSICIANS should state
t may be properly classified. Exact statement of OCCUPA-
back of certificate.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3401 N. Calvert ST. 17-49 108 WARD)

REGISTERED No E 66998
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ida Tyler Clawson

(a) RESIDENCE No. 3401 N. Calvert ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaiah D. Clawson

6 DATE OF BIRTH (month, day, and year) Jan. 15, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Henry C. Marcy
(Address) 103 Overhill Road

MAR 23 1931 (Date) 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1931

17

I HEREBY CERTIFY, That I attended deceased from March 18, 1931, to March 22, 1931

That I last saw h[er] alive on March 22, 1931

and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Coronary Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Stanford McCleary M. D.

19 (Address) 1609 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Mar. 24, 1931

20 UNDERTAKER John O. Mitchell & Sons. ADDRESS 1900 Eutaw Place

J W B Mitchell

Cor.—18-14-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 66999 X 46 E 66999

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp. St. 4-20 Ward)

2-FULL NAME Sylvester Finch,

(a) RESIDENCE NO. Morton Rutledge mds St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Finch

6 DATE OF BIRTH (month, day and year) 1892

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Kent Co Md
(State or country)

PARENTS

10 NAME OF FATHER Levi Finch.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Daisy Henry

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Annie Finch
(Address) Edmonds Md.

15 Filed MAR 23 1931 16 H. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 22nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgeon

(Signed) H. B. Finch, M. D.

(Address) Coroner,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethlehem Ind Coleman and Ind

DATE OF BURIAL 3-2[illegible] 1931

20 UNDERTAKER Jas. M. Skinner

ADDRESS 1625 E. Mad St.

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 67000 46 67000

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Girard Ave 13557 WARD)

2. FULL NAME Margaret Parsley.

(a) RESIDENCE NO. 2006 Girard Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 15 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widow

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Parsley.

6 DATE OF BIRTH (month, day, and year) May 16 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 66

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Anna Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant May Hayes
(Address) 2006 Girard Ave.

15 Date AR 23 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1931, to March 23, 1931

that I last saw h alive on March 2, 1931

and that death occurred, on the date stated above, at 2:49 m

The CAUSE OF DEATH* was as follows:

Carcinoma of Pylorus
Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) J. H. Mathews M. D.

, 19 (Address) 4037 Falls Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Mar 25 1931
20 UNDERTAKER	ADDRESS
Chenoweth Son	1405 Eastern Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67,001

92-001

E 67,001

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2814 St. Paul St. St. 12-50 Ward)

2-FULL NAME Charles L. Granger.

(a) RESIDENCE NO 2814 St. Paul St. St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Granger

6 DATE OF BIRTH (month, day, and year) March 2, 1880.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51		20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work District Manager
(b) General nature of industry, business, or establishment in which employed (or employer) Federal Motor Truck Co.
(c) Name of employer

9 BIRTHPLACE (city or town) Boone Iowa
(State or country)

PARENTS

10 NAME OF FATHER Charles M. Granger

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Mary D. Doonor.

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mary M. Granger
(Address) 2814 St. Paul St.

H. HAMPSON JONES, M. D.
Registrar

MAR 23 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry.) thereon and from the evidence obtained by said Inquest aforesaid (autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) _____ M. D.

3/27/1931 (Address) 767 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Winston Place Ohio	Mar 24 1931

20 UNDERTAKER Ebenezer & Son

ADDRESS 3617 Eastern Ave

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully answered. AGE should be stated tion should be carefully supplied. AGE should be stated EXACTLY.' PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67002

93 E 03 ✓ 67002

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 511 Cumberland St) (14-59 Ward)

2-FULL NAME Lottie E. Smith

(a) RESIDENCE NO. 511 Cumberland St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Female	Col	Widow

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	57	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country) "

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Library Exchange
(Address) Mount Hunter Sta

15 Filed , 19 Register

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Coroner, medical examiner or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) [illegible] M. D.

March 24th 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	3/24 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pleasant St

IMPORTANT—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

23 1931

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67003 ✓ 13 E 67003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 410 Bowers Court ST. 18-B WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mueller Sterling.

(a) RESIDENCE NO. 410 Bowers Court ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie Sterling

6 DATE OF BIRTH (month, day, and year) Feb 2. 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Griesfield md

PARENTS

10 NAME OF FATHER Harmon Sterling

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Virgil Whitington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant (Address) Howard Sterling 410 Bowers Court.

MAR 23 1931 19 . . . . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1931

17 I HEREBY CERTIFY, That I attended deceased from March 3 1931 to March 21st 1931

that I last saw him alive on March 21st 1931

and that death occurred, on the date stated above, at 11.30 A m.

THE CAUSE OF DEATH* was as follows:

Chr. Tuberculosis Laryngeal ulcers

Tuberculosis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Leo. N. Lapenlopoli M. D.

3-24, 1931 (Address) 225 N. Castle Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Marion Sta Eastern Shore md. DATE OF BURIAL 3/24 1931

20 UNDERTAKER Thomas E. Kelson ADDRESS 1303 Preston

G. THOMPSON JONES, M. D.

H.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

8pec.—1-30—M. & T.—250 Blks

E 67004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67004

CERTIFICATE OF DEATH.

92-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2832 W Calvert St ST. 17-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Edith Keene.

(a) RESIDENCE NO. 2832 W Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 15-1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Sam. A Keene

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Meeking

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr. Keene. (Address) 2832 W Calvert St.

15 Filed APR 23 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 22nd 1931

17 I HEREBY CERTIFY, That I attended deceased from Mch 1st, 1930, to March 22nd 1931, that I last saw h[illegible] alive on Mch 21st, 1931, and that death occurred, on the date stated above, at 7:20 a m.

The CAUSE OF DEATH* was as follows:

Ch. Duke Endocarditis

Unknown

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Enteritis - Colitis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jefferson Buell M. D.

, 19 (Address) 5 Chase Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 3/24/1931

20 UNDERTAKER J. J. Tobey Sons. — ADDRESS 1318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Blks.

Examined 1013 Poplar Grove St
Cof 0562

67005 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67005

CERTIFICATE OF DEATH.

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4203 Sherbrook Ave. WARD) 28 to 3

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lavinia D. Moore

(a) RESIDENCE NO. 4203 Sherbrook Ave. STR. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Charles T. Moore

6 DATE OF BIRTH (month, day, and year) Aug 30th 1868

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... m'n.
62	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Geo. T. DeLacey

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Mary F. Webb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Martha M. Kernan
(Address) 4203 Sherbrook Ave

15 Died MAR 23 1931, 19 ... C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21st 1931

17

I HEREBY CERTIFY. That I attended deceased from Sept, 1930, to Mar 21, 1931

that I last saw her alive on Mar. 19, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis to Lungs

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-ray findings

(Signed) Wm C Hampson M. D.

. 19 (Address) 201 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
N. W. National Cemetery	3/24 1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67006 | 140 E 67006

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ~~[illegible]~~ St. Mary 91-29 ST. WARD)

ST. JOSEPH HOSPITAL

2-FULL NAME Nettie V. Short

(a) RESIDENCE NO. 719 McHenry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~
~~HUSBAND~~ of (or) WIFE of Wm R. Short

6 DATE OF BIRTH (month, day, and year) Oct 25th 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	4	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Wm Benton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah Lane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Wm R Short

(Address) 719 McHenry St

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis- Septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Self inflicted Abortio (Bougie) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Weiss, M. D.
Coroner

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	3/25/1931
20 UNDERTAKER Wm Cook	ADDRESS 1217 St Paul St

N. B. ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

APR 3 1931

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67007

E 67007

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3312½ Old Frederick Rd (STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Goss

(a) RESIDENCE NO. 3312 Old Frederick Rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~: Mary Goss

6 DATE OF BIRTH (month, day, and year): June 8th 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Mrs Frank Robinett

(Address) 3312½ Old Fred Rd

15 Date: 23 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/23 1931

17 I HEREBY CERTIFY, That I attended deceased from March 22, 1931, to March 23, 1931, that I last saw him alive on March 23, 1931, and that death occurred, on the date stated above, at 4:00 A m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Elmer W Johnson, M. D.

3/23, 1931 (Address) 3326 Indiana Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 3/25/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

NAME PLAINLY; WRITE IN INK; USE NO ABBREVIATIONS. ALL items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67008 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67008

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hosp. REGISTERED NO. 85-15-51

CITY OF BALTIMORE: (No ..... St. ..... WARD ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Howard A Cummins

(a) RESIDENCE No 3738 Brooklyn Ave ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Cummins

6 DATE OF BIRTH (month, day, and year) Nov 1, ? 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Conductor 073
(b) General nature of industry, business, or establishment in which employed (or employer) — R.R.
(c) Name of employer — B&O

9 BIRTHPLACE (city or town) (State or country) Chester Pa.

PARENTS
10 NAME OF FATHER Howard A ?
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.
12 MAIDEN NAME OF MOTHER Eliz ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) Mrs. J. Baltimore City Hosp.

Filed MAR 23 1931 G. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22-31

17
I HEREBY CERTIFY, That I attended deceased from 3-9-, 1931, to 3-22-1931
that I last saw h- alive on 3-22-, 1931
and that death occurred, on the date stated above, at 2 0m.
The CAUSE OF DEATH* was as follows:
Carcinoma Prostate

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) ... yrs. ... mos. 5 ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Clinical exam.
(Signed) Fred M. Duckwall M. D.
, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wilmington Del. Cemetery — DATE OF BURIAL: 3/24/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St. Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—25C Blks.

E 67009 HEALTH DEPARTMENT—CITY OF BALTIMORE 67009

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 5324 Wesley Ave ST.) (WARD) 28-65

REGISTERED NO 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia C. Thrift

(a) RESIDENCE NO 5324 Wesley Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~
~~If married~~ (or) WIFE of Dr. Geo T. Thrift

6 DATE OF BIRTH (month, ~~day~~ and year) ~~August~~ 28th 1849

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Millsboro Del.

PARENTS

10 NAME OF FATHER David Benton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Millsboro Del

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Millsboro Del

14 Informant Florence V. Owens

(Address) 5324 Wesley Ave

15 Filed ~~MAR~~ 23 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 23rd 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 18, 1931, to Mar 23, 1931

that I last saw her alive on Mar. 22, 1931

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Doris E. Wood M. D.

3/23 1931 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Poconoke City Md Cemetery

DATE OF BURIAL 3/25/1931

20 UNDERTAKER Wm Cook

ADDRESS St Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67010

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 3021 Mary Ave St.) 27-43 (WARD.)

REGISTERED NO. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lennie E. Leber

(a) RESIDENCE NO. 3021 Mary Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin Leber

6 DATE OF BIRTH (month, day, and year) June 28 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) Home

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Edw. Kibble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Elizabeth Sarchet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant Mrs Mary Cockey
(Address) Washington

15 [illegible] C. HAMPSON JONES, M. D.
Registrar

R 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 1930, 19 , to 3/21, 19 31

that I last saw h[illegible]ive on 3/21, 19 31

and that death occurred, on the date stated above, at 10.00 p m

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Kyle V. Godby M. D.

, 19 (Address) 5703 Harford Ky

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudenwood

DATE OF BURIAL 3/24 1931

20 UNDERTAKER W M Cole

ADDRESS 1217 Ford St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67011

CERTIFICATE OF DEATH. X 126 E 67011

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital 4-7 WARD)

2. FULL NAME Lida T. Messick

(a) RESIDENCE NO. Salisbury Md ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. mos 15 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~
~~HUSBAND OF~~
(or) WIFE of John W. Messick

6 DATE OF BIRTH (month, day, and year) Feb 4 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Toadvin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salisbury Md

12 MAIDEN NAME OF MOTHER Mary Pollitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salisbury Md

14 Informant Hospital Record
(Address)

15 C. HEMESON JONES, M. D.
Registrar

MAR 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23/31

17

I HEREBY CERTIFY, That I attended deceased from 3/8, 1931, to 3/23, 1931

that I last saw h~~e~~r alive on 3/23, 1931

and that death occurred, on the date stated above, at 4 20 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis
Cholelithiasis

(duration) 2+ yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 3/9/31

Was there an autopsy? Extraction Specimen

What test confirmed diagnosis? Clinical & Operative

(Signed) J Gupho M. D.

3/23, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parsons Md. Salisbury — DATE OF BURIAL 3/24/31

20 UNDERTAKER Wm Cooke — ADDRESS 147 W Paul.

INFORMATION NEEDED MUST be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

67012 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 67012

1 PLACE OF DEATH Baltimore City Hospital 3-21-31

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ST. WARD)

2 FULL NAME Anthony Wright

(a) RESIDENCE NO. 127 W. Hill ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Hettie Wright

6 DATE OF BIRTH (month, day, and year) Aug. 12 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Smallwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed APR 24 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-21-31

17
I HEREBY CERTIFY, That I attended deceased from 3-6-31, 19, to 3-21-31, 19
that I last saw h im alive on 3-21-31, 19
and that death occurred, on the date stated above, at 7:40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pyloric end of stomach.

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 3-16-31

Was there an autopsy? ~~no~~ Yes

What test confirmed diagnosis? clin. exam.

(Signed) Fred M. Dunkwall M. D.

3-24 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion

DATE OF BURIAL 3/24 1931

UNDERTAKER Isaiah L Brown Son

ADDRESS 1014 W Mont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Cn.—250 Pks.

E 67013

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 67013

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 22-31

CITY OF BALTIMORE: (No ..... WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward Smothers

(a) RESIDENCE No. 814 Leadenhall st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Truck driver

(b) General nature of industry, business, or establishment in which employed (or employer): 023

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Isaac Smothers

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER: Amelia Dorsey

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant: Hospital Records
(Address)

15 Date MAR 24 1931 H. C. HAWKINS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1931

17
I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1930 to March 22, 1931

that I last saw him alive on March 22, 1931

and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculous pneumonia

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Seaver M. D.

3-22-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3/25/31

20 UNDERTAKER: Isaiah L Brown Son — ADDRESS: 1040 Monroe

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should take it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

246557

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67014

CERTIFICATE OF DEATH X 54-004

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St. 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Herman Miller

(a) RESIDENCE No. 228 Warwick Lane St. Ward Lynchburg Va

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Dickerson

6 DATE OF BIRTH (month, day, and year) March 14 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER George Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliz Whitmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mary E. Dickerson Lynchburg Va

15 Filed APR 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24-1931

17 I HEREBY CERTIFY, That I attended deceased from March 17. 1931. to March 24. 1931

that I last saw h in alive on March 24. 1931

and that death occurred, on the date stated above, at 3 1 A m.

The CAUSE OF DEATH* was as follows:

Brain Tumor

Non malignant

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did no operation precede death? No Date of 3-19-31

Was there an autopsy? No

What test confirmed diagnosis? Brain

(Signed) C. A. Bright M. D.

. 19 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lynchburg Va — DATE OF BURIAL: Mch 24 1931

20 UNDERTAKER: Wm O. Mitchell Sons — ADDRESS: 1900 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67015

CERTIFICATE OF DEATH

1 PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No 4-76 (Street) (Ward)

REGISTERED NO 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Ware

(a) RESIDENCE NO. 723 W Mulberry St. (Usual place of abode) Ward

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie

6 DATE OF BIRTH (month, day, and year) Aug 27-1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Orderly — 056

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Ware

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Hospital Records

15 Filed MAR 24 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/22/31

17

I HEREBY CERTIFY, That I attended deceased from March 22 19 31, to March 22 19 31

that I last saw h[illegible] alive on March 22 19 31

and that death occurred, on the date stated above, at 8 30 AM m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyho .M. D.

.19 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	3/25 19 31

20 UNDERTAKER Samuel Hemsley ADDRESS Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-23-21—E.B.R.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 67016

CERTIFICATE OF DEATH.

E 67016

1-PLACE OF DEATH

City of BALTIMORE: (No. 412 N Fremont St. 18-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Rollings

(a) Residence No. 412 N Fremont St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): June 1874

7-AGE: 57 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS.

10-NAME OF FATHER: Henry Summerville

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14- (Informant) Sadie Rollings

(Address) 412 N Fremont

15- MAR 24 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 3-21-1931

17- I HEREBY CERTIFY, That I attended deceased from March 1931 to March 21 1931

that I last saw her alive on March 21 19 31

and that death occurred, on the date stated above, at 9.40 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. 14 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) A. H. Flowers M. D.

March 22 31 (Address) 712 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 3-24 19 31

20-UNDERTAKER: John H Smith — ADDRESS: 1027 Hanover

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67017

23 E 67017

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 5003 Morella Rd 27-4th WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Deale

(a) RESIDENCE No. 5003 Morella Rd ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Deale

6 DATE OF BIRTH (month, day, and year) Mar 21-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Supt Condensing
(b) General nature of industry, business, or establishment in which employed (or employer) Enor Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Lemuel Deale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Norris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Deale
(Address) 5003 Morella Rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21-1931

17
I HEREBY CERTIFY, That I attended deceased from Dec. 19 30. to 3/21 19 31
that I last saw h— alive on 3/24 19 31
and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Chronic Fibroid).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos E Foley M. D.

19 (Address) 5723 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Parkwood Cem	Mar 25 19 31
20 UNDERTAKER John Ulrich	ADDRESS 3008 Alleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67018

CERTIFICATE OF DEATH

94-001

E 67018

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2312 E. Fairmount Ave. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Walburger Plitt

(a) RESIDENCE NO. 2312 E. Fairmount Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Plitt

6. DATE OF BIRTH (month, day, and year) Dec. 28, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER Dontknow

11. BIRTHPLACE OF FATHER (city or town) (State or country) Dontknoe

12. MAIDEN NAME OF MOTHER Dontknow

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Dontknow

14. Informant (Address) Mrs. Wm. E. Jones 2312 E. Fairmount Ave

15. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) March 23, 31.

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19 30 to March 23 19 31

that I last saw h[illegible] alive on March 23 19 31

and that death occurred, on the date stated above, at 9 30a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis acute

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

3/23 1931. (signed) Paul J. Feigley M. D. (Address) 700 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL. Schwarz Cemetry — DATE OF BURIAL 3/25/31

20. UNDERTAKER John Ullrich — ADDRESS 2008 Orleans St.

MAR 24 1931 H. A. JONES, M. D.

CAUSE OF DEATH is very important. See instructions on back of certificate. TION

[illegible] be typewritten or carefully supplied. AGE should be properly classified. Exact statement of OCCUPA-

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67019

REGISTERED NO. 16-001 E 67019

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 6-10 WARD)

2-FULL NAME Henry Machan

(a) RESIDENCE NO 415 N. Port ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Machan

6 DATE OF BIRTH (month, day, and year) Sept 20/1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Glass Worker
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Machan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Anna Machan
(Address) 415 N. Port St

15 Filed ..... 192 ..... HAMILTON JONES, M. D. Registrar

MAR 24 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Concussion & Hemorrhage of Brain.
Fracture of Base of Skull. Accidentally fell down cellar steps in home.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at HopkinsHospital.

What test confirmed diagnosis?

(Signed) J. H. Mauer, M. D. Coroner

3/21/31 (Address) 408 E. North Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwarz Cem

DATE OF BURIAL Mar 25 1931

20 UNDERTAKER Lohr Ulrich

ADDRESS 2008 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67020

51 E 67020

REGISTERED No. 5467

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3105 Gwynns Falls Pkwy. WARD

2 FULL NAME William Henry Crane

(a) RESIDENCE No. 3105 Gwynns Falls Pkwy ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia M Crane

6 DATE OF BIRTH (month, day, and year) Apr. 1-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Interior decorator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Adolphus P. Crane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Rockefeller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Amelia M. Crane
(Address) 3105 Gwynns Falls Pkwy

Filed MAR 24 1931 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21-1931

17

I HEREBY CERTIFY, That I attended deceased from March 1st. 1931 to March 21 1931

that I last saw him alive on March 20 1931

and that death occurred, on the date stated above, at 11 45 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma Left Kidney

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed Roy McClung M. D.

(Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Richmond Va. DATE OF BURIAL Mar 24 31

20 UNDERTAKER Wm J Tiebout & Son ADDRESS N St Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 67021

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 2720 Huntingdon Ave WARD 12-51

2 FULL NAME Arthur D Rexroth

(a) RESIDENCE NO. 2720 Huntingdon Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 14 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto City Md

PARENTS

10 NAME OF FATHER Nelson C Rexroth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City Md

12 MAIDEN NAME OF MOTHER Rebecca M. Dilsnyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City Md

14 Informant (Address) Nelson C Rexroth 2721 Huntingdon Ave

15 Filed MAR 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23/31

17 I HEREBY CERTIFY, That I attended deceased from Mar 20 , 1931 , to Mar 23 , 1931

that I last saw him alive on Mar 23 , 1931

and that death occurred, on the date stated above, at 9 30 A. m.

The CAUSE OF DEATH* was as follows:

1. Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Pneumococcus

(Signed) Jean Dunbar M. D.

3/23, 1931 (Address) 846 W 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: May 4 1931

20 UNDERTAKER: A S Marshall 3539 Falls Road — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates

Spec.—1-30—M. & T.—250 Bks.

E 67022

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67022

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Ham Hospital ST. 40-147 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Milton Holmes

(a) RESIDENCE NO. 1009 Wilcox ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) March 18, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER Andrew Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Jessie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Andrew Holmes 1009 Wilcox St.

15 Filed APR 2 A 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 22, 1931, that I last saw him alive on March 22, 1931, and that death occurred, on the date stated above, at 11 4/5 p. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 0 mos 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 4 ds.

18 Where was disease contracted if not at place of death? 1009 Wilcox St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) L. Kelly Meranski M. D.

, 19 (Address) Lyden Ham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 3-24 1931

20 UNDERTAKER Byron Wright

ADDRESS 1218 McElderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—1-1921—M&T 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67023 ✓ E 67023

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 W Mulberry St. 4-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses J Grinnefelder

(a) RESIDENCE NO. 423 W Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Grinnefelder

6 DATE OF BIRTH (month, day, and year) June 21 1854

7 AGE: Years 77 | Months 4 | Days 1 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Book Keeper

(b) General nature of Industry, business, or establishment in which employed (or employer): 108

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Saml Grinnefelder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Bertha Rosenfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Pauline Grinnefelder (Address) 423 W. Mulberry St

15 Filed 3-24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1931

17 I HEREBY CERTIFY, That I attended deceased from October, 1930, to March 22, 1931, that I last saw h[illegible] alive on March 22, 1931, and that death occurred, on the date stated above, at 10:10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Cholemia + Asthenia.

(duration) yrs. 1 mos. 22 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Examination + Symptoms

(Signed) Joseph Jackson M. D.

March 25 1931 (Address) 3261 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew

DATE OF BURIAL: 3-24-1931

20 UNDERTAKER: W. Sandheim & Son

ADDRESS: 1902 Eutaw Pl.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67024

CERTIFICATE OF DEATH

107-001 E 67024

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Bolls City Hospital ST. 5-8 WARD)

2-FULL NAME Robt D Maloney

(a) RESIDENCE NO 2546 Exeter ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 29 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65		4	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Andrew J Maloney

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Anna Maria ?

13 BIRTHPLACE OF MOTHER (city or town) England
(State or country)

14 Informant Mrs Rosa Foley

(Address) 2546 Exeter Place

15 Filed ..... 192 ..... Registrar

N B.—WRITE PLAINLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 22 1931

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos 4 da

(duration) yrs. mos. 1 da

18 Where was disease contracted if not at place of death? 2546 Exeter

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) H C Gladden, M. D.
Coroner

19 (Address) 443 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lawlor Park Cem	Mar 24 1931
20 UNDERTAKER	ADDRESS
Wm J Tickner & Sons	North & Pa

MAR 24 1931

CHARLES SYDNEY JONES, M. D.

1-30—M. & T.—100 B—50L

E 67025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-003

T 67025

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 16-37 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Kunig

(a) RESIDENCE NO 19 S. Janney ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 4/30

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Dan Kunig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russian Poland

12 MAIDEN NAME OF MOTHER Nellie Jogeoznik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russian Poland

14 Informant Dan Kunig

(Address) 19 S. Janney

15 Filed MAR 24 1931 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 21/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery (Character undetermined)

..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of no

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) C. H. Jones Coroner, M. D.

3.24.31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem	Mar 24 19 31
20 UNDERTAKER Lilly & Zeiler Inc	ADDRESS 403 S. Wolfe St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A A Cn—250 Blks

E 67026

Sr 1 Hen 5600 York Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87-032 E 67026

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Southern, Hospital 17-50 ST. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hamrick L. Lumbdan

(a) RESIDENCE NO Southern Hospital ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 5 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Inmate
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Sou Hospital

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George H. Lumsdan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 NAME OF MOTHER Mary Ann H. Hayes Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Minnie Lumsdan
(Address) 5600 York Rd

D Filed 1931, 19 W. S. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1930, to March 23, 1931
that I last saw h alive on Mar. 21, 1931
and that death occurred, on the date stated above, at 5 P. M.
The CAUSE OF DEATH* was as follows:
Multiple Sclerosis

Invalid all life.
(duration) yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) H C Hoers M. D.
3-23 1931 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodbourne Md	Mch 26 1931
20 UNDERTAKER	ADDRESS
H M Cole	217 N Paca

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 67027

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

67027

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 W. Lombard St. 70-69 WARD)

2 FULL NAME Wm. McCauley.

(a) RESIDENCE NO. 2507 W. Lombard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Rose McCauley

6 DATE OF BIRTH (month, day, and year) Oct. 9 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	9.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Elkridge Md

PARENTS

10 NAME OF FATHER John McCauley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elkridge Md

12 MAIDEN NAME OF MOTHER Cordelia Lowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Elkridge Md

14 Informant (Address) Daughter 2507 W. Lombard St.

15 Filed 1931 Registrar C. HAMPSON JONES, M. D.

MAR 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 31

17 I HEREBY CERTIFY, That I attended deceased from Jany. 1926 to March 23 1931

that I last saw him alive on March 23 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. J. Costelly M. D.

19 (Address) 393 E 31st St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Melvale Cem Elkridge Md.

DATE OF BURIAL 3/25 1931.

20 UNDERTAKER John J. Cowan & Son.

ADDRESS 901 Cathedral St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67028

CERTIFICATE OF DEATH

96-1 127-001 E 67028

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2 FULL NAME Elizabeth Kellner

(a) RESIDENCE NO. 1533 S. Clinton St. ST. WARD

(Usual place of abode) (If non-resident: give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Kellner

6 DATE OF BIRTH (month, day, and year) Dec. 5-1857 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Herman Bush

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Record of:- Baltimore City Hospitals

MAR 24 1931 C. HAMPSON JONES, M. D. Registrar

Fol

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1931

17

I HEREBY CERTIFY, That I attended deceased from 3/20/31, 19 to 3/22/31, 19

That I last saw her alive on 3/22/31, 19

and that death occurred, on the date stated above, at 7:55 P. M.

The CAUSE OF DEATH* was as follows:

Strangulated ventral hernia.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 3-20-31

Was there an autopsy? no

What test confirmed diagnosis? Operation.

(Signed) Fred M. Dunkwall M. D.

. 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery DATE OF BURIAL Mch 26 1931

20 UNDERTAKER George W. Zirkler ADDRESS 1737 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67029

CERTIFICATE OF DEATH.

93-003E 67029

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sailing Home, 28-71 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Monie Weller

(a) RESIDENCE NO 600 S. Chapplegate Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F Weller

6 DATE OF BIRTH (month, day, and year) Oct 5 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 186

(b) General nature of industry, business, or establishment in which employed (or employer) Express Cashier

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Joseph. Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Reifsnider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs Marie S Ward 2911 Greenmount Ave

15 Filed MAR 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23 31

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1931, to March 23, 1931

that I last saw h im alive on March 22, 1931

and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis arteriosclerosis (duration) 0 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

3/ (Signed) Wm Thorbes Jones M. D.

3/23, 1931 (Address) 202 S. Broadway St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Mar 25 1931
20 UNDERTAKER	ADDRESS
H W Routson	2238 N Broadway

Cor.—10-10-29—A Co.—100 Bks.

E 67030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67030 ✓

CERTIFICATE OF DEATH

108

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 815 Bevan St. St., 22-31 Ward)

2-FULL NAME Rachael Anderson.(C)

(a) RESIDENCE NO. 815 Bevan St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. do. How long in U. S., If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the ward)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	35	-----	-----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia.
(State or country)

PARENTS

10 NAME OF FATHER Frank Anderson.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Jane.--------(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

14 Informant Walter Royal.(C)
(Address) 815 Bevan St.

15 Filed MAR 24 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) C. E. Reinhardt, M. D.

3/24. 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Mar 31 1931
20 UNDERTAKER Samuel Hemsley	ADDRESS 1700 Pitts

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

Lena Gant.

E 67031 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67031

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals 16-227 92-001 REGISTERED NO.

CITY OF BALTIMORE: (No. 1025 N. Stricker St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lina Gant

(a) RESIDENCE NO. 1025 N. Stricker St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Gant

6 DATE OF BIRTH (month, day, and year) May 15,1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

PARENTS
10 NAME OF FATHER Christopher Woodley
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Georgiana Summerfield
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of:- Baltimore City Hospitals

15 Filed MAR 24 1931 H. C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23,1931

17
I HEREBY CERTIFY, That I attended deceased from 8/30/30, 19 , to 3/23/31, 19
that I last saw her alive on 3/23/31, 19
and that death occurred, on the date stated above, at 5:50 P.M.

The CAUSE OF DEATH* was as follows:

Endocarditis, chronic

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget. M. D.
3-24 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove Cemetery DATE OF BURIAL 3-27-(31)

20 UNDERTAKER John H. Case & Son ADDRESS 638 N. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

67032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106 E 67032

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2425 Lakeview ave St. 59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eirwin Farbman

(a) RESIDENCE NO. 2425 Lakeview ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 16 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) may 21 1930

7 AGE: Years — Months 10 Days 3 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Jack Farbman

11 BIRTHPLACE OF FATHER (City or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Janet Snyder

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant Jack Farbman
(Address) 2425 Lakeview ave

15 Filed . 19 . A. MAYBURY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 24 March 1931

17 I HEREBY CERTIFY, That I attended deceased from 12 March, 1931, to 24 March, 1931, that I last saw h[illegible] alive on 24 March, 1931, and that death occurred, on the date stated above, at 8:50 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Gilbert W Rosenthal, M. D.

24/III. 1931 (Address) 2311 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Friendship Cemetery

20 UNDERTAKER Sol Levinson & Bro

Date of Burial 3/24 1931

ADDRESS 1127 E Balto st

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 24 1931

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67033

CERTIFICATE OF DEATH.

10-14 97

E 67033

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Hahn

(a) RESIDENCE NO. Boston + Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22nd 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Emmitsburg Md

PARENTS

10 NAME OF FATHER Samuel Echbrode

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Echbrode

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Pratt + Caton Sts

15 Filed MAR 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23rd 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/1, 1931, to 3/23, 1931, that I last saw h... alive on 3/22, 1931, and that death occurred, on the date stated above, at 11.30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Senility

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Bernard Loss M. D.

(Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emmitsburg md	3/26 1931
20 UNDERTAKER M. F. Shuff Jr.	ADDRESS Emmitsburg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67034

CERTIFICATE OF DEATH.

50 E 67034

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Linden Ave St.: 13-57 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Estella Lloyd

(Residence in Baltimore: No. 2220 Linden Ave St.; 72 yrs., 11 mos. 27 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	Widow

6-DATE OF BIRTH March (Month) 29 (Day), 1858 (Year)

7-AGE, 72 yrs. 11 mos. 24 ds. If LESS than 1 day, ...hrs. or .....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE, (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. William S. Ernst

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Elizabeth Daniels

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Elmer Lloyd

(Address) 2220 Linden Ave.

15-

Filed....., 191.... C. HAMPTON JONES, M. D. Registrar.

MAR 24 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 23 (Day), 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 1931, to March 23 1931, that I saw her alive on March 22 1931, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma
Secondary to Carcinoma of Breast
& Spine (Duration).....yrs. 7 mos.....ds.

CONTRIBUTORY (Secondary) (Duration).....yrs.....mos.....ds.

(Signed) E. McGlean M. D.

3/24, 1931. (Address) 705 Madison Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death.....yrs. .....mos. .....ds. In the State.....yrs. .....mos. .....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence 2220 Linden Ave.

19-PLACE OF BURIAL OR REMOVAL, Loudon M. E. Cemetery | DATE OF BURIAL, 3/26, 1931

20-UNDERTAKER Harry J. Wiegel Harry H. Wittstadt | ADDRESS Glenburnie Md. 4101 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67035

CERTIFICATE OF DEATH.

35 E 67035

1-PLACE OF DEATH Baltimore City Hospitals 14-27

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

REGISTERED No .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dan Harlan

(a) RESIDENCE No. 539 N. Mount St. ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Howard County Md.

PARENTS

10 NAME OF FATHER: Isaac Harlan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown Md.

12 MAIDEN NAME OF MOTHER: Harriett Lucas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of:- Baltimore City Hospitals

15 MAR 24 1931

..... M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1931

17

I HEREBY CERTIFY, That I attended deceased from 3/14/31, 19..., to 3/23/31, 19...

That I last saw him alive on 3/23/31, 19...

and that death occurred, on the date stated above, at 2:55 A.M.

The CAUSE OF DEATH* was as follows:

Pyonephrosis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Stricture of Urethra (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy:

(Signed) Paul Padgett M. D.

3-24-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hopkins Chapel

DATE OF BURIAL: 26 1931

20 UNDERTAKER: Geo R Snowden

ADDRESS: Roxbury Md

Spec.—1-30—M. & T.—250 Blks

E 67036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67036

CERTIFICATE OF DEATH.

146

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Paul Apartments St. Paul St. & Mt. Royal Ave. WARD) 11-15

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME E. Edgar Thompson

(a) RESIDENCE NO. St. Paul St. & Mt. Royal Ave. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 58 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Augusta Shriver

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Real Estate Broker
(b) General nature of industry, business, or establishment in which employed (or employer) Ofs
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS
10 NAME OF FATHER John C. Thompson
11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Mary Ellen Queen
13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Maryland

14 Informant Mrs. Augusta S. Thompson
(Address) St. Paul St. & Mt. Royal Ave.

15 Filed C. HAMPSON JONES, M. D. Registrar
R 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-11-, 19 2-, to March 22, 19 31,
that I last saw h- alive on March 22, 19 31
and that death occurred, on the date stated above, at 2 20 A m.
The CAUSE OF DEATH* was as follows: Carcinoma of Liver.

(duration) Several yrs. mos ds.
CONTRIBUTORY (Secondary) Malignant Cachexia, Kidneys + Cardiac Insufficiency (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Exp. Pathology + Cardiac
(Signed) Herbert M. Foster, M. D.
, 19 (Address) 92 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	3/25 1931
20 UNDERTAKER Henry U. Dorsey & Son	ADDRESS 805 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Bks.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

67037 HEALTH DEPARTMENT—CITY OF BALTIMORE

67037

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 22-31 23

CITY OF BALTIMORE: (No. ... St. ... Ward)

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Jackson

(a) RESIDENCE NO. 711 Sharpe st. St. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 5, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Wilmington North Carolina

PARENTS

10 NAME OF FATHER William Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Sarah Whitehouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

16 Informant (Address) Hospital Records

UNIVERSITY OF MARYLAND

17 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1930, to Mch. 21, 1931

that I last saw h im alive on Mch. 21, 1931

and that death occurred, on the date stated above, at 5.45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Inman M. D.

3-21-19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL ... 19

20 UNDERTAKER Commissioner Health.

ADDRESS MAR 24 1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 67038

E 67038

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 736 George St., 17th Ward)

2-FULL NAME Chas. Carroll

(a) RESIDENCE NO. 736 George St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1850

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
about	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Jas Smith
(Address) 736 George St

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Autopsy
(Inquest, autopsy or inquiry) find that said deceased came to death
on the day stated above.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Wm H Smith, M. D.
Coroner
(Address) Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

UNIVERSITY OF MARYLAND

Commissioner Health.

5625 THE MORGUE.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

B 67039 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

93-003 67039

1 PLACE OF DEATH Baltimore City Hospitals 26-37

CITY OF BALTIMORE: (No. ... St. ... Ward) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rebecca Norris

(a) RESIDENCE NO. homeless St. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Augustus Matthews Owen Norris

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St. Michaels Md.

PARENTS

10 NAME OF FATHER: Joseph Pinkney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Henrietta Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-21-31

17
I HEREBY CERTIFY, That I attended deceased from 8-22-30, 19..., to 3-21-31, 19...
that I last saw her alive on 3-21-31, 19...
and that death occurred, on the date stated above, at 12:35 A.m.
The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) 1 yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary) Arteriosclerosis & hypertension
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam
(Signed) Paul Padget. M. D.
3-24 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND — DATE OF BURIAL ... 19...

20 UNDERTAKER: C. HAMPSON JONES, M. D. Commissioner Health. — ADDRESS ...

MAR 24 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 24 1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67040

CERTIFICATE OF DEATH

X 183 E 67040

25-76

1-PLACE OF DEATH

City of Baltimore: (No. Maryland Ship Building Co. Fairfield. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E. Williams, (C)

(a) RESIDENCE NO. 613 N. 10th St. Richmond, Va. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	30	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Richmond, Va.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Police Report. S.D.
(Address)

15 Filed MAR 24 1931, 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192
Drowned August 5, 1931 Found March 14/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probable accidental.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], M. D.

3/20. 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Arridental, Suiridal, or Homiridal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS MAR 24 1931

PUBLIC CEMETERY
C. HAMPSON JAMES M.
MORGUE.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Coe.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67041

CERTIFICATE OF DEATH

18 E 67041

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1217 Mc Culloh St 11-27 Ward)

2-FULL NAME Pearl Roy Mc Culloh

(a) RESIDENCE NO. 217 Mc Culloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Fem	Col	Single

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day and year) Feb 27-1931

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min
			21/23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Cornelius Roy

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Blanche Woods

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Cornelius Roy
(Address) 1217 Mc Culloh

15 Filed ——— 19 ——— Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regulus

(Signed) H. Hinkle, M. D.

(Address) Aliases Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL MAR 24 1931 19

ADDRESS

20 UNDERTAKER Commissioner Health.

MAR 24 1931 C. HAMPSON JONES M. D.

THE MORGUE

Be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-15-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67042

CERTIFICATE OF DEATH

115 E 67042

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Md Gen Hosp St., 1-2 Ward)

2-FULL NAME Charlotte A. F. Gillery

(a) RESIDENCE NO. 145 S. Elwood St., 0 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec 6 1854

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles F. Gillery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Sophia Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Mrs Edith Gillery 145 S Elwood

Filed APR 2 4 1931 C. HAMPSON JONES, M. D. Registrar

By ARE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): March 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Abscess of Throat

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Falk, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 3/25/31

20 UNDERTAKER: John F. Mann — ADDRESS: 3000 E Baltimore St

If the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67043 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67043

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 50-69 REGISTERED NO.....

CITY OF BALTIMORE: (No ..... ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William A. Bush

(a) RESIDENCE NO. 2214 or 3114 Wilkins ave (3114 Correct) ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed MAR 24 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1931

17
I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to March 23, 1931
that I last saw him alive on March 23, 1931
and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:

Caseous pneumonia

(duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? ..... Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical and autopsy
(Signed) David Turner M. D.
3-24 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National Crm
20 UNDERTAKER Robert Brooks & Son
DATE OF BURIAL 3/24 1931
ADDRESS Baltimore Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67044

CERTIFICATE OF DEATH

59-E 67044

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 N. March St. 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Esther Siegel

(a) RESIDENCE NO. 1009 N. March St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of True

6 DATE OF BIRTH (month, day, and year) 1/10/1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel Siegel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Hamburger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Florence Rosenthal

(Address) 1807 Norfolk Ave

15 Filed — — — 19 — RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23/31

17 I HEREBY CERTIFY, That I attended deceased from March, 1922, to March 23, 1931, that I last saw h[illegible] alive on March 15, 1931 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 9 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Coronary artery thrombosis

(duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? —

(Signed) Louis P Hamburger, M. D.

March 24, 1931 (Address) 1201 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem.	3/27/1931

20 UNDERTAKER D Ahrens Co

ADDRESS [illegible]

IF DEATH in plain terms, so that it may be properly important. See instructions on back of certificates.

C. HAMPSON JONES, M.

Cor.—10-18-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67045

CERTIFICATE OF DEATH

86-001 E 67015

1-PLACE OF DEATH Pronounced Dead at

City of Baltimore: (No. South Baltimore General Hospital 21-29 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Dugdale.

(a) RESIDENCE NO. 1231 Carroll St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, HUSBAND of (WIFE of) Emma K. Dugdale.

6 DATE OF BIRTH (month, day, and year) May 8, 1870

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60	10	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: self.

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER William Dugdale.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England.

12 MAIDEN NAME OF MOTHER Ella Graham.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant Emma K. Dugdale. (wife)
(Address) 1231 Carroll St.

15 Filed C. HAMPSON JONES, M. D. Registrar

R 24 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull,
Occidental fall from a scaffold.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 414 Hanover st.
March 28, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D.

3/24 1931 (Address) 1017 S. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	3/26/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul st

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67046

CERTIFICATE OF DEATH

108 E 67046

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1332 W Pratt St. Ward 15-21)

2-FULL NAME Mildred Selton

(a) RESIDENCE NO. 1330 W Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 Color or Race Col

5 Single, Married, Widowed or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 28 1931

7 AGE Years Months Days 28 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baby girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Thomas Selton

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Carroll

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Thomas Selton
(Address) 1330 W Pratt

15 Filed ... 19 ... HAMPSON JONES ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Mar 25 1931

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pennsylvania Ave

Per ...

CRH

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR A 1931 C. HAMPSON JONES, M.D.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67047

CERTIFICATE OF DEATH

E 67047

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. 1614) Good Shepherd Gen'l Hosp (St.) (Ward) — REGISTERED NO. 15721 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Louise Giles

(a) RESIDENCE NO. 1614 (Usual place of abode) Presstman ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jacob Giles

6. DATE OF BIRTH (month, day, and year): 1856

7. AGE — Years: 75 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Of°
(c) Name of employer: —

9. BIRTHPLACE (city or town) (State or country): Hagerstown Md.

PARENTS
10. NAME OF FATHER: Elie Saunders
11. BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12. MAIDEN NAME OF MOTHER: Adilicia Downey
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14. Informant (Address): Lina Brown 1614 Presstman St

MAR 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 3-22-31

17. I HEREBY CERTIFY, That I attended deceased from 3/18/29, 19... to 3/22/31, 19... that I last saw h[er] alive on 3/22/31, 19... and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Chron-Nephritis

1 Hour (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arterio-Sclerosis (duration) yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death? Balto md

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. R. Boykin M. D.

, 19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Mar 25 to 31

20. UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Presstman St

CAUSE OF DEATH is very important. See instructions on back of certificates. Exact statement of OCCUPA- must be properly classified, so that it may be in plain terms,

Spec—12-23-21—F.B.R.S.—400 Pks.

E 67048

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67048

CERTIFICATE OF DEATH.

20-28 59

1-PLACE OF DEATH

City of BALTIMORE: (No. 102 S. Payson St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Alice Jacobsen.

(a) Residence No. 102 S. Payson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Jacobsen.

6-DATE OF BIRTH (month, day and year): Oct. 14th. 1860

7-AGE: 70 yrs. 5 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: David Leather

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Frederick Md.

12-MAIDEN NAME OF MOTHER: Susan Jane Reahl

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Frederick Md.

14-

(Informant): Robert Jacobsen.

(Address): 102 S. Payson St.

15-

(Date): (Registrar): C. HARRISON JONES, M. D.

241931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar. 23. 1931

17- I HEREBY CERTIFY, That I attended deceased from Mar 26 1930 to Mar 23 1931.

that I last saw h alive on Mar 23 1931.

and that death occurred, on the date stated above, at 2.30P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Wells Hennings M. D.

3/24 1931 (Address) 2001 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL, Mar. 26 1931

20-UNDERTAKER: George L. Schwab ADDRESS 2101 Eutaw Pl.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spc—12-23-21—E.B.R.S.—400 Eks.

E 67049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67049

1-PLACE OF DEATH

City of BALTIMORE: (No. 1807 W. Pratt St., Ward) 19-28

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Louisa Kaiser.

(a) Residence No. 1807 W. Pratt St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Kaiser

6-DATE OF BIRTH (month, day and year): Feb. 22. 1862

7-AGE: 69 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER. Conrad Walter.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Unknown.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Mrs. Lorretta Mc. Kee

(Address) 5207 Craig Ave.

15- Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar. 23rd 1931

17- I HEREBY CERTIFY, That I attended deceased from Jan 7 19 31 to Mar 9 19 31

that I last saw h[illegible] alive on Mar 9 19 31

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease
Mitral Stenosis

(Duration) 2 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Indigestion 3 hours.

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

3/24 1931 (Signed) Wells Hemming M. D.

(Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery DATE OF BURIAL, ... Mar. 26 ... 1931

UNDERTAKER: George L. Schwartz ADDRESS: 2101 Pink. Ave.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 67050

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 6 002 82

E 67050

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3147 Leeds St (St.) 70-70 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Eyer

(a) RESIDENCE NO. 3147 Leeds St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Eyer

6 DATE OF BIRTH (month, day, and year) Dec. 4 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ernest Kelber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Stoll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sophia Eyer (Address) 3147 Leeds St.

15 Filed MAR 24 1931, 19 WPW Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24, 1931

17

I HEREBY CERTIFY, That I attended deceased from 3/13, 1931, to 3/24, 1931, that I last saw h[illegible] alive on March 24, 1931, and that death occurred, on the date stated above, at 11:20 a m.

The CAUSE OF DEATH* was as follows:

Senility

Arteriosclerosis

Arthritis deformans

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ernst W. Jahnson, M. D.

3/24 1931 (Address) 332 Prudence Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Mar 27 19 31

20 UNDERTAKER: Charles W. Dill-Fredk, Md. ADDRESS 3107

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Size—12-23-21—E.B.P.S.—400 Blks.

E 67051

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001

92

E 67051

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2555 Mc Henry 70-64 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sinai Summers

(a) Residence No. 2555 Mc Henry St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: David W. Summers

6-DATE OF BIRTH (month, day and year): Mar. 9, 1867

7-AGE: 64 yrs. 0 mos. 13 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of Industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Hancock, Md.

PARENTS.

10-NAME OF FATHER: Henry Stein

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Amesa Robey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Hancock, Md.

14- (Informant) David W. Summers
(Address) 2555 Mc Henry St.

15- Filed ..... 192 ..... Registrar.

R 24 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mar. 22, 1931

17- I HEREBY CERTIFY, That I attended deceased from Aug 5, 1929 to Mar. 22, 1931 that I last saw her alive on Mar. 22, 1931 and that death occurred, on the date stated above, at 11:45 a. m.

The CAUSE OF DEATH* was as follows:

mitral insufficency

(Duration) 3 yrs. mos. ds

CONTRIBUTORY (Secondary) cardiac failure

(Duration) yrs. 6 mos. ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual tests

(Signed) George A Krupp M. D.

19 (Address) 3030 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Mar. 25 1931
20-UNDERTAKER	ADDRESS
Charles J. Schwab	505 N. Monroe St.

Insert number in figures. Fill in all blanks with ink or typewriter. Exact statement of OCCUPATION is very important. If deceased was housewife, so state. If laborer, clerk, etc., do not fail to say what kind of work he did. Write plainly. Use only common abbreviations. Punctuate. Spell out full each word. Do not use ditto marks. Be sure to answer questions in plain terms, so that it may be properly classified. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 67052

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 210-103

E 67052

CERTIFICATE OF DEATH

REGISTERED NO. 25-72

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. WARD (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James E Hood.

(a) RESIDENCE NO. Louisville Ky. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda. Hood.

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49 yrs	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ky.

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant McGrath & Son.

(Address) Louisville Ky.

15 Filed APR 25 1931 E. HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by moving auto (hit & run unapprehended)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Head Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wash Blvd & Eden

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Frauenthal, M. D. (Coroner)

(Address) 3939 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louisville Ky.

DATE OF BURIAL 3/24 1931

UNDERTAKER Bernard C Horn

ADDRESS 1000 S Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

Wojcik

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 67053

CERTIFICATE OF DEATH.

93-9 67053

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 709 S. Robinson St. St. 1-1 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilary Wojcik

(a) RESIDENCE No. 709 S. Robinson St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Wojcik

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Frank Wojcik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Interment (Address) Daughter Mrs. Wojcik 709. S. Robinson St.

15 [illegible] 19 [illegible] Registrar

APR 25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23-31

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 22, 1931

that I last saw him alive on March 23, 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Kwasowski M. D.

3/24. 1931 (Address) 3574 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	3/25/ 19 3
20 UNDERTAKER [illegible] JONES M. D.	ADDRESS
P. W. Bozewski 1922	Eastern Ave.

Spec—9-30—A. A. Co.—250 315a

L 67054 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-01 L 67054

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) 817 St. Paul (St.) 11-15 (Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anny Eleanor Elizabeth Hull

(a) RESIDENCE NO. 817 St. Paul ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1857?

7 AGE: Years 73? Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Staunton Va.

PARENTS

10 NAME OF FATHER: Robert Hull

11 BIRTHPLACE OF FATHER (city or town) New York (State or country) New York

12 MAIDEN NAME OF MOTHER: Susan Thompson

13 BIRTHPLACE OF MOTHER (city or town) Staunton (State or country) Va.

14 Informant (Address): Miss Elizabeth C. Hull 817 St Paul St

15 C. HAMPSON JONES, M. D. Registrar

MAR 25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/24/31

17

I HEREBY CERTIFY, That I attended deceased from Jan. 1928, to 3/24 1931.

that I last saw h alive on 3/24/31 10 26 A. M.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency
Arteriosclerosis
Mitral Regurgitation

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema.

(duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No: Typical findings

What test confirmed diagnosis?

(Signed) H. H. Toddy M. D.

, 19 (Address) 140 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Staunton Va

DATE OF BURIAL: Mar 25 1931

UNDERTAKER: Henry Hankins Sons

ADDRESS: McCaffrey & Orchard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37055 37055

CERTIFICATE OF DEATH.

REGISTERED No. 107-02

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. St. 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles J. P. Dorner

(a) RESIDENCE No. 602 Smithson St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Dorner

6 DATE OF BIRTH (month, day, and year) Sept 14. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cableman 086
(b) General nature of industry, business, or establishment in which employed (or employer) C & P. Telephone Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) George H. Davis 2905 Wayne Ave

15 [illegible] Registrar

MAR 25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24/31.

17
I HEREBY CERTIFY, That I attended deceased from 3/8/31, 19, to 3/24/31, 19
that I last saw him alive on 3/24/31, 19
and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
Thrombophlebitis left leg, bronchopneumonia

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings
(Signed) George H. Yeager M. D.
, 19 (Address) University Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Mar 26 1931.

20 UNDERTAKER: Mrs. Mrs. John W. Geupel & Son — ADDRESS: 501 W. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67056

CERTIFICATE OF DEATH

131 E 67056

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 S. Curley ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kunigunda Schmittel

(a) RESIDENCE NO. 1108 S. Curley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 96 yrs. mos. ds. How long in U. S., if foreign birth 96 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Schmittel

6 DATE OF BIRTH (month, day, and year) Dec 17 1832

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	98	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) formerly housewife

(c) Name of employer self

9 BIRTHPLACE (city or town) Flintsbess

(State or country) Germany

PARENTS

10 NAME OF FATHER (not known) Gisippe

11 BIRTHPLACE OF FATHER (city or town) not known

(State or country) Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) not known

(State or country) Germany

14 Informant Mrs Elizabeth Schane

(Address) 1004 S. Clinton St.

15 Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22'31

17 I HEREBY CERTIFY, That I attended deceased from several years, to March 22, 1931, that I last saw h[illegible] alive on March 22, 1931 and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Senility — nephritis (chronic)

(duration) several yrs mos. ds.

CONTRIBUTORY (Secondary) Capillary bronchitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. V. Wright, M. D.

3/24/1931 (Address) 1014 S. Bellevue Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	3/26 1931
UNDERTAKER	ADDRESS
Vendell J Lippel	300 S. Eden St

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67057

CERTIFICATE OF DEATH

94-602

94 E 67057

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

12-5-1

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 Maryland Avenue ST. WARD)

2 FULL NAME Laura Annie Hasson

(a) RESIDENCE NO. 2422 Maryland Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? 72 yrs. 10 mos. 25 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph H. Hasson

6 DATE OF BIRTH (month, day, and year) Apr-26-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	72	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER William F. Logston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co., Maryland

12 MAIDEN NAME OF MOTHER Ellen Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co., Maryland

14 Informant: Mr. F. Oscar Hasson (son)
(Address) 2422 Maryland Avenue

MAR 26 1931 19 C. HARVEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1931 to Mar 23rd, 1931 that I last saw h[er] alive on Mar 22, 1931 and that death occurred, on the date stated above, at 2 0 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) W H Pelzer M. D.

Mar 26 1931 (Address) 2105 Chas. St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Mar-26-31 19

20 UNDERTAKER: STEWART & MOWEN COMPANY (Successor to J. T. MOWEN, Successor) — ADDRESS: 100 W. NORTH AVE.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67058

CERTIFICATE OF DEATH

108

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 23-31 ST. WARD)

REGISTERED No. E 67058

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ellen Summerville

(a) RESIDENCE No. 1024 South Sharp Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of --

6 DATE OF BIRTH (month, day, and year) Feb. 6, 1908

7 AGE: Years 23 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): --

(c) Name of employer: Out of work

9 BIRTHPLACE (city or town) (State or country): Norfolk Va.

PARENTS

10 NAME OF FATHER: Joseph Summerville

11 BIRTHPLACE OF FATHER (city or town) (State or country): No town given N.C.

12 MAIDEN NAME OF MOTHER: Mary Plummer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant (Address): Record of Baltimore City Hospitals

15 Filed MAR 25 1931 16 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22-31

17 I HEREBY CERTIFY, That I attended deceased from 3-18-31, 19, to 3-22-31, 19

that I last saw her alive on 3-22-31, 19

and that death occurred, on the date stated above, at 4 A.M. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of --

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

3-23-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va

DATE OF BURIAL: 3/26/31

20 UNDERTAKER: Isaiah L. Brown

ADDRESS: 108 Montgomery

Ch & Charles Summerville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67059 108 E 67059

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1019 Peach Alley. St. 21-31 Ward)

2-FULL NAME David Walker.(C)

(a) RESIDENCE NO. 1019 Peach Alley. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 14, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	0	4	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER James Walker.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ohio.

12 ~~Maiden~~ NAME OF MOTHER Lillian Bell.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Lillian Bell (C) mother
(Address) 1019 Peach Alley.

15 Filed MAR 25 1931 C. EMERSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Leonhardt, M. D.

3/25. 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	3/25/31
20 UNDERTAKER Jos Isaiah L Brown	ADDRESS 108 W Monday

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

67060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

E 67060

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1829 Vine ST. 20-27 (WARD)

2-FULL NAME Thelma Buckner

(a) RESIDENCE NO 1829 Vine ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 2 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
		4	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James H. Buckner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Florence Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant James H. Buckner
(Address) 1829 Vine St.

15 Filed ..... 192 ..... Registrar

R 25 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Congenital Heart Disease

(duration) yrs. 4 mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Guy A. Cromwell, M. D. Coroner

3/23 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Greenmount Rd	May 25 1931
20 UNDERTAKER	ADDRESS
Mrs Kate R. Williams	Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-26—A. & Co.—250 Blks.

E 67061 HEALTH DEPARTMENT—CITY OF BALTIMORE 108 E 67061

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 107 N. Stricker St. WARD 4-27)

2 FULL NAME Catherine M. Flaherty

(a) RESIDENCE NO. 107 N. Stricker St. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White.	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James D. Flaherty.

6 DATE OF BIRTH (month, day, and year) Sept 24-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74.	6	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Edward Kentuck
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.
12 MAIDEN NAME OF MOTHER Mary Mayo
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Country.

14 Informant (Address) Christina E. Flaherty 107 N. Stricker St

15 Filed ... 1931 C. HAROLD JONES, M. D. Registrar

Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23/31

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 23, 1931

that I last saw her alive on March 23, 1931

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(Duration) 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms.

(Signed) Henry Hans Slemion M. D.

March 24/31 (Address) 903 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Mar 27-31
20 UNDERTAKER	ADDRESS
F. A. Swanston	703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67062

CERTIFICATE OF DEATH.

131 E 67062

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 2418 Fleet St. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME KSZAWIRY GOSTOMSKI,

(a) RESIDENCE No. 2418 Fleet St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Rosina Gostomski,

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Laborer) retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer 040

9 BIRTHPLACE (city or town) (State or country) Poland,

PARENTS

10 NAME OF FATHER Unknown,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland,

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland,

14 Informant (Address) Jmad Gostomski. (Son) 2418 Fleet Street

15 Filed MAR 25 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23rd/31

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1930, to Mar 23rd. 1931

That I last saw him alive on Mar. 21st 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration and Hypertrophy
Nephritis and Arteriosclerosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY Marked anemia resembling a
(Secondary)
pernicious type (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) A. F. Rey M. D.

Mar. 25 1931 (Address) 24 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus, DATE OF BURIAL Mar. 27 1931.

20 UNDERTAKER W. F. Sadowski, ADDRESS 1740 Eastern Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 67063
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 Byrd St. 24 34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Strobel

(a) RESIDENCE NO. 1711 Byrd St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Elizabeth Strobel

6 DATE OF BIRTH (month, day, and year): 5-8-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	10	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer: Bregen-Eisenberg

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Do not Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Elizabeth Strobel
(Address): 1711 Byrd St.

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-22-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to March 22, 1931, that I last saw h[illegible] alive on March 22, 1931, and that death occurred, on the date stated above, at 1.00 A m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Workman M. D.

May 27 1931 (Address) 6100 Harford Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: 3-25-31

20 UNDERTAKER: Wendell E. Humphreys

ADDRESS: Lafayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67064 67064

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 E. Fairmount Av. 6-10 WARD)

2. FULL NAME Vira Fell

(a) RESIDENCE NO. 2111 E. Fairmount Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Morris Fell

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Bart Hess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) J. Lewis (1432 E. Baltimore St)

15 Filed . 19 Registrar

R 25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-25-31

17

I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to March 25, 1931

that I last saw her alive on March 25, 1931

and that death occurred, on the date stated above, at 9 A — m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy 14 hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) chronic nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam. + history

(Signed) Jacob Cohen M. D.

3/25, 19 31 (Address) 22 E. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine, Cloverdale — DATE OF BURIAL 3-26-19 31

20 UNDERTAKER Jack Lewis, 1439 E. Balto ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67065

CERTIFICATE OF DEATH.

24-33 162

E 67065

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 4804 Park Heights ... (WARD)

2 FULL NAME Jonathan Plowman

(a) RESIDENCE No. 407 E. Hamburg St. ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———————

6 DATE OF BIRTH (month, day, and year) Jan. 12 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Farmer 86

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Ephraim Plowman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Eliza Herring

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Joseph T. Hopkins
(Address) 407 E. Hamburg St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 25 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 1— 1931 to Mar. 25th 1931

that I last saw h[illegible] alive on 3/24— 1931

and that death occurred, on the date stated above, at 3 A.M. m.

The CAUSE OF DEATH* was as follows:

Supervention of Age

CONTRIBUTORY (Secondary) Cardiac Exhaustion (duration) 1 yrs. — mos. — ds.

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Leitzmann M. D.

3/25 1931 (Address) 1340 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetary — DATE OF BURIAL: Mar 27 1931

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAR 25 1931

H. HAMILTON JONES, M. D.

Spec.—9-30—A. A. Co.—200 M's

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 VE 67066

67066

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4510 Arabia Ave (ST.) 27-44 (WARD)

2 FULL NAME Fannie F. Kirby

(a) RESIDENCE NO. 4510 Arabia Ave ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edward F. Kirby

6 DATE OF BIRTH (month, day, and year): July 4th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): =

(c) Name of employer: =

9 BIRTHPLACE (city or town) (State or country): Williamsville, Md

PARENTS

10 NAME OF FATHER: John T. Wiseman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bells, Md

12 MAIDEN NAME OF MOTHER: Julia Kellerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bells Md

14 Informant: Wm. A. Fuchs (Address): 4510 Arabia Ave

15 Prepared ... Registrar

MAR 25 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 23 31

17

I HEREBY CERTIFY, That I attended deceased from March 21 1931 to March 24 1931

that I last saw h[illegible] alive on March 21 1931

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma
Left Breast (Primary)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj. O'Mealey M. D.

3/26/31 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Mar 26 31

20 UNDERTAKER: C. A. Stappert ADDRESS: 1305 Eutaw Place

C. THEMPSON JONES, M. D.

Spec.—120—M. A T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67067

CERTIFICATE OF DEATH.

107-001

E 67067

1-PLACE OF DEATH Stragus Hospital

CITY OF BALTIMORE: (No. 20-20 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roy Thomas Brightwell

(a) RESIDENCE NO. 2915 Frederick ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 24 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Roy L. Brightwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton Md

12 MAIDEN NAME OF MOTHER Mary Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Easton Md

14 Informant Roy Brightwell
(Address) 2915 Frederick Ave

15 Filed MAR 25 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 20, 19 31, to Mar 24, 1931,

that I last saw him alive on Mar 24, 1931,

and that death occurred, on the date stated above, at 12 N a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical evidence

(Signed) Ernest Spencer Jr. M. D.

19 (Address) Windsor Court apts Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morgan Chapel Woodlawn

DATE OF BURIAL: Mar 26-31

20 UNDERTAKER: Bernard C Fink

ADDRESS: 701 Washington Blvd.

TION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67068 — 1341 67068

CERTIFICATE OF DEATH

1 PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. Catalina & Olney St. 40 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Leslie Simpkins

(a) RESIDENCE NO. 3145 Elmora Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Maryland Motor Truck Co

9 BIRTHPLACE (city or town) (State or country) Somerset Co. Md

PARENTS
10 NAME OF FATHER Charles E Simpkins
11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co Md
12 MAIDEN NAME OF MOTHER Ada McDorman
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Somerset Co Md

14 Informant (Address) Ada Simpkins 3145 Elmora Ave

15 Filed MAR 26 1931 H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 17 19 31 to Mar. 25 19 31
that I last saw h[illegible] alive on Mar. 25 19 31
and that death occurred, on the date stated above, at 8 Hr 04 m.
The CAUSE OF DEATH* was as follows:

Nephrolithiasis

(duration) yrs. mos. 1/ ds.
CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) yrs. mos. 1/ ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? X Ray & Urine
(Signed) [illegible] M. D.
19 (Address) St. Josephs Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Francis Cemetery Rock Creek Md. — DATE OF BURIAL: 3/27/1931

20 UNDERTAKER Dale Dashiell ADDRESS Princess Ann & Somerset Co Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

Dr Alex Cage 208 N. Broadway

W of 16 19 J

E 67069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

E 67069

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 2727 Riggs Ave 16-68 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME August F. Waltzinger Sr

(a) RESIDENCE NO 2727 Riggs Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Ida M. Waltzinger

6 DATE OF BIRTH (month, day and year) Dec 26 1852

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Confectioner

(b) General nature of industry, business, or establishment in which employed (or employer) Candy

(c) Name of employer E. H. Josselyn Phila Pa

9 BIRTHPLACE (city or town) (State or country) Phila Pa

PARENTS

10 NAME OF FATHER Aug. F. Waltzinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schuchmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Aug F Waltzinger Jr

(Address) 2727 Riggs Ave

15 Filed APR 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, year) March 24th 1931

17

I HEREBY CERTIFY, That I attended deceased from 9/16/21, 19 , to 3/24/31, 19

that I last saw ~~him~~ alive on 3/24/31, 19

and that death occurred, on the date stated above, at 6-30 P m.

The CAUSE OF DEATH* was as follows:

Influenza.

Pneumonia

Hypostatic

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alf E Legg M. D.

19 3/25/31 (Address) 728 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery Mausoleum	3/27/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 67070

CERTIFICATE OF DEATH.

L 67070

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3920 Duval Ave. ST., 15-65 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Florence Leonard

(a) RESIDENCE NO. 3920 Duval Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Leonard

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) London

PARENTS

10 NAME OF FATHER Harry Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) London

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London

14 Informant Nina A Mendellin

(Address) 2920 Harwell Ave

15 Filed MAR 26 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 25/31.

17 I HEREBY CERTIFY, That I attended deceased from Mar. 18th, 1931. to Mar. 25th, 1931.

that I last saw her alive on Mar. 24th P.M. 1931.

and that death occurred, on the date stated above, at 4:45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) 0 yrs. 0 mos 7 ds.

CONTRIBUTORY (Secondary) None apparent.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) I St Hoffman, M. D.

3.25. 1931 (Address) 2500 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL 3/27 19 31

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67071

CERTIFICATE OF DEATH.

75

E 67071

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2711 Benard St 17-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Schuckle

(a) RESIDENCE NO 2711 Benard St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 1878

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	52	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Linos. Man

(b) General nature of industry, business, or establishment in which employed (or employer) C & P Tel Co.

(c) Name of employer

9 BIRTHPLACE (City or town) Howard Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER Charles E. Schuckle

11 BIRTHPLACE OF FATHER (city or town) Howard Co Md

(State or country)

12 MAIDEN NAME OF MOTHER Priscilla McCandless

13 BIRTHPLACE OF MOTHER (city or town) Howard Co. Md

(State or country)

14 Informant Geo. Lovell Sr

(Address) 2726 Benard St

15 Filed ..... 19 .....

Registrar

MAR 26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcohol Poisoning

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBITORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Geo. Mortimer M. D.

(Coroner)

3/25. 1931 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral Date of Burial Mar 27 1931

20 UNDERTAKER H S Marshall ADDRESS 353 Gilmor

Cor.—12-9-25—A Co.—200 Bks.—Filled in by Undertaker. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 67072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 67072

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkens & Caton Aves ST., 90-69 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Heiser

(a) RESIDENCE No. 2709 Frederick Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Alex Heiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Annie Clay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Julia Jamison

(Address) 2655 Huntingdon Ave

15 Filed APR 26 1931, 19

C. E. THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23/31

17 I HEREBY CERTIFY, That I attended deceased from 3/20, 1931, to 3/23, 1931, that I last saw him alive on 3/23, 1931, and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

(1) Endocarditis - acute - Rheumatic -

(2) Mitral Stenosis

(duration) yrs. mos 9 da.

CONTRIBUTORY (Secondary) Chr. Passive Congestion.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 2709 Frederick Ave.

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical Findings - autopsy

(Signed) A. Edmund S. Anderson M. D.

3-23-31 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Mar 26 1931

20 UNDERTAKER Cheswell Low — ADDRESS 3615 Gwynns Falls Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Bks.

Dr Hayden - 1216 E Baltimore St

E 67073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 E 67073

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 701 Allendale ST. 16-67 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry A. Cuntz

(a) RESIDENCE NO. 701 Allendale ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ida J. Cuntz

6 DATE OF BIRTH (month, day, and year): Sept 14 1853

7 AGE: Years 78 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Washington D. C.

PARENTS
10 NAME OF FATHER: Chas H. Butler
11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington, D C
12 MAIDEN NAME OF MOTHER: Catherine Cuntz
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hanover Md

14 Informant (Address): Wm C Cuntz 701 Allendale St

15 Filed MAR 26 1931 19

C. WILMER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 23/31

17
I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1931, to Mar. 23, 1931, that I last saw her alive on Mar. 22 1931, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:
Chr. Nephr.

(duration) Immediate yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden M. D.

3/26/31 (Address) 1216 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: March 26 1931

20 UNDERTAKER: F. S. Wiseman — ADDRESS: 1300 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 M's

246346

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67074

CERTIFICATE OF DEATH

10-14-108

E 67074

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL S. (Ward) 10-14

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Richard Johnson

(a) RESIDENCE No. 821 Ashland ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) C & O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rachael Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) .....

15 Filed ..... 19 ..... C. HAMPSON JONES, Registrar

By .....

MAR 25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23 1931

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1931, to March 23, 1931

That I last saw h[illegible] alive on March 23, 1931

and that death occurred, on the date stated above, at 1 25 A M.

The CAUSE OF DEATH* was as follows:

(a) Acute Cardiac Insufficiency

(duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? PM

(Signed) E. Benj. M. Baker, Jr. M. D.

Mch 25, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvery Cemetery — DATE OF BURIAL 3/26/31

20 UNDERTAKER J. P. Williams — ADDRESS 1518 M[illegible] Eden St

CAUSES OF DEATH must be plainly written, and all the questions answered. See instructions on back of certificates. ATTENTION is very important.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67075

CERTIFICATE OF DEATH.

23 E 67075

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No 17-25 ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lawrence Cureton

(a) RESIDENCE NO. 635 George st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23, 1906?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 0/0

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Cureton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Bessie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 MAR 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1931, to March 24, 1931

that I last saw h im alive on March 24, 1931

and that death occurred, on the date stated above, at 6.05 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Hans Lewis M. D.

3-25 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 3/26 1931

20 UNDERTAKER: Samuel Hawley

ADDRESS: 1128 Bedda St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

2 44 245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 E67076

131 E67076

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ida Price

(a) RESIDENCE No. 1027 Madison Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890 -

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Geo. Rice

11 BIRTHPLACE OF FATHER (city or town) Md -
(State or country)

12 MAIDEN NAME OF MOTHER Annie Baker

13 BIRTHPLACE OF MOTHER (city or town) Md -
(State or country)

14 Informant Records -
(Address)

15 Filed ___, 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 24-31

17

I HEREBY CERTIFY, That I attended deceased from Jan 7-31, 19 ___ to Mar. 24, 1931

that I last saw her alive on Mar-24, 1931

and that death occurred, on the date stated above, at 6 15 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis c Uraemia.

(duration) ___ 7 mos. ds.

CONTRIBUTORY (Secondary) Chronic Granulomata (Patient will dispute autopsy.) (duration) ___ 4 mos. ds.

18 Where was disease contracted if not at place of death? ? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes. Blood Chemistry & Biopsy

What test confirmed diagnosis?

(Signed) Theo. G. Rawson M. D.

3/26 1931 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Md

DATE OF BURIAL 3-26 1931

20 UNDERTAKER Dennis Eaker

ADDRESS 916 Park Ave.

TION is very important. See instructions on b

MAR 26 1931 C. HAMILTON JONES

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67077

CERTIFICATE OF DEATH

131 E 67077

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 Madison ave ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Louisa Thomas

(a) RESIDENCE NO. 224 Madison ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Thomas.

6 DATE OF BIRTH (month, day, and year) Aug 11-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jos. N. Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha Hall.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Nebula Thomas. (Address) 224 Madison ave.

15 Filed 4/1 1931 HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/23/31

17 I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1931 to Mar. 23, 1931, that I last saw h alive on Mar. 22, 1931 and that death occurred, on the date stated above, at 4:45 a m.

The CAUSE OF DEATH* was as follows:

Uremia (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) not known yrs. mos. ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical

(Signed) Wm H. Tompkins M. D.

3/24 1931 (Address) 112 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cem. Lincoln Co. Neb. DATE OF BURIAL 3/26 1931

UNDERTAKER Frank Brinsley ADDRESS 778 N Bridge

important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67078 — 10 — 00E 67078

1 PLACE OF DEATH Baltimore City Hospitals — 14-20 (WARD)

CITY OF BALTIMORE: (No ...)

REGISTERED NO ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ellen Cook

(a) RESIDENCE NO. 1413 Madison St. ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: Colored — 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE — Years: 74 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS
10 NAME OF FATHER: James Gray
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records of:-
(Address): Baltimore City Hospitals

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 24, 1931

17
I HEREBY CERTIFY, That I attended deceased from 9/27/27, 19..., to 3/24/31
that I last saw her alive on 3/24/31
and that death occurred, on the date stated above, at 12:50 A.M.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis, cerebral, Senile dementia
(duration) 4 yrs. ... mos. ... ds.
CONTRIBUTORY (Secondary): Broncho pneumonia.
(duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padget. M. D.
3-24 19 31. (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem — DATE OF BURIAL: 3-26 1931

20 UNDERTAKER: Daniel Easton — ADDRESS 916 Eq ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMILTON JONES, M.

Spec.—1-30—M. & T.—250 Blks

E 67079 HEALTH DEPARTMENT—CITY OF BALTIMORE 108 E 67079

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 7 Fayette St. Calhoun 17-24 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Jordan

(a) RESIDENCE No. 939 Wilmer Court ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Bertha Jordan

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Unemployed Washington D.C.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Deceased

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Wife Bertha Jordan 939 Wilmer Court

Filed MAR 26 1931 Registrar HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-23-31

17 I HEREBY CERTIFY, That I attended deceased from 3-19-, 1931, to 3-23, 1931, that I last saw him alive on 3-23, 1931, and that death occurred, on the date stated above, at 6:25 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia right

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None 939 Wilmer Court

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy.

(Signed) M. B. Schreiber M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	3-26 1931
20 UNDERTAKER Dennis Carton	ADDRESS 516 Oe ave.

TION is very important. See instructions on back of certificates.

Spec.—9-29—A. & Co.—250 Blks

E 67080 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151 67080

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 3428. Lombard. St ST. 26 WARD) 7-31

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Taylor

(a) RESIDENCE No. 3428. E. Lombard. St ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) March 24, 1931

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		1	11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER Thomas Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore. Md.

12 MAIDEN NAME OF MOTHER Beatrice Lambdin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore. Md.

14 Informant (Address) Thomas. Taylor. Father 3428 E. Lombard St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1931

17

I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

That I last saw h alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Asthenia Liv

7 mo.

E Lawston

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What confirmatory tests, if any?

(Signed) M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL March. 26, 1931

20 UNDERTAKER Lilly&Zeiler Inc.

ADDRESS 403 S. Wolfe St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-20-25—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 67081

106-001

B 67081

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2633 Penna. Ave. ST. 13-59 WARD)

2—FULL NAME John Wasmuth

(a) RESIDENCE NO. 2600 Penna. Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 24 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wht	Widower

3a If married, widowed, or divorced WIFE of (or) ~~HUSBAND of~~ Christina Wasmuth

6 DATE OF BIRTH (month, day, and year) Aug. 4 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ret. Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer) Market Stall

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Fredk. Wasmuth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Kath. Loffler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Wm Wasmuth

(Address) 419 E. Fayette St

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25th 1931

17 I HEREBY CERTIFY, That I attended deceased from January 2, 1931, to Mar 25, 1931, that I last saw him alive on Mar 24, 1931 and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Senility & Mitral heart action with Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Bronchitis & Laryngitis

Heart (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) E. Schmidt, M. D.

(Address) 1605 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Mar 27th 1931
20 UNDERTAKER	ADDRESS
George Schilling & Sons	1136 E Monument St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—56L

E 67082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

708 ✓ E 67082

REGISTERED NO. 13-59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida Greenburg

(a) RESIDENCE NO 2834 Parkwood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Greenburg

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jacob Jacobson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca Florins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant L. Jacobson

(Address) 2834 Parkwood Ave

15 Filed [illegible] G. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia- 10 days
Followed by Pneumococcic Septicemia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Spontaneous abortion Mar 18th

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Hosp Records

(Signed) J. J. Ballen, M. D. Coroner

(Address) 508 E. North Ave

3/26/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Keneseth Rom	Mar 26 1931
20 UNDERTAKER	ADDRESS
Jack Lewis	1439 E Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

67083 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 T 67083

1 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 2308 W. Lanvale St. 16-6 WARD)

2 FULL NAME Jennie C. Pfaff.

(a) RESIDENCE NO. 2308 W. Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Pfaff.

6 DATE OF BIRTH (month, day, and year) Oct. 14 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Elijah S. Fryer

11 BIRTHPLACE OF FATHER (city or town) Dalls (State or country) Md

12 MAIDEN NAME OF MOTHER Jane O. Johnson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant (Address) Elsie O. Pfaff 2308 W Lanvale St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 19 1931 to March 24 1931

That I last saw h er alive on March 23 1931

and that death occurred, on the date stated above, at 9:45 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Uremia - Nephritis - Hypertension Chronic Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings Lab. Wasrq

(Signed) M. D.

19 (Address) 1100 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
London Park Cemetery	March 26 1931

20 UNDERTAKER John O. Mitchell & Sons ADDRESS 1911 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 4120 Pimlico Road St 15-58 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Dobler Crane

(a) RESIDENCE NO 4120 Pimlico Road ST WARD

(Usual place of abode) life (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 9, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Stephen M. Crane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Jane Dobler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Miss Amy H. Crane

(Address) 3727 Belle Ave.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25th/31

17

I HEREBY CERTIFY, That I attended deceased from several years, 19 ... to March 25th, 1931

that I last saw h[illegible] alive on March 18th, 1931

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Abdominal Tumor Causing enlargement of Heart action together with sudden change of Coloring

(duration) — yrs. — mos. — ds. 20 mins

CONTRIBUTORY (Secondary) As given above

Probably 1 yrs. — mos. —

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) William B. Rider M. D.

, 19 (Address) Arnolds Mills, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount — DATE OF BURIAL Mar. 27, 1931

20 UNDERTAKER John O. Mitchell & Sons, ADDRESS 1900 Eutaw Pl.

[illegible] Mitchell

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 26 1931 C. HAMPSON JONES, M.D.

Spec.—9-30—A. & Co.—250 Blks.

E 67085

E 67085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Union Memorial Hosp. St. 28-71 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles T. Hutchins

(a) RESIDENCE NO. 522 Old Orchard Rd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widowed

5a If married, widowed, or divorced
WIFE of Johanna T. Conroy
(or HUSBAND of)

6 DATE OF BIRTH (month, day, and year) March 4 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Richard Hutchins

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Nancy Dudley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Miss Maine Hutchins
(Address) 522 Old Orchard Rd

15 Filed JAN 26 1931 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25/31

17

I HEREBY CERTIFY, That I attended deceased from 2/24/, 19 31, to 3/25/, 19 31

that I last saw h[illegible] alive on 3/25/31, 19

and that death occurred, on the date stated above, at 1:55 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Carcinoma 10

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (?)

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Francis W. Kluck M. D.

3/25/1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	March 27 1931

20 UNDERTAKER Geo. O. Rutledge & Sons ADDRESS 1726 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 67086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 2 67086

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 N. Shuter ST., 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John G. Widerspahn

(a) RESIDENCE NO. 813 N Shuter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Margaret Widerspahn

6 DATE OF BIRTH (month, day, and year): July 3-1865

7 AGE: Years 65 | Months 8 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Chris. Widerspahn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mehrent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Robt. Beers

(Address) 813 N Shuter St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 27-31

17 I HEREBY CERTIFY, That I attended deceased from 3/20, 1931, to 3/24, 1931, that I last saw him alive on 3/24, 1931, and that death occurred, on the date stated above, at 10, a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) L. Ell Magness, M. D.

3 25 1931 (Address) 1206 E Forest ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Mar 27 1931

20 UNDERTAKER: Geo M. Trust & Son

ADDRESS: 811 N Ave

CAUSON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

D 67087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67087

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 N Collington Ave ST. 816 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Paul Mathew Connolly

(a) RESIDENCE NO. 1407 N. Collington Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Rachel Frances Connolly

6 DATE OF BIRTH (month, day, and year) Aug 31, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	54	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Thomas H. Connolly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rose Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mrs Rachel F. Connolly

(Address) 1407 N Collington Ave

15 Filed MAR 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25-31

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1931, to March 25, 1931, that I last saw him alive on March 25, 1931, and that death occurred, on the date stated above, at 10-20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Victor Goldberg M. D.

3/25, 1931 (Address) 1524 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Patrick's Cem	Mar 28 1931
20 UNDERTAKER	**ADDRESS**
Geo M. Pent & Son	814 W Lex

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 67088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 67088

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 East 23d ST. 20-77 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Sadie C. Marshall

(a) RESIDENCE NO. 400 N. Payson ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 2 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, ~~or divorced~~ HUSBAND) of or) WIFE of Archie T. Marshall

6 DATE OF BIRTH (month, day, and year) Jany 3- ~~1875~~ 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	~~57~~ 54	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm J McElearn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie R Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Geo R McElearn

(Address) 1422 Linden Ave

15 Filed APR 26 1931 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Mch 6 1931 to Mch 25 1931, that I last saw her alive on Mch 25 1931, and that death occurred, on the date stated above, at 12.05 P m.

The CAUSE OF DEATH* was as follows:

Nephritis – Uremic Coma

(duration) — yrs. 8 mos — ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Clinical findings.

(Signed) Irvin Olds Tayntor M. D.

Mch 27 1931 (Address) 100 East 23d St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL May 28 1931

20 UNDERTAKER Harry W. Elliott

ADDRESS 17 E Fort Ave

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 67089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 67089

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 680 Josephine St. 4-25 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Catana

(a) RESIDENCE NO 302 Pearl ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Catana

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fruit-dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer C of S

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Louis Catana

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs. R. Catana
(Address) 302 Pearl St

15 Filed ..... 192 ... JONES, M. D.
Registrar

APR 25 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Revolver wound of head. Suicide.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Typical Examination

(Signed) Eugene Tellgt, M. D. Coroner

3/25, 1931 (Address) 739 E. Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral C

DATE OF BURIAL 3-26 1931

20 UNDERTAKER A Bent

ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—31. & T.—250 Blks

E 67090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 E 67090

REGISTERED NO. 1219

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 E. North ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Busch

(a) RESIDENCE No. 421 E. North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 13 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nicholas Busch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Elizabeth Polan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Frederick Muller

(Address) 422 E. North ave

15 MAR 28 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1931,

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1931 to March 24, 1931,

that I last saw her alive on March 23, 1931,

and that death occurred, on the date stated above, at 6-17 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hugh Forsythe, M. D.

325, 1931 (Address) 421 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	March 26 1931
20 UNDERTAKER	ADDRESS
Chas. G. Black	742 W North Ave

TION is very important. See instructions on back of certificates.

Spec. 7-1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

L 67091 ✓ 51 L 67091

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2134 Boyd St. (ST.) 70-69 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John A. Zegar

(a) RESIDENCE NO. 2134 Boyd St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Zegar

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston, Mass.

PARENTS

10 NAME OF FATHER John Zegar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Zegar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs. Annie Zegar (Address) 2134 Boyd St.

15 Filed MAR 26 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1931

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1931 to March 25, 1931, that I last saw h im alive on March 25, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Blatter

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Acidosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis? Clinical

(Signed) Edw McCoolahan M. D.

, 19 (Address) 24 N. Fulton Ave..

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery — DATE OF BURIAL 3/28 1931

20 UNDERTAKER Margaret G. Hayes — ADDRESS 1421 Light St

MAR 26 1931 WILLIAM H. JONES, M. D. Registrar

THION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 67092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 67092

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 614 N. Carrollton Ave ST. 18-10 WARD)

2-FULL NAME Arena Monroe

(a) RESIDENCE No. 614 N. Carrollton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Robert Monroe

6 DATE OF BIRTH (month, day, and year) Mch 27-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	54	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Edward Laws

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lydia Abrams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment Clifton Mausoleum
(Address) 601 Druid Hill

15 Filed Mar. 29 1931 E. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24/931

17 I HEREBY CERTIFY, That I attended deceased from Dec, 14th, 1929, to March 24th, 1931, that I last saw h[illegible] alive on March 22nd, 1931, and that death occurred, on the date stated above, at 5 A.M. m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

Renewal Bronchopneumonia yrs. 3 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 614 N. Carrollton Ave.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Symptoms
(Signed) Russell Taylor M. D.
March 24 1931 (Address) 2937 W Cabot Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 3-26 1931

20 UNDERTAKER Sam'l N. Chase & Son

ADDRESS 638 N. Gilmor

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67093

CERTIFICATE OF DEATH.

E 67093

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital ST. 4-16 WARD)

2-FULL NAME Myrtle Redmond

(a) RESIDENCE NO. 634 Eutaw Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of (—)

6 DATE OF BIRTH (month, day, and year) Feb. 11, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Philip Redmond

11 BIRTHPLACE OF FATHER (city or town) Ky Mayo Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Pearl Johnson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, (State or country) Md

14 Informant (Address) Pearl Redmond 634 Eutaw Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1931 to March 25, 1931, that I last saw h[illegible] alive on March 25, 1931, and that death occurred, on the date stated above, at 11 45 A. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 0 mos 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 4 ds.

18 Where was disease contracted if not at place of death? 634 Eutaw Av.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) L. Peter Meranus, M. D.

, 19 (Address) Lyndenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 3-27-31, 19

20 UNDERTAKER Geo. J. Puth, Inc. Undertakers

ADDRESS 1735 Harford Avenue.

FROM BACK OF CERTIFICATE. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—8-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67094 E 67094

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 23

CITY OF BALTIMORE: (No 18-29 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Walter Ward

(a) RESIDENCE NO. 935 Lemmon st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha G. Ward

6 DATE OF BIRTH (month, day, and year) July 23, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Moulder
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9 BIRTHPLACE (City or town) Baltimore
(State or country) Maryland

PARENTS
10 NAME OF FATHER Thomas S. Ward
11 BIRTHPLACE OF FATHER (City or town)
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Martha Nickelson
13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Maryland

14 Informant (Address) Mrs. Georgia Covell 1040 Edmondson Ave.

15 HAMPSON JONES, M. D.
Registrar

APR 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1931

17
I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to March 24, 1931
that I last saw him alive on March 24, 1931
and that death occurred, on the date stated above, at 9.50 p.m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? No

(Signed) David Swan M. D.
3-25-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	March 27, 31
20 UNDERTAKER F. Vernon Keehner	ADDRESS 532 Hollins st

TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Blks.

E 67095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002
95 E 67095

1-PLACE OF DEATH

City of BALTIMORE: (No. 1437 Homestead St. 9-46 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine M. Jenkins

(a) Residence No. 1437 Homestead St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life Time yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~, (Write the word.)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm D. Jenkins

6-DATE OF BIRTH (month, day and year): Dec 24 1861

7-AGE: 69 yrs. 2 mos. 25 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Keith

11-BIRTHPLACE OF FATHER (City or town) (State or Country): Dont Know

12-MAIDEN NAME OF MOTHER: dont Know

13-BIRTHPLACE OF MOTHER (City or town) (State or Country): Dont Know

14-

(Informant): Richard K. Jenkins

(Address): 2012 Eastern Ave

15-

Filed ... 19... C. HAMPSON JONES, M. D. Reg. Mar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Mch 24-31

17- I HEREBY CERTIFY, That I attended deceased from Mch 1 19 31 to Mch 24 19 31

that I last saw h[illegible] alive on Mch 23 19 31

and that death occurred, on the date stated above, at 10 45 a m.

The CAUSE OF DEATH* was as follows: Hypertrophied & Enlarged Heart -

a

Dont Know (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. J. Costello M. D.

, 19 (Address) 335-E. 31st St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mount Carmel	Mar 27 19 31
20-UNDERTAKER. John Ellrich	ADDRESS 2007 Eastern

Final

Instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67096

107-21 67096

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 E 23rd St. 9-4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Franz Gill

(a) RESIDENCE No. 500 E 23rd St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 If single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Gill

6 DATE OF BIRTH (month, day, and year) Nov 30-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoe dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Thomas Gill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mrs Anna Gill

(Address) 500 E 23rd St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24-1931

17 I HEREBY CERTIFY, That I attended deceased from Mch 27 1921 to Mch 24 1931

that I last saw him alive on March 24 1931

and that death occurred, on the date stated above, at 9 PM

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

4

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Agustav Dill M. D.

3/24 1931 (Address) 1433 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dallo Cem	Mar 27 1931
20 UNDERTAKER: John McGuirk	ADDRESS: 2716 Elam

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HAMILTON JONES, M. D.

MAR 26 1931

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67097

E 67097

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-77 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Stella Malinowska

(a) RESIDENCE NO. 1623 Caddox St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced ~~HUSBAND OF~~ ~~(or)~~ WIFE of Alexander Malinowski

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Portland

PARENTS

10 NAME OF FATHER Joseph Kaszubinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Interment (Address) Mrs. Mary Stanley 3 Daughter 1623 Caddox st. Balto. Md.

15 Undertaker Hampson Jones M.D. Registrar

MAR 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25/31.

17

I HEREBY CERTIFY, That I attended deceased from 3/24, 19 31, to 3/25, 19 31

that I last saw her alive on 3/25, 19 31

and that death occurred, on the date stated above, at 1:00 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Myocardial Insufficiency

Hypostatic Pneumonia

(duration) yrs. mos. 31 ds.

CONTRIBUTORY (Secondary) Hypertension Cardiac Disease

Chronic Nephritis (duration) unknown

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) George J. Snoops Jr. M. D.

3/25 19 31 (Address) Univ. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross M.A. Co. DATE OF BURIAL March 28 1931

20 UNDERTAKER George A. Weber ADDRESS 705 E. Lanvale St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67098 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67098

CERTIFICATE OF DEATH.

133

1 PLACE OF DEATH Baltimore City Hosp. ST 3-4 WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME Agnes Strychaz

(a) RESIDENCE NO 863 S. Dallas St. ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Strychas

6 DATE OF BIRTH (month, day, and year) ? 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Geo Cichon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Gerturde ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records of Baltimore City Hosp.
(Address)

15 Filed .19 Registrar

MAR 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1931.

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1931 to March 24 1931

that I last saw her alive on March 24 1931

and that death occurred, on the date stated above, at 10.34 P m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget. M. D.

3-25-1931 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery DATE OF BURIAL March 27 1931

20 UNDERTAKER George A Weber 705 S Amity

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67099

CERTIFICATE OF DEATH

46 E 67099

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1516 Brunt ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Warren Thompson

(a) RESIDENCE NO. 1516 Brunt St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): ~~Single~~ Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Matilda Thompson

6 DATE OF BIRTH (month, day, and year): 1857

7 AGE: 74 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): 610

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant

(Address)

15 MAR 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-24-31

17 I HEREBY CERTIFY, That I attended deceased from 3-20-31, 19 . to 3-24-31, 19 ,

that I last saw him alive on " , 19 ,

and that death occurred, on the date stated above, at 2P, m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. M. Carlow, M. D.

. 19 (Address) 524 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: MAR 26 1931, 19

20 UNDERTAKER: Commissioner Health

ADDRESS

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

67100 HEALTH DEPARTMENT—CITY OF BALTIMORE 67100

CERTIFICATE OF DEATH.

7-12 94

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 823 N.Madeira St. St. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Kolman

(a) RESIDENCE NO 823 N.Madeira St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Kolman

6 DATE OF BIRTH (month, day, and year) June 2, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Matthew Bizek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Therese Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant (Address) Joseph Kolman 823 N.Madeira St.

MAR 26 1931

19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 25/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 4, 19 31, to March 25, 19 31

that I last saw h alive on March 24, 19 31

and that death occurred, on the date stated above, at 11.30 AM

The CAUSE OF DEATH* was as follows:

Arterial Hypertension,
Coronary Thrombosis.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Acute Enteritis.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph Pokorny M. D.

19 (Address) 220 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Mar. 28/31

20 UNDERTAKER Frank Cvach & Son — ADDRESS 1906 Ashland

TION is very important. See instructions on back of certificates.

Spec.—1-1921—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67101

CERTIFICATE OF DEATH.

23 E 67101

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N. Luzern Ave St. 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Strejcek

(a) RESIDENCE NO. 432 N. Luzerne Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 17/10

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	21	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Strejcek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Anna Vacek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mary Strejcek
(Address) 432 N. Luzern Ave

15 MAR 27 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1931

17 I HEREBY CERTIFY, That I attended deceased from March 10 1931 to March 26 1931,

that I last saw him alive on March 26 1931,

and that death occurred, on the date stated above, at 8 40 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Joseph Petrone, M. D.

, 19 (Address) 1226 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Mar. 30 19 31

20 UNDERTAKER Frank Cvach & Son ADDRESS 1906 Ashland Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—11-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67102

CERTIFICATE OF DEATH.

85 E 67102

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital St. ____ Ward) 7-13

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oswald Jorge Mombager

(a) RESIDENCE NO. 805 N. Broadway St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Mombergen

6 DATE OF BIRTH (month, day, and year): Jan 18, 1879

7 AGE — Years: 52 — Months: 2 — Days: 7

IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 66 0

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Jorg Mombergen

11 BIRTHPLACE OF FATHER (city or town): ____

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): ____

(State or country): Germany

14 Informant (Address): Mrs Emma Mombergen 805 N. Broadway

MAR 26 1931

15 Filed 19 ____ U. THAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Autopsy at Hopkins *Fracture rt Parietal, Temporal & Sphenoidal Region Fell in front of residence.

CONTRIBUTORY (secondary) History of some cerebral lesion not determined (duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. J. Boell M. D.

(Coroner)

3/26/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death? ____

Former or usual residence ____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cem. Date of Burial 3/28/1931

20 UNDERTAKER: Louis Heumann ADDRESS 32 E. Broadway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 67103

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 67103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO. 15-63

CITY OF BALTIMORE: (No. Balto Md. St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Christian Jessen

(a) RESIDENCE NO. 3809 W. Garrison Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-29-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10 NAME OF FATHER Christian Jessen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records (Address) Balto City Hospitals

15 Filed 4 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-24-31

17 I HEREBY CERTIFY, That I attended deceased from 3-21- .19 31 . to 3-24- .19 31 ,

that I last saw him alive on 3-24- .19 31 ,

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

(duration) 1 yrs mos da.

CONTRIBUTORY (Secondary) Senile Deterioration

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Wm F Thorne M. D.

3/25. 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Marys Ilchester Md	Mar 27 1931
20 UNDERTAKER	ADDRESS
Leo D. Booth	1723 Patt Pk ave

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—200 Blks.

E 67104

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67104

CERTIFICATE OF DEATH.

97-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 E. 31st. ST. 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Marchant

(a) RESIDENCE No. 2033 E. 31st. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Marchant

6 DATE OF BIRTH (month, day, and year) Dec. 8, 1849.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Foxwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Annie R. Duffy

(Address) Mathews Va.

Filed MAR 28 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1931

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to March 25, 1931, that I last saw h[illegible] alive on March 25, 1931, and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 1534 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Mch 28 1931

20 UNDERTAKER Wm C. Black ADDRESS 927 N. Broadway

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67105

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-1 67105

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 5506 Fair Oaks Ave (ST.) 27-43 (WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Amelia Smith

(a) RESIDENCE No. 5506 Fair Oaks Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm L. Smith

6 DATE OF BIRTH (month, day, and year): July 2nd 1846

7 AGE: Years 84 | Months 8 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Geo L. Ehlert

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Estelle L. Smith 5506 Fair Oaks Ave

15 27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 25/31

17

I HEREBY CERTIFY, That I attended deceased from July 4, 1930, to March 25, 1931

that I last saw her alive on March 22, 1931

and that death occurred, on the date stated above, at 12 M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

several years (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria - Sclerosis many years (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Morris B Green M. D.

3/26/31 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: March 28 1931

20 UNDERTAKER: Hufford Mortuary

ADDRESS: 1300 Eutaw Place

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—501.

E 67106

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 67106

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 207 S Gilmor St. 19-28 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie Hannit T. Hackett

(a) RESIDENCE No. 207 S. Gilmor St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of W. Thomas Hackett

6 DATE OF BIRTH (month, day, and year) July 5th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	8	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Michael Boyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret .....

13 BIRTHPLACE OF MOTHER (city or town) (State or country) .....

14 Informant Wm. J. Hackett

(Address) 324 N. Lombard St

Registered by C. HAMPSON JONES, M.D.

Registrar

MAR 28 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? — —

Did operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History.

(Signed) W. C. Hades Coroner, M. D.

19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	March 31 1931
UNDERTAKER	ADDRESS
E. B. Klingsford	850 N. Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

67107

CERTIFICATE OF DEATH.

1081 67107

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. St. Josephs Hosp. ST. 1 WARD)

2. FULL NAME Joseph Zubrowski

(a) RESIDENCE NO. 1237 S. Decker Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos ds. How long in U. S., if of foreign birth 5yr yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 24-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Joseph Zubrowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Helen Zygladzki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Helen Zubrowski (Address) 1237 S. Decker Ave

15 C. HAMPSON JONES, M. D. Registrar

Per

2-7-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1931

17

I HEREBY CERTIFY, That I attended deceased from 3-6-, 1931, to 3-25-, 1931

that I last saw h alive on 3-25-31, 19

and that death occurred, on the date stated above, at 7.20 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Empyema (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 3-14-31

Was there an autopsy? no

What test confirmed diagnosis? X-Ray

(Signed) Lawrence M. Serra M. D.

(Address) St. Josephs Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus

DATE OF BURIAL March 27 1931

20 UNDERTAKER John M. Weber

ADDRESS 1114 Charles

TION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67108

CERTIFICATE OF DEATH. 67108

1 PLACE OF DEATH

CITY OF BALTIMORE: (No University Hospital St. WARD)
George Gasway Hammond

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Hammond

(a) RESIDENCE NO. Beaumont Avenue, Catonsville ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write this word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	73			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Florist
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: P. Ebehart

9 BIRTHPLACE (city or town) (State or country): Howard County, Maryland

PARENTS
10 NAME OF FATHER: Alexander Hammond
11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard County, Maryland
12 MAIDEN NAME OF MOTHER: Elizabeth
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard County, Maryland

14 Informant: Mr. Thomas A. Hammond
(Address) 610 Claymont St.

15 Filed R 27 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/24/31

17
I HEREBY CERTIFY, That I attended deceased from 3/6/31, 19, to 3/24/31, 19
that I last saw him alive on 3/24/31, 19
and that death occurred, on the date stated above, at 11 A m.
The CAUSE OF DEATH* was as follows:
myocardial degeneration
arteriosclerosis

(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary) Bronchopneumania
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? NO Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical Course

(Signed) George H. Yeager M. D.
3/24 19 31 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Melvale M.E.Church Cemetery
DATE OF BURIAL: Mar. 27 19 31

20 UNDERTAKER: Joseph B Cook
ADDRESS: 1003 West Baltimore St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67109

CERTIFICATE OF DEATH

93-003
E 67109

1-PLACE OF DEATH Baltimore City Hospitals 15-21 REGISTERED No.

CITY OF BALTIMORE: (No. St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Moses Clark

(a) RESIDENCE No. 1701 Bruce St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	97(?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER Gabriel Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Miss.

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Miss.

14 Informant Records of:-
(Address) Baltimore City Hospitals

15 R 27 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/24/31

17

I HEREBY CERTIFY, That I attended deceased from 11/3/27, 19__, to 3/24/31, 19__

that I last saw him alive on 3/24/31, 19__

and that death occurred, on the date stated above, at 9:27 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical exam.

(Signed) Paul Padget M. D.

3-26 1931. (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn | DATE OF BURIAL 3-27 1931

20 UNDERTAKER Daniel Farkas | ADDRESS 916 [illegible]

TION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

E 67110

E 67110

1-PLACE OF DEATH

City of BALTIMORE: (No.) Maryland General Hospital (St.) (Ward)

2-FULL NAME Charles Holland

(a) RESIDENCE NO. 1022 W Lafayette Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lula

6 DATE OF BIRTH (month, day, and year) April 7, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	57	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attendant

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(r) Name of employer

9 BIRTHPLACE (city or town) Lonoke Ky. Va.

(State or country)

PARENTS

10 NAME OF FATHER Charles Holland

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Loddie Postley

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant (Address) Hospital Record

Registrar

AR 271931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1931

17 I HEREBY CERTIFY, That I attended deceased from February 2 1931, to March 25, 1931,

that I last saw h[illegible] alive on March 25, 1931,

and that death occurred, on the date stated above, at 12.15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Nephritis (Toxic)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

Date of Burial 3/29/1931

20 UNDERTAKER P. [illegible] Geo. H. Holland

ADDRESS 1631 Druid Hill

(If non-resident give city or town and State)

(Usual place of abode)

(Ward)

(Ward)

(Ward

Spec.—9-30—A. & Co.—250 Blks.

P 46537 / Ped E 67111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

14-20 24 67111

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cristina Christmas

(a) RESIDENCE NO. 1937 Madison Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/23/22

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	3	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work school girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Oscar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Christmas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

D 77629 C. HAMPSON JONES, M. D.

35 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-24-31

17

I HEREBY CERTIFY, That I attended deceased from 3-16- , 19 31 to 3-24- , 19 31

that I last saw h[illegible] alive on 3-24- , 19 31

and that death occurred, on the date stated above, at 11 55 A m.

The CAUSE OF DEATH* was as follows:

TB Meningitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Ann B. Kuttner M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3/27/1931

20 UNDERTAKER Wm. Jas. H. Holland of 1621 Druid Hill Ave

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—9 30—A & Co.—250 Bks.

246148

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67112

CERTIFICATE OF DEATH. X 1081

E 67112

REGISTERED NO. 606

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 19 WARD)

2. FULL NAME Clara E. Masury

(a) RESIDENCE NO. St. Cloud, Florida St. WARD

(Usual place of abode) (If non-resident: give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write ~~three~~ word): Married

5a If married, widowed, or divorced: ~~HUSBAND~~ of (or) WIFE of John H. Masury

6 DATE OF BIRTH (month, day, and year): July 23/1851

7 AGE: Years 79 78 | Months 8 7 | Days 3 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maine

PARENTS

10 NAME OF FATHER: Reuben Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Hampshire

12 MAIDEN NAME OF MOTHER: Alice Trafton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Hampshire

14 Informant: John H. Masury (Address) Cornish, Maine

15 Filed MAR 27 1931 Registrar C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 26/31

17

I HEREBY CERTIFY, That I attended deceased from March 5 1931 to March 26 1931

that I last saw her alive on March 26 1931

and that death occurred, on the date stated above, at 7.15 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, right with lung abscess formation.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Cystitis Pyelitis - Left Papilloma

Thrombosis & amputation left leg (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 10th 1931

Was there an autopsy? Yes. ~~carbolic left leg~~

What test confirmed diagnosis? Autopsy.

(Signed) David L. Reeves. M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: East Cemetery Maine DATE OF BURIAL: Mch 29 1931

21 UNDERTAKER: John L. Mitchell Sons ADDRESS: 1900 Eutaw Place

TION is very important. See instructions on back of certificate.

Spec.—8-30—A. & Co.—250 Blks.

E 67113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

E 67113

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1700 Eutaw Place) (14-20 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Fanny Wilson Wheeler

(a) RESIDENCE No. 1700 Eutaw Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) London England

PARENTS

10 NAME OF FATHER James Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Annie Terry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary E. Wheeler

(Address) 1700 Eutaw Place

15 Filed [illegible] 1931 H. HANSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1931

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1931, to March 26th, 1931

That I last saw h[illegible] alive on March 25th, 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Clinical findings.

(Signed) Michael A. Abrams M. D.

March 27, 1931. (Address) 2360 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: March 28 1931

20 UNDERTAKER: John O. Mitchell & Son ADDRESS: 1900 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 67114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67114

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 N. Castle ST. 1-13 WARD)

2-FULL NAME Catherine Simunek

(a) RESIDENCE NO. 1025 N. Castle ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 2 mos. ds. How long in U. S., if of foreign birth? 26 yrs. 2 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Simunek

6 DATE OF BIRTH (month, day, and year) Dec. 26. 1872.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Simunek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant John Simunek
(Address) 1025 N. Castle St.

15 Filed MAR 27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 31

17 I HEREBY CERTIFY, That I attended deceased from April 20. 1929. to March 27. 1931.

that I last saw her alive on March 26. 1931.

and that death occurred, on the date stated above, at 2 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) more than 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Positive Sputum Examination

(Signed) Vernon H. Monroe, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cem	Mar 31 1931
20 UNDERTAKER August Tasek 2406	ADDRESS Ashland ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67115

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 133 E 67115

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Union Memorial Hospital

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No (MARIE L) ST. 12-W WARD)

2. FULL NAME Mrs. William E. Daughton

(a) RESIDENCE NO. Forest Hills 7 days ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ 9 mos 4 ds. How long in U. S., if of foreign birth? —— yrs. —— mos. —— ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. William E Daughton

6 DATE OF BIRTH (month, day, and year) June 24, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	49	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Conrad Seibert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria

12 MAIDEN NAME OF MOTHER Louise Reibich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Berlin Germany

14 Informant (Address) Mrs. Forest Hills Md

15 Filed 2 7 1931, 19..., ... H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 19, 1931, to March 26, 1931

that I last saw h ... alive on March 26, 1931

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Cyst - Cystic neoplasm

(duration) yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Anat. findings.

(Signed) Samuel McCausland M. D.

Mch 26 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	3/30/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

IMPORTANT is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~67116~~ 82-80 ~~67116~~

21-29

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 823 Ostend street ST. (WARD)

2 FULL NAME Emanuel Johnson

(a) RESIDENCE NO. 823 Ostend street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred About 15 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 10, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	53	0	10 12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 640

(b) General nature of industry, business, or establishment in which employed (or employer): Construtions

(c) Name of employer: Unemployed

9 BIRTHPLACE (city or town) (State or country): Annie Arundael Co., Md

PARENTS

10 NAME OF FATHER: Henson Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Annie Arundel Co., Md.

12 MAIDEN NAME OF MOTHER: Rachel Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annie Arundel Co

14 Informant (Address): Elizabeth Johnson (Sister 823 Ostend st. Balto. Md.

15 Filed ___, 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22-'31

17

I HEREBY CERTIFY, That I attended deceased from 3-12-'31, 19___, to 3-22-'31, 19___

That I last saw him alive on 3-21-'31, 19___

and that death occurred, on the date stated above, at 8-00 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Aterioschlerosis

Abt. (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of D.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Phy. Exam.

(Signed) Walter J. Jackson M. D.

___, 19___ (Address) 1631 W. Franklin st.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	May. 27 1931
20 UNDERTAKER	ADDRESS 3227
Mrs Kate R. Williams	Schroeder st

Cause of death must be stated in plain terms, so that it may be properly classified. Exact statement of occupa-
TION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

E 67117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 67117

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Sarah Ann ST. 18-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rachel Dyson

(a) RESIDENCE NO. 1120 Sarah Ann ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	widowed

5a If married, widowed, or divorced (or) WIFE of Joseph Dyson

6 DATE OF BIRTH (month, day, and year) Sept 15 '61

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Sugus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Marie Butler

(Address) 124 Carlton Ave JOHN JONES,

15 Filed MAR 27 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Mch 25, 1931,

that I last saw h[illegible] alive on Mch 24, 1931

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) D B McCard, M. D.

3/26 1931 (Address) 202 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible] Hebrew Cemetery	Mar. 28, 1931
20 UNDERTAKER Jno Fabe R. Williams	ADDRESS 322 N Schroeder St.

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67118

CERTIFICATE OF DEATH

92-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1522 N. Bond St. 8-17 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dora Levin

(a) RESIDENCE NO 1522 N. Bond ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isidor Levin

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE — Years: 72 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jac Sr. Levin 224 S. Eutaw St.

15 Filed MAR 27 1931 19 Mar. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27-31

17 I HEREBY CERTIFY, That I attended deceased from May 27th, 1931, to March 10, 1931, that I last saw her alive on March 10th, 1931, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Arterio-Sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Saml Snyder M. D.

3/27, 1931 (Address) 1634 E. Balt St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: 3/27 1931

20 UNDERTAKER: Jack Lewis — ADDRESS: 1709 E. Balt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 67119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-5-92-001 E 67119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N Edew ST. 3-5 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katie Rubenstein

(a) RESIDENCE NO. 224 N Edew ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max Rubenstein

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Housework
(b) General nature of industry, business, or establishment in which employed (or employer) — 37
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Baltimore St.

15 MAR 27 1931 192

Filed ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What was confirmed diagnosis? History

(Signed) H C Wades, M. D. Coroner

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Mt Carmel	3-27-31 19
20 UNDERTAKER	ADDRESS
Jacs Lewis	1439 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks

E 67120

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 67120

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 1-3 ST. WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME (Anna) Ida Garrison

(a) RESIDENCE NO. 808 S. Belnord Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. T. Garrison

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Silas DeVaughn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Eliza. Alive

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Interment Records of:- (Address) Baltimore City Hospitals

Filed APR 27 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25/31

17

I HEREBY CERTIFY, That I attended deceased from 12/7/30, 19, to 3/25/31, 19

that I last saw her alive on 3/25/31, 19

and that death occurred, on the date stated above, at 9:25 p.m.

The CAUSE OF DEATH* was as follows:

Hemorrhages into cerebrum (multiple)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & hypertension emphysema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Dx.

(Signed) Paul Padgat M. D.

3-27 1931. (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem | DATE OF BURIAL: March 30 1931

20 UNDERTAKER: John C. Miller | ADDRESS: 2135 E Oliver St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67121

108 NV 67121

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Univ Hosp ward 27-5)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bernie Norman Kozmaier

(a) RESIDENCE NO. ~~Park Heights Ave~~ 5898 Thilbert ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	S.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1 29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0+0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Geo F Kozmaier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Katherine Kozmaier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Geo Kozmaier
(Address) 5898 Thilbert ave

15 MAR 27 1931 . 19 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/24/31

17 I HEREBY CERTIFY, That I attended deceased from 3/24/31 . 19 . to 3/24/31 . 19

that I last saw h[illegible] alive on 3/24/31 . 19

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Outside (Home)

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & X Ray

(Signed) J. H. Hornbaker M. D.

. 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Mar 27 1931

20 UNDERTAKER W M Poulson — ADDRESS 2238 W North

TION is very important. See instructions on back of certificates.

Spec.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67122 — CERTIFICATE OF DEATH. — 121 — E 67122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West. Balto. Gen. Hosp ST., 9-47 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Basilio Cornelius

(a) RESIDENCE NO. 609 E. 36th ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Mary

6 DATE OF BIRTH (month, day, and year) April 22, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ship Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 015
(c) Name of employer Eastern Transp. Co.

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER Basilio Cornelius
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Elen Digel
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. H. Mary Cornelius
(Address) 609 E. 36th St.

15 Filed MAR 27 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1931

17
I HEREBY CERTIFY, That I attended deceased from March 21, 1931, to March 26, 1931, that I last saw him alive on March 26, 1931, and that death occurred, on the date stated above, at 3 45 P. m.

The CAUSE OF DEATH* was as follows:
Acute Appendicitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Paralytic Illeus.
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of 3/21/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Cushman, M. D.

, 19 (Address) Ost Path (Gen. Hosp.)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Middleden to Va.	Mar 27 1931
20 UNDERTAKER George A. Smith	ADDRESS 632 Hollins

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 67123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207 E 67123

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Declared dead at

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 8-16 WARD)

2-FULL NAME Charles Dusek

(a) RESIDENCE NO. 1904 E. Federal ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances S Dusek

6 DATE OF BIRTH (month, day, and year) February 14/72

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Track walker
(b) General nature of industry, business, or establishment in which employed (or employer) Penna R.R. 13
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Frances S. Dusek (wife)

(Address) 1904 E. Federal St

15 Date received 3/27/1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage- Rt. Parietal fracture. Struck by R.R. train in Hoffman St Tunnel near Bond St

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Cullen, M. D. Coroner

3/27/1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	March 30, 1931
20 UNDERTAKER	ADDRESS
Henry Stock Sons, Inc.	1301 E Eager St

CAUSE OF DEATH to be plainly written, so that no abbreviation may be misunderstood. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67124 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67124

CERTIFICATE OF DEATH.

131V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2616 Fait ave. ST. 43 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Kostaneya Cichocka

(a) RESIDENCE No. 2616 Fait ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 40 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Work.

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: Joseph Augustynik

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Weronica Dlonsik

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: Albert Cichocki Son
(Address) 2616 Fait ave

15 Filed ..... G. HUDSON JONES, M. D.
Registrar

MAR 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/26/31

17

I HEREBY CERTIFY, That I attended deceased from 3/22, 1931, to 3/24, 1931

that I last saw her alive on 3/25, 1931

and that death occurred, on the date stated above, at 8:45 P.M.

The CAUSE OF DEATH* was as follows:

Arterial Hypertension,
Chronic Interstitial Nephritis

not known
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) ... yrs. ... mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Clinical Sign

(Signed) Hamilton M. D.

1931 (Address) 2165 Patterson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	March 30 1931
20 UNDERTAKER	ADDRESS
George A. Weber	705 S. Amity St.

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 67125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X82-005 E 67125

1-PLACE OF DEATH

City of Baltimore: (No. Women Hosp St. 14-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kate R. Bradshaw

(a) RESIDENCE NO. 1 Dial Isalan St., Ward

(Usual place of abode)

Length of residenre in city or town where death ocrurred yrs. mos. 5 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmle

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Thos S

6 DATE OF BIRTH (month, day, and year): Jan 18-1866

7 AGE: Years 65 Months 2 Days 9 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Wm Roe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Catherine Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mary D. Ringgold 736 Edgewood St

15 Filed ..... 19 ..... Registrar

C. HARRISON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Mar 27th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Sudden

(duration) yrs.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ry Lab

(Signed) H. C. Luch M. D.

Mar 27th (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wash Island Md

DATE OF BURIAL: Mch 29 31

20 UNDERTAKER: John C. Middleton Sons 1900 Eutaw

ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

24475 Reg 67126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-C 67126

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Hammond

(a) RESIDENCE No. 215 Bryan St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/1/30

7 AGE: Years — Months 4 — Days 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Minnie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-25-31

17

I HEREBY CERTIFY, That I attended deceased from 3-14, 1931, to 3-25, 1931

that I last saw him alive on 3-25, 1931

and that death occurred, on the date stated above, at 2:20 P. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) V. C. Goodwin M. D.

3/26/1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pt Lookout Cem

DATE OF BURIAL: 3/28/31

20 UNDERTAKER: Edward D. Kemsley W. Baltimore

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 67127 HEALTH DEPARTMENT—CITY OF BALTIMORE 34 E 67127

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 S. Penn ST. 4-29 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Scott

(a) RESIDENCE No. 112 S. Penn ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	married

5a If married, widowed, or divorced (HUSBAND) of or) WIFE of Martha L. Scott

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Janitor 040
(c) Name of employer Church.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. M. Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Martha L. Scott
(Address) 112 S. Penn St

15 [illegible] 27 1931 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25/31

17 I HEREBY CERTIFY, That I attended deceased from 3/10/ . 1931 . to 3/25/ . 1931 .
that I last saw h[illegible] alive on 3/25/ . 1931 .
and that death occurred, on the date stated above, at 7-30 A m.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
about (duration) yrs. mos ds.
CONTRIBUTORY (Secondary) (Arterio Sclerosis -
(Duration) about 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical -

(Signed) [illegible] M. D.

3/25/ 19 31 (Address) 908 Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 31 3/ 19 —

20 UNDERTAKER Andrew B. Stanley — ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67128 E 67128

CERTIFICATE OF DEATH 82-001

1 PLACE OF DEATH BALTIMORE CITY HOSPITALS 16-23

CITY OF BALTIMORE: (No ... St. ... Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lucy Davis

(a) RESIDENCE NO. 1107 Carson St ... ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (a) HUSBAND of (a) WIFE of Thomas Davis.

6 DATE OF BIRTH (month, day, and year) July 4, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) Gloucester County Virginia.

PARENTS

10 NAME OF FATHER Richard Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records of

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1931.

17

I HEREBY CERTIFY, That I attended deceased from Jan. 17, 19 31, to March 25, 19 31

that I last saw her alive on March 25, 19 31.

and that death occurred, on the date stated above, at 11:05 A.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

(duration) yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ... mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgett. M. D.

3-26, 1931. (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3/27/31

20 UNDERTAKER Samuel L Hensley

ADDRESS 1178 Bdle

MAR 27 1931

TION is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67129 — CERTIFICATE OF DEATH — X 107-001 — 67129

1 PLACE OF DEATH — REGISTERED NO

CITY OF BALTIMORE, (No.) 1407 E Preston St. (Ward) 10-14 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Christine Smith

(a) RESIDENCE NO. 1407 E. Preston St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1926

7 AGE — Years: 5 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C. [illegible]

PARENTS

10 NAME OF FATHER: Edgar Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Lillie Burke

13 BIRTHPLACE OF MOTHER (City or Town) (State or country): Roxboro N. C.

14 Informant (Address): Edgar Smith 1407 N. Preston St.

15 [illegible] 27 1931 [illegible] C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1931, to March 31, 1931

that I last saw her alive on March 26, 1931

and that death occurred, on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Rep. Exam.

(Signed) Wm. L. Berry M. D.

19 (Address) 1420 E. Chase

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Roxboro N C — DATE OF BURIAL: 3-27-31

20 UNDERTAKER: Emmett Stansbury — ADDRESS: W Biddle

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 67130

E 67130

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 529 Robert St. 14-20 Ward)

2-FULL NAME Wm Evans

(a) RESIDENCE NO. 529 Robert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 Color or Race Col | 5 Single, Married, Widowed or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE Years 56 Months 53 Days | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER Harrison Evans

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Betsy Jones

13 BIRTHPLACE OF MOTHER (city or town) Va.
(State or country)

14 Informant Mary Evans
(Address) 529 Robert St.

15 Filed ... 19 ... Registrar

C. THOMPSON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 hr. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert Evans M. D.

(Address) 529 Robert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 DISPOSITION OF BURIAL, CREMATION OR REMOVAL Gloucester C & I Co

DATE OF BURIAL 3/27/29

20 UNDERTAKER Samuel Hensley

ADDRESS 1 E. Saratoga St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2 7107

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67131

CERTIFICATE OF DEATH. 107-001 E 67131

1 PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No.) Lombard + Green ST. (If not) 76-31

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Fredrick Schroeder

(a) RESIDENCE NO. Trapp Rd. 6731 ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 63 yrs. 7 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Schroeder

6 DATE OF BIRTH (month, day, and year) Feb 20, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Baker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fredrick Schroeder
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant (Address) Mrs Theresa Schroeder 623 Trapp Rd Relbury Ave

Received APR 27 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26-31

17
I HEREBY CERTIFY, That I attended deceased from Feb., 2, 1931, to March, 26, 1931
That I last saw him alive on March, 26, 1931
and that death occurred, on the date stated above, at 3:15 P. m.
The CAUSE OF DEATH* was as follows:

Hypertrophic Prostate Gland
Arteria-Sclerosis, generalized
unknown (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Diabetes-Pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? yes Date of 3/23/31
Was there an autopsy?
What test confirmed diagnosis? Physical signs & symtoms
(Signed) Geo. F. Draop, Jr. M. D.
19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn
DATE OF BURIAL 3/29 19 31
20 UNDERTAKER Louis Neumann
ADDRESS 32 S. Broadway

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 67132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

E 67132

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5207 Mitchell ST. 26-41 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wenna A Leach

(a) RESIDENCE NO. 5207 Mitchell ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) Martha Leach

6 DATE OF BIRTH (month, day, and year) June 10 = 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prussia

PARENTS

10 NAME OF FATHER Benjamin Leach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prussia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. Chas Minnick

(Address) 5207 Mitchell ave

15 Filed 3/27 1931 H. ANDERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1931

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 26, 1931,

that I last saw him alive on March 25, 1931,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Empyema Right side

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

3/28/31 (Signed) Wm. F. Gray, M. D.

(Address) Govanstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Mt Olivet Cemetery	March 28 1931
UNDERTAKER Henry Lutz	ADDRESS 1203 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67133

CERTIFICATE OF DEATH.

53 E 67133

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 South Wodington Rd ST. Irvington 20 WARD) 71

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gretchen Ebert

(a) RESIDENCE No. 9 S. Woodington Rd. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Nov 2, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Ebert

11 BIRTHPLACE OF FATHER (City or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Catherine Nagle

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md.

14 Informant Mr Jacob Ebert

(Address) 9 S Woodington Rd

Filed 3/27 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1931

17

I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to March 26, 1931, that I last saw h alive on March 25, 1931, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Sarcoma, knee, right

(Amputation right leg April 1930)

(duration) 1 yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Sarcoma, metastases to right lung (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of April, 1930 Amputation of right leg.

Was there an autopsy? no

What test confirmed diagnosis? Clinical, laboratory methods

(Signed) Frank R. Smith, Jr. M. D.

3/26 1931 (Address) 927 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk	3/28 1931
20 UNDERTAKER Harry D. Mutzke	ADDRESS 410 Edmondson Ave.

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

Anna Puscian

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67134

CERTIFICATE OF DEATH.

45 L 67134

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 305 S. Duncan St. St. 13 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Puscian

(a) RESIDENCE NO 305 S. Duncan St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martin Puscian

6 DATE OF BIRTH (month, day, and year) Sep. 20, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) House Work

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Adam Olisez

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant James Puscian

(Address) 305 S. Duncan St.

Filed 3-27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25-31

17

I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1930, to March 25, 1931

that I last saw her alive on March 25, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Myocarditis Arteriosclerosis

(duration) yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Mandible

(duration) yrs. 6 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.S.

(Signed) John V. Szczubicki M. D.

, 19 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 3/28/ 19 31

20 UNDERTAKER F. W. Bazewski

ADDRESS 1930 Eastern Ave

TION is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

67135 ✓ X93-003 67135

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. St. Joseph's Hospital St. 17 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Frank Riley

(a) RESIDENCE NO. Fallston, Md. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in City or Town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Riley.

6 DATE OF BIRTH (month, day, and year) 3/18/65

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co., Md.

PARENTS

10 NAME OF FATHER Patrick Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Alice Hanlon.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs. Frank Riley
(Address) Fallston Md.

15 [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27-31

17

I HEREBY CERTIFY, That I attended deceased from 3-22-31, 19..., to 3-27, 19 31

that I last saw h[illegible] alive on 3-27-, 19 31

and that death occurred, on the date stated above, at 10.10 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Cardiogram

(Signed) Lawrence M. Berry M. D.

—, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St. Johns Catholic Cem. DATE OF BURIAL 3/30/31

20 UNDERTAKER Hamburger & Goos. ADDRESS Benson, Md.

CROSS OF DEATH in pencil only, or ink, as may be preferred. TION is very important. See instructions on back of certificates.

Spec.—9/30—A. & Co.—250 Blks.

GERHARD 131

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67136 E 67136

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No University Hosp 28-64 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Gerhard

(a) RESIDENCE NO 2000 Fellowship Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Wm Gerhardt

6 DATE OF BIRTH (month, day, and year) Dec 26-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	27 29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dons Knorr
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Dons Knorr
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Era Blanche Gerhardt
(Address) 2800 Fleetwood Ave

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25th 1931

17
I HEREBY CERTIFY, That I attended deceased from
3-5-31, 19 to 3-25, 19 31
that I last saw h alive on 3-25, 19 31
and that death occurred, on the date stated above, at 7 45 m.
The CAUSE OF DEATH* was as follows:
Uremia

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chronic nephritis
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical findings
(Signed) J. Rosenau M. D.
3/25 19 31 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park — DATE OF BURIAL 3/28/1931

20 UNDERTAKER Gr. Weber & Son — ADDRESS 2503 Edmondson

FILED 1931 HARPER JANES M.D.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

67137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

66-002 67137

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hosp. WARD 76-11)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Tillmann

(a) RESIDENCE NO. 325 E. Fairmount Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Tillmann

6 DATE OF BIRTH (month, day, and year) Mar. 28 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	27	25

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Arthur Boemmel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Koehler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Anna West
(Address) 3201 Fairmount ave

15 Filed MAR 27 1931 19 [illegible] Registrar

D. HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25/31

17

I HEREBY CERTIFY, That I attended deceased from 3-2, 19 31, to 3-25, 19 31

that I last saw h[illegible] alive on 3-25, 19 31

and that death occurred, on the date stated above, at 3:10 [illegible] m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Pancreas

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Thyroid stasis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 3-23-31.

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) [illegible] M. D.

3/25 19 31 (Address) Maryland Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 3/28/31

20 UNDERTAKER John A. Moran — ADDRESS 3006 E. Balto St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

67138 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 67138

CERTIFICATE OF DEATH

REGISTERED NO. 48

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1836 N. Collington Ave. (ST.) 8-16 (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Adolie K. Woolford

(a) RESIDENCE NO. 1836 N. Collington Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Marion C. Woolford

6 DATE OF BIRTH (month, day, and year) 7-6-1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	7	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS
10 NAME OF FATHER Samuel Hicks
11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.
12 MAIDEN NAME OF MOTHER Fanny------?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant (Address): Marion C. Woolford 1836 N. Collington Ave.

15 FILED Mar 27 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1931, to March 25th, 1931
that I last saw her alive on March 23rd, 1931
and that death occurred, on the date stated above, at 12.05a m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Uterus

(duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) Metastatic Carcinoma
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical Course
(Signed) William J. Hopkick M. D.
3-27-1931 (Address) 1700 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetary
DATE OF BURIAL: 3-28-31, 19

20 UNDERTAKER: Wendell E. Humphreys
ADDRESS: Lafayette

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67139

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67139

CERTIFICATE OF DEATH

23

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 6-West (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edith Johnson

(a) RESIDENCE NO. 831 Pierce ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Mar.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron (Welsh?) Separated

6 DATE OF BIRTH (month, day, and year) Feb 15 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Babbs Howard Co

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Clinton Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Fannie Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant

(Address)

15 Filed APR 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-23-31.

17 I HEREBY CERTIFY, That I attended deceased from 8-23, 1930, to 3-23, 1931

That I last saw her alive on 3-23, 1931

and that death occurred, on the date stated above, at 1:45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Anal Fistula - (Tbc.)

Chronic Stricture (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Surgical

(Signed) Luther E. Hunter M. D.

(Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER: Walter Realty

ADDRESS

MAR 27 1931

MAR 27 1931 C. HARPSON JONES, M.D.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 67140

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Balto. City Hospitals ST. ... WARD)

2 FULL NAME George Bailey

(a) RESIDENCE NO. 310 Spring ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 27/1865

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 040

9 BIRTHPLACE (city or town) (State or country) Thurmy Co Va

PARENTS
10 NAME OF FATHER Addison Bailey
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Mary ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant
(Address)

15 MAR 27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-24-31

17
I HEREBY CERTIFY, That I attended deceased from 2-10, 19 31, to 3-24, 19 31
that I last saw him alive on 3-24, 19 31
and that death occurred, on the date stated above, at 6:15 A. M.
The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio Vascular Renal Disease

(duration) 1 yrs. 6 mos. (?) ds.

CONTRIBUTORY (Secondary) ... Broncho-pneumonia

(duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Luther E. Little M. D.
19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health. ADDRESS MAR 27 1931

UNIVERSITY OF MARYLAND

TION is very important. See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67141

93-004 E 67141

CERTIFICATE OF DEATH.

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1534 E. Madison St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hester O'Neill

(a) RESIDENCE NO. 1534 E. Madison St. ____ Ward Grand 3/26/31

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: Adult 75 Months: Days: IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): b61

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: James O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Clara Bommel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: James O'Neill (Address) 1534 E. Madison St.

15 Filed _____ 19____ By _____ Registrar

C. HAMPSON JONES, M. D.

R 27 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. H. Cullen M. D.

(Coroner)

3-27-1931 (Address) 508 E Fountain ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the state ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Patricks Cem Date of Burial 3/28 1931

20 UNDERTAKER: Chas. P. Crane & Son ADDRESS 118 W. Fayette ave

Issued in accordance with Section 5 of Ordinance No. 1 approved February 1, 1915. Fee to be collected at time of issuance. Fee for each certificate, \$1.00. Fee for each duplicate, \$1.00. Fee for each certificate issued after one year from date of death, \$2.00. Fee for each duplicate issued after one year from date of death, \$2.00. Fee for each certificate issued after five years from date of death, \$3.00. Fee for each duplicate issued after five years from date of death, \$3.00. Fee for each certificate issued after ten years from date of death, \$4.00. Fee for each duplicate issued after ten years from date of death, \$4.00. Fee for each certificate issued after fifteen years from date of death, \$5.00. Fee for each duplicate issued after fifteen years from date of death, \$5.00. Fee for each certificate issued after twenty years from date of death, \$6.00. Fee for each duplicate issued after twenty years from date of death, \$6.00. Fee for each certificate issued after twenty-five years from date of death, \$7.00. Fee for each duplicate issued after twenty-five years from date of death, \$7.00. Fee for each certificate issued after thirty years from date of death, \$8.00. Fee for each duplicate issued after thirty years from date of death, \$8.00. Fee for each certificate issued after thirty-five years from date of death, \$9.00. Fee for each duplicate issued after thirty-five years from date of death, \$9.00. Fee for each certificate issued after forty years from date of death, \$10.00. Fee for each duplicate issued after forty years from date of death, \$10.00. Fee for each certificate issued after forty-five years from date of death, \$11.00. Fee for each duplicate issued after forty-five years from date of death, \$11.00. Fee for each certificate issued after fifty years from date of death, \$12.00. Fee for each duplicate issued after fifty years from date of death, \$12.00. Fee for each certificate issued after fifty-five years from date of death, \$13.00. Fee for each duplicate issued after fifty-five years from date of death, \$13.00. Fee for each certificate issued after sixty years from date of death, \$14.00. Fee for each duplicate issued after sixty years from date of death, \$14.00. Fee for each certificate issued after sixty-five years from date of death, \$15.00. Fee for each duplicate issued after sixty-five years from date of death, \$15.00. Fee for each certificate issued after seventy years from date of death, \$16.00. Fee for each duplicate issued after seventy years from date of death, \$16.00. Fee for each certificate issued after seventy-five years from date of death, \$17.00. Fee for each duplicate issued after seventy-five years from date of death, \$17.00. Fee for each certificate issued after eighty years from date of death, \$18.00. Fee for each duplicate issued after eighty years from date of death, \$18.00. Fee for each certificate issued after eighty-five years from date of death, \$19.00. Fee for each duplicate issued after eighty-five years from date of death, \$19.00. Fee for each certificate issued after ninety years from date of death, \$20.00. Fee for each duplicate issued after ninety years from date of death, \$20.00. Fee for each certificate issued after ninety-five years from date of death, \$21.00. Fee for each duplicate issued after ninety-five years from date of death, \$21.00. Fee for each certificate issued after one hundred years from date of death, \$22.00. Fee for each duplicate issued after one hundred years from date of death, \$22.00.

Spec.—9-30—A. & Co.—250 Bks.

67142 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67142

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Caroline Clinic

CITY OF BALTIMORE: (No St. Joseph's Hospital 9-17 WARD)

2-FULL NAME Miss Jennie V. Boylan

(a) RESIDENCE NO. Edmondson ave - Laurel Hill Park WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 16-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	6	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James Boylan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine McCoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Thomas P. O'Donnell
(Address) 2003 Bonner Rd

15 [illegible] 19 C. HAMPSON JONES, M. D. Registrar
By [illegible]

R 2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-25-1931

17
I HEREBY CERTIFY, That I attended deceased from Jan. 21- , 1931 , to March 25 , 1931
that I last saw her alive on March 25th , 1931
and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
Chronic Myocard. ds
Arterio Sclerosis -
(duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(durntion) yrs. mon. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical -
(Signed) W B Lindsay M. D.
. 19 (Address) 1 E Preston Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 3/28 19 31

20 UNDERTAKER Chas. S. Ernst & Son ADDRESS 118 E Mt Royal Ave

CAUSE OF DEATH MUST BE PLAINLY WRITTEN IN INK, OR TYPEWRITTEN. See instructions on back of certificates.

Cor.—10-20-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67143

CERTIFICATE OF DEATH

92-001 ✓

E 67143

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 2043 Walbrook St. 15-67 (Ward)

2-FULL NAME Page J. C Tracy

(a) RESIDENCE NO. 2043 Walbrook St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 22-1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Towson Md
(State or country)

PARENTS

10 NAME OF FATHER Jos E Tracy
11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)
12 MAIDEN NAME OF MOTHER Lizzie E Jackson
13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant F. Elmer Tracy
(Address) 2411 Hanover St

15 Filed 19 Registrar

R 27 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronic Endocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Mar 30 1931
20 UNDERTAKER Geo W Little	ADDRESS 2700 Edmondson Ave

FOR STATISTICAL PURPOSES. Answers should be carefully supplied. Age should be stated in YEARS, MONTHS and DAYS. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 lks

1 67144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

E 67144

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Ashland Ave St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha C. Beverly

(a) RESIDENCE NO. 1109 Ashland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs 9 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER A. Woodson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Geo. Henderson (Address) 1124 Ashland Ave

15 R 271931 19 AR S Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1931 to March 27, 1931.

that I last saw him alive on March 26, 1931.

and that death occurred, on the date stated above, at 12 30 A.m.

The CAUSE OF DEATH* was as follows:

Pyo- Nephrosis (Over)
& Septicemia.

(duration) complicated yrs. mos ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Yaffey, M. D.

3/27, 1931 (Address) 1424 Eutaw Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	3/29-31
20 UNDERTAKER	ADDRESS
Robert W. Williams	1515 W. Lafayette St

TION is very important See instructions on back of c

of certificates.

...Sec.—1-30—M. & T.—250 Bks.

E 67146

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67145

CERTIFICATE OF DEATH.

51

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 N. Monroe ST. 15-21 WARD)

2-FULL NAME Francesco Tamburo

(a) RESIDENCE NO. 1825 N. Monroe ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 18 yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of or) WIFE of Rosa Tamburo

6 DATE OF BIRTH (month, day, and year) June 9th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Vincent Tamburo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Concetta Zito

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Angelo V. Tamburo
(Address)

15 Filed ____ 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1930, to March 27, 1931, that I last saw him alive on March 22, 1931, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(Cancer)

(duration) 1 yrs. ___ mos ___ ds.

CONTRIBUTORY (Secondary) ____ (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Eugene L. Pessano, M. D.

3.27.1931 (Address) 514 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL March 30 1931

20 UNDERTAKER Frank V. Lipitone

ADDRESS 201 E. Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 67146

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67146

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 N. Ellwood ave ST. 10-11 WARD)

2-FULL NAME Anne W. Rochfort

(a) RESIDENCE NO. 813 N. Ellwood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Thomas G. Rochfort

6 DATE OF BIRTH (month, day, and year) Aug 25 1859

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Patrick O'Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Catherine Rochfort

(Address) 313 N. Ellwood ave

27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to March 27, 1931, that I last saw her alive on March 25, 1931, and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows: Myocarditis (Chronic)

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene L. Pennington M.D.

3.27.1931 (Address) 2314 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cathedral ~~Holy Redeemer~~

DATE OF BURIAL March 30 1931

20 UNDERTAKER Frank V. Lupton

ADDRESS 2518 E. Baltimore

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

Buttham

E 67147

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-093

E 67147

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 S. Clinton ST. 76-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Marino

(a) RESIDENCE NO. 252 S. Clinton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Salvatore Marino

6 DATE OF BIRTH (month, day, and year) Oct 8th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Butta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Carmella Mellata

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Sarah Marino

(Address) 252 S. Clinton

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, , 1930 to March 24, 1931, that I last saw h alive on March 23, , 1931, and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of Heart

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs

(Signed) Allen C. Bartham, M. D.

3-25, 1931 (Address) 31392 Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL March 28 1931

20 UNDERTAKER Frank V. Sifritone

ADDRESS 2515 E. Baltimore St

TION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Blks.

E 67148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 67148

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 321 (ST.) Macon (WARD) 26637

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Louisa King

(a) RESIDENCE NO. 321 Macon ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

3a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Geo. King

6 DATE OF BIRTH (month, day, and year) Oct 23rd 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo Ehrman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Kraig

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Family Record

(Address)

15 Filed ——— 19 ——— Registrar

important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 25th 31

17

I HEREBY CERTIFY, That I attended deceased from 3-16- 31 to 3-25- 1931, that I last saw her alive on 3-24- 1931 and that death occurred, on the date stated above, at 8:05a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 1 days

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Laboratory

What test confirmed diagnosis? Clinical

(Signed) Henry C Smith, M. D.

19 (Address) 4627 Reisterstown Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetary	3/28/1931
20 UNDERTAKER	ADDRESS
Wm Cook 1217 ✝	Real ✝

Spec.—9-30—A. & Co.—250 Blks

67149 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 67149

CERTIFICATE OF DEATH. 131

1 PLACE OF DEATH Baltimore City Hospitals 9-18

CITY OF BALTIMORE: (No ST. WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edith Huster

(a) RESIDENCE NO 1418 Aisquith St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not stated.

6 DATE OF BIRTH (month, day, and year) 1/12/1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

PARENTS

10 NAME OF FATHER Joseph Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Henrietta Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of:-
(Address) Baltimore City Hospitals

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26, 1931

17

I HEREBY CERTIFY, That I attended deceased from 3/17/31, 19, to 3/26/31, 19

that I last saw h er alive on 3/26/31, 19

and that death occurred, on the date stated above, at 9:15 p.m.

The CAUSE OF DEATH* was as follows:

Nephritis, chronic, without oedema

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & hypertension (duration) UNKNOWN. yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Paul Padget M. D.

3-27 1931 - (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 3/31 19 31

20 UNDERTAKER W R Cook

ADDRESS 127 N Gay St

CAUSE OF DEATH IN PLAIN TERMS. BE SURE TO GIVE CAUSE THAT IS FATAL. DO NOT USE TERMS OF DOUBTFUL MEANING. ABBREVIATIONS SHOULD BE AVOIDED. ALL BLANKS SHOULD BE FILLED IN. IF THERE IS ANY DOUBT AS TO THE PROPER ENTRY, CONSULT THE REGISTRAR. ATTENTION IS CALLED TO THE PENALTY FOR FALSE STATEMENTS ON BACK OF CERTIFICATES. INFORMATION IS VERY important. See instructions on back

R 7 1931 C. HAMPSON JONES, M. D.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67150

107-001

E 67150

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 2429

City of BALTIMORE: (No.) Maryland General Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Phillips

(a) RESIDENCE NO. 917 Ryan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 19, 1931

7 AGE Years 1 Months Days 35 IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto, Md.

(State or country)

PARENTS

10 NAME OF FATHER John Phillips

11 BIRTHPLACE OF FATHER (City or town) Balto Md.

(State or country)

12 MAIDEN NAME OF MOTHER Catherine Wagner

13 BIRTHPLACE OF MOTHER (city or town) Buffalo, N.Y.

(State or country)

14 Informant Hospital Record

(Address)

15 Filed ___ 19___ Registrar

R 2 7 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 19 31

17 I HEREBY CERTIFY, That I attended deceased from March 26, 19 31, to March 26 19 31.

that I last saw he alive on March 26, 19 31.

and that death occurred, on the date stated above, at 9.00 P. m.

The CAUSE OF DEATH* was as follows:

1. Bronchopneumonia

(duration) ___ yrs. ___ mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

. 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — Date of Burial: 3/30 1931

20 UNDERTAKER: [illegible] — ADDRESS: 1217 E Pratt St

Be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

tion should be carefully supplied. AGE should be st

Spec.—9-30—A. & Co.—250 Bks.

E 67151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

E 67151

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 223 S. Highland Ave (Street or Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Walter James Rumble

(a) RESIDENCE No. 223 S. Highland Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced. (write the word): Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) January 4, 1898

7. AGE — Years: 33 | Months: 8 | Days: 20 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Auto.
(c) Name of employer: Conrad Ruehing Co

9. BIRTHPLACE (city or town) (State or country): Pyatt Md

PARENTS

10. NAME OF FATHER: Walter Rumble

11. BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12. MAIDEN NAME OF MOTHER: Minnie Godmon

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Pyatt Md

14. Informant (Address): Katherine Rumble 223 S. Highland Ave

15. Filed ... 19 ... By ... Registrar

R 27 1931

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Mar 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1930, to March 24, 1931
that I last saw him alive on March 24, 1931
and that death occurred, on the date stated above, at 5:45 P. M.
The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) ? yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary): Acute Pulmonary Edema

(duration) ... yrs. ... mos. 1 ds.

18. Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Samuel A. Wolfe M. D.

19. (Address) 1331 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Rockland Rd

DATE OF BURIAL: 3/28 1931

UNDERTAKER: John Cook

ADDRESS: 1275 Light St

CAUSE OF DEATH should be plainly written, so that it may be of property classified. Easy statement is of no use. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

Monumental - 13 Riley, 25th Et

HEALTH DEPARTMENT—CITY OF BALTIMORE

67152 CERTIFICATE OF DEATH. 131 E 67152

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 4207 Sanner Ave (St.) (WARD) 26-41

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Grace Lewis Stallings

(a) RESIDENCE NO. 4207 Sanner Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in City or Town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel A Stallings

6 DATE OF BIRTH (month, day, and year) Dec 22 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	3	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Frank Meade
11 BIRTHPLACE OF FATHER (city or town) (State or country) Fr.
12 MAIDEN NAME OF MOTHER Carrie Lewis
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Samuel A Stallings 4207 Sanner Ave

15 Filed 3/27, 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 13 1931 to March 27 1931
that I last saw him alive on March 27 1931
and that death occurred, on the date stated above, at 11a m.
The CAUSE OF DEATH* was as follows:—
Anemia

(duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Coronary Thrombosis
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Exam
(Signed) George Jung M D
3/27/31 (Address) 401 E 25th St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mayo ME Cem Md
DATE OF BURIAL 3/30 1931
20 UNDERTAKER H M Cook ADDRESS 1420 Eutaw St

CAUSE OF DEATH is in part certified, as to date of death, by certificate. EXACT STATEMENT IS DESIRED.
TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67153

0367153

93 E 67153

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: No 4754 Park Heights Ave WARD 27-56

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace M. Bubert

(a) RESIDENCE. No 4754 Park Heights Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a If ~~married, widowed, or divorced~~ (or) WIFE of John W. Bubert

6 DATE OF BIRTH (month, day, and year) Mar 17th 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Lightner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Mathison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John D. Bubert

(Address) 4754 Park Hgts Ave

15 Filed 3-27 1931 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1931

17

I HEREBY CERTIFY, That I attended deceased from March 26 1931 to Mar. 27 1931.

that I last saw h alive on Mar. 27 1931.

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Ex.

(Signed) James L. Ashman M. D.

3-27 1931 Address 4012 Park Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 3/30/1931

20 UNDERTAKER Wm Cook

ADDRESS 127 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. PLACE stamp in CIRCLE TION is very important. See instructions on back of certificates.

27 1931

1-30—M. & T.—100 B—50L

E 67154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO. E 67154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Of Amer. Hos ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anton Marshall - also known as Andrew Matzkavotz. E.J. 4/20/31 P.

(a) RESIDENCE NO 1700 Fort Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39	9	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Labor 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Wadystawa Augustowska

(Address) 1470 Reynold St.

15 Filed MAR 28 1931 Reg. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Leffler, M. D. Coroner

3/27, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary March 28 1931

DATE OF BURIAL

20 UNDERTAKER John M Weber

ADDRESS 1st Chester

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

67155

HEALTH DEPARTMENT—CITY OF BALTIMORE

67155

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyden Hospital (St.) 17-24 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Blackmon

(a) RESIDENCE NO. 537 West Hoffman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dishwasher

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greenville, S.C.

PARENTS

10 NAME OF FATHER Hope Tomberton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greenville S.C.

12 MAIDEN NAME OF MOTHER Ann Downs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greenville S.C.

14 Informant Florence Lyons (Address) 561 W. Hoffman St.

15 Filed 2-8-1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1931, to March 27, 1931, that I last saw him alive on March 27, 1931, and that death occurred, on the date stated above, at 7 05 A m.

The CAUSE OF DEATH* was as follows: Cerebrospinal Meningitis (Pneumococcus)

(duration) 0 yrs. 0 mos 3 ds.

CONTRIBUTORY (Secondary) /

(duration) / yrs. mos. ds.

18 Where was disease contracted if not at place of death? 537 W Hoffman St.

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? Spinal Puncture

(Signed) L. Peters Mercantile M. D.

, 19 (Address) Lyden Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 3/28, 19 31

20 UNDERTAKER Samuel Hemsley

ADDRESS 1718 McElderry

THIS is very important! See instructions on back of certificate.

Spec.—8-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67156 — 108 E 67156

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 329 S. Bond St. B-4 (WARD)

2 FULL NAME Frederick Quandt

(a) RESIDENCE NO. 329 S. Bond ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 If single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): July 29-1857

7 AGE — Years: 76 — Months: 7 — Days: 29 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Frederick Quandt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dora Quandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss Ella Quandt
(Address) 329 S. Bond St.

MAR 28 1931

C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 26-1931

17 I HEREBY CERTIFY, That I attended deceased from March 24 1931 to March 26 1931

that I last saw him alive on March 26 1931

and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTED BY (Secondary) Lobar Pneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Lee C. Keller M. D.

3-27-31, 19 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cem

DATE OF BURIAL: Mar 28 1931

20 UNDERTAKER: John Ullrich

ADDRESS: 200 S. Arlington

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

67157 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67157

CERTIFICATE OF DEATH.

1 PLACE OF DEATH — REGISTERED NO. 107001

CITY OF BALTIMORE: (No.) 833 Harford Ave (St.) 10-14 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David Brown

(a) RESIDENCE NO. 833 Harford Ave ST. ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 5 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Frank Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mamie Blackston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frank Brown

(Address) 417 Stirling St

15 Date received MAR 28 1931

C. H. THOMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 26-31

17

I HEREBY CERTIFY, That I attended deceased from 3-23, 1931, to Mar 26, 1931

that I last saw h[illegible] alive on Mar 26, 1931

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows: a.m.

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? [illegible] Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	Mar. 28 1931
20 UNDERTAKER	ADDRESS
Chas. W. Johnson	416 N. Carrollton Ave

TION ... very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 67158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67158

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 W. Franklin ST.) (WARD) 17-25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chriss King

(a) RESIDENCE NO. 620 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1 68

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada.

PARENTS

10 NAME OF FATHER King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada.

14 Informant Mrs Emma English

(Address) 620 W Franklin

Date MAR 28 1931 WM. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27/31

17

I HEREBY CERTIFY, That I attended deceased from 3/22, 19 31, to 3/27, 19 31

that I last saw h alive on 3/27, 19 31

and that death occurred, on the date stated above, at 9 30 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardiovascular disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia Dextro-cardia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Evidence

(Signed) Thos E. Staton Jr M. D.

, 19 (Address) 4012 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Mar 28 1931

20 UNDERTAKER M Ronton

ADDRESS 2238 N Mont

TION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 67159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-601

E 67159

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital ST. 6-10 WARD)

2-FULL NAME Charles Albert Ricker

(a) RESIDENCE NO. 245 N. Luzerne Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emily A. Ricker

6 DATE OF BIRTH (month, day, and year) March 11, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	-	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Candy Maker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Voniff Company

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Ricker

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Emily Ricker
(Address) 245 N. Luzerne Avenue

15 Filed APR 28 1931 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & Knocked down by moving auto

(A) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Head Skull (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fayette St Lazaretto

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Jarrell Coroner, M. D.

3/27, 1931 (Address) 2939 McElderry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — DATE OF BURIAL March 30, 1931

20 UNDERTAKER Leland Cook — ADDRESS 1003 West Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67160

CERTIFICATE OF DEATH.

108 E 67160

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4313 Belvieu av. St. 28-64 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John S. Seders

(Residence in Baltimore: No. 4313 Belvieu av. St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	Married

6-DATE OF BIRTH. October 15 (Month), 15 (Day), 1862 (Year)

7-AGE. 68 yrs. 5 mos. 12 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Contractor (Plasterer) (b) General nature of industry, business, or establishment in which employed (or employer) Self 57

9-BIRTHPLACE. (State or Country). Greenspring, W. Va.

PARENTS.

10-NAME OF FATHER. Jacob Seders

11-BIRTHPLACE OF FATHER (State or Country). Unknown

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Gorman S. Seders

(Address) 226 E. Montgomery St.

15- Filed MAR 28 1931, 19.. No..... C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 27 (Day), 1931. (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mar 22. 1931, to Mar 27 1931, that I saw h 114 alive on Mar 27 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) 50 yrs. mos. 1 ds.

(Signed) Howard H. Garner M. D.

Mar 27, 1931. (Address) 2 E. Gar

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL. March 30., 1931

20-UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

A 67161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

67161

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 204 S Dunbar st. (Ward) 17th

2 FULL NAME Wladyslaw Kapinos

(a) RESIDENCE NO. 204 S Dunbar st ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 12 - 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frank Kapinos

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12 MAIDEN NAME OF MOTHER: Emma Piaz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland.

14 Informant: Frank Kapinos
(Address) 204 S Dunbar st

15 Filed APR 28 1931 19.....

C. HAMP. P. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 31

17:

I HEREBY CERTIFY, That I attended deceased from March 26, 19 31 to March 31, 19 31

that I last saw h[illegible] alive on March 27, 19 31

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary): Convulsions

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis J. Fenger M. D.

4/9/1931 (Address) 1600 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hamilton Cemetery

DATE OF BURIAL: March 28 1931

20 UNDERTAKER: George A. Welsh

ADDRESS: 705 E Lanvale st

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002 E 67162

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1042 W Lombard St) WARD 18-29

2 FULL NAME Andrew M. Whalen.

(a) RESIDENCE NO. 1042 W. Lombard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 2 mos 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mirabe Mary A. Whalen

6 DATE OF BIRTH (month, day, and year) Nov 29 - 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O. R.R.

9 BIRTHPLACE (City or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Andrew Whalen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Miles M. Whalen 1042 W. Lombard St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3 27 1931.

17

I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to March 27, 1931

that I last saw him alive on March 26, 1931

and that death occurred, on the date stated above, at 6:20 a.m.

The CAUSE OF DEATH* was as follows:

Hypertension cardio-vascular disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) A. N. Bridlett M. D.

19 (Address) 1324 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Calvary Cathedral Cem.

DATE OF BURIAL 3/30/1931

20 UNDERTAKER Thos Edwards & Son

ADDRESS Govanstown

C. THOMPSON JONES, M.D.

APR 28 1931

TION is very important. See instructions on back of

Spec.—2-20-28—L. F. S.—500 Blks.

E 67163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 4 09 E 67163

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 233 E University Pkwy ST. (WARD) 2-44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pollett Mitchell

(a) RESIDENCE NO. 233 E. University Pkwy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or ~~Divorced~~. (write the word)
M.	Col	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7. 30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Collins Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margaret Gale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Collins Mitchell

(Address) 233 E. University Pkwy

15 Filed Mar 28 1931 A. D. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 26/31

17 I HEREBY CERTIFY, That I attended deceased from Mar 22 1931, to Mar 26. 1931.

that I last saw him alive on March 26 1931

and that death occurred, on the date stated above, at 2 30 p.m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. N. Hatcher, M. D.

3/26. 1931 (Address) 1111 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frostburg Md	Mch 28 1931
20 UNDERTAKER	ADDRESS
Sam'l W. Chase Inc	638 N. Gilmor

1-30—M. & T.—100 B—50L

E 67164

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 67164

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 W. Lexington ST. 18-26 WARD)

2-FULL NAME Susie Jackson

(a) RESIDENCE No. 807 W Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Jackson

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

037

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. mider Jackson

(Address) 746 Carrie St Rear

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Bettel, M. D. Coroner

3-26 1931 (Address) 2737 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MT Carmel	3-28 1931
20 UNDERTAKER	ADDRESS
Jones Easton	Balto Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67165 — 164001 — E 67165

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No.) Clover Club, 2249 Eutaw Place. St. 13-59 (Ward)

2-FULL NAME Henry Goodman

(a) RESIDENCE NO. Seville Apts. 1 E. St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen H. Goodman.

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1881.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	49	4	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Straw Hat Mnfgr.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

045

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER Raphael Goodman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Newmark

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Henry Goodman
(Address) Seville Apts. 1 E.

15 Filed C. HARRISON JONES, M. D. Registrar

R 28 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Gas Poisoning
Suicidal

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) _____, M. D.

3/27 19 31 (Address) 3632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem.	3/29/ 19 31

20 UNDERTAKER Harry Sondheimer, Son

ADDRESS 1902 Eutaw Place

Under the Health Ordinance of Baltimore, it is unlawful to bury or remove a dead body without a permit. Physicians are requested to state the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 67166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

E 67166

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH The Sun.

City of Baltimore: (No. Charles & Redwood Sts. St., 15-58 Ward)

2-FULL NAME Custer A. Beitman.

(a) RESIDENCE NO. 4156 Old Pimlico Rd. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of ~~WIFE of~~ Catherine Beitman.

6 DATE OF BIRTH (month, day, and year) December 25, 1876

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54	3	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Linotype operator
(b) General nature of industry, business, or establishment in which employed (or employer) The Sun. 063
(c) Name of employer

9 BIRTHPLACE (city or town) York Springs, Pa.
(State or country)

PARENTS

10 NAME OF FATHER Samuel Beitman.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Melissa Hamilton.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania.

14 Informant Catharine Beitman. (wife)
(Address) 4156 Old Pimlico Rd.

15 Filed MAR 28 1931 19.. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.
(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D.

3/27. 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 3/31/ 19

20 UNDERTAKER George J. Pattison

ADDRESS 133 Hanover

MAR 28 1931

Filling Blanks for correctly supplied. Age should be stated in years, months and days. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Eks

67167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

121 E 67167

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No.) (ST.) 17-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Cavanaugh

(a) RESIDENCE NO. 2129 N. Edmondst. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Matthew Cavanaugh

6 DATE OF BIRTH (month, day, and year) Sept 1 1892

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	5 6	26 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Matthew Cavanaugh

(Address) 2129 N. Edmondst

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26-31

17 I HEREBY CERTIFY, That I attended deceased from 3-16 .19 31 to 3-26 .19 31.

that I last saw h alive on 3-26 .19 31.

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(duration) 2 yrs. 6 mos 1 ds.

CONTRIBUTORY (Secondary) General Peritonitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of 3-19-31 (appendectomy)

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) C W Peake M. D.

. 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL March 30 1931

20 UNDERTAKER Jos. J. Herr — ADDRESS 156 N. Eutaw

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67168

CERTIFICATE OF DEATH.

131 E 67168

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 St. Fulton Ave 1927 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Bushaw

(a) RESIDENCE NO. Home for the Aged of the M.E. Ch ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12-1843.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Wellus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Ethel Cubby

(Address) 400 St Fulton Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 26-1931

17

I HEREBY CERTIFY, That I attended deceased from Jany 19 , 1931 , to Mch 26 , 1931 .

that I last saw her alive on Mch 26 , 1931 ,

and that death occurred, on the date stated above, at 5.15 p m.

The CAUSE OF DEATH* was as follows:

(a) Paralysis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis Chronic

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George L. Shannon M. D.

3/27. 19 31 (Address) 700 Fulton Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem — DATE OF BURIAL Mar 28 1931

20 UNDERTAKER F. Leard Smith — ADDRESS 1532 Hollins

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

E 67169

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 226 Collins Ave (St.) 20-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Homens

(a) RESIDENCE NO. 226 Collins Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Sophia Homens

6 DATE OF BIRTH (month, day, and year) July 22 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steam Fitter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: 060

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Sophia Homens (Address) 226 Collins Ave

15 MAR 28 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26/31

17

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to March 26, 1931.

that I last saw him alive on March 26, 1931.

and that death occurred, on the date stated above, at 11 15 P. m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis.
Myocardial
Incompetency.

(duration) 21 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D. Lloyd Johnson M. D.

, 19 (Address) 4200 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral

DATE OF BURIAL: 3-30 1931

20 UNDERTAKER: Bernard C Hale

ADDRESS: 1000 S Paca St

CAUSE OF DEATH should be plainly written and carefully worded. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67170

108 E 67170

22-30

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 704 S.Sharp St. St., Ward)

2-FULL NAME Helen Meckins.(C)

(a) RESIDENCE NO. 704 S.Sharp St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ---mos.---ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Married

5a If married, ~~widowed or divorced~~ (or) WIFE of Henry Meckins.(C)

6 DATE OF BIRTH (month, day, and year) December 1, 1913

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	17	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia.
(State or country)

PARENTS

10 NAME OF FATHER Simon Sorrell.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary Cook.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

14 Informant (Address) Mary Sorrell.(C) mother. 704 S.Sharp St.

---, 19 Registrar

R 25,151

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], M. D.

3/26, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Alburn Cemtry	3/28, 1931
20 UNDERTAKER Walter B. Suggs	ADDRESS 139 W. Hamburg St.

USE PENCIL ONLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

137 ✓ E 67171

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (NO. 1826 Gough ST. 7-4 WARD)

2. FULL NAME Hortense Jane - Roberts

(a) RESIDENCE NO. 1825 Gough ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced. (write the word): Single
5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1858

7 AGE — Years: 80 — Months: — — Days: — — If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS
10 NAME OF FATHER: Benjamin Roberts
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Jane Roberts
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs E. Fletcher
(Address) 435 N Carrollton Ave

MAR 28 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from July, 1930, to March 27, 1931.
That I last saw her alive on March 27, 1931
and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Cerebral Arterio-Sclerosis
(duration) yrs. mos ds.
CONTRIBUTORY (Secondary) Uraemia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No
What test confirmed diagnosis?
Was there an autopsy? State of

Signed: Emil J. Feinglos, M. D.
3/28, 1931. (Address) 1900 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Roberts Family Cemetery
DATE OF BURIAL: 3-29-1931
ADDRESS 9/16 Bank

20 UNDERTAKER: Arnold Taylor

CAUSE OF DEATH should be certified by physician. See instructions on back of certificates.
TION is very important

Spec.—9-30—A. & Co.—250 Bks.

246147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 47 V

~~67172~~ ~~67172~~

1 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-4 ST.) (WARD)

2 FULL NAME William A Guy

(a) RESIDENCE NO. 211 S. Torrence ST. WARD Charlotte N C
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) Feb 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work asst Chief Clk

(b) General nature of industry, business, or establishment in which employed (or employer) South R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S Car

PARENTS

10 NAME OF FATHER John Guy

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Car.

12 MAIDEN NAME OF MOTHER Margt Harder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Car.

14 Informant (Address) Records

15 29 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29-31

17

I HEREBY CERTIFY, That I attended deceased from March 5. 1931 to March 29. 1931

That I last saw him alive on March 29. 1931

and that death occurred, on the date stated above, at 435 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Larynx

(duration) yrs. 15 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Mar. 14/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Murray Baker M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Charlotte N.C.	Mch 31 1931
20 UNDERTAKER	ADDRESS
John S. Mitchell Sons	1900 Eutaw Pl.

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67173 82-001 E 67173

1-PLACE OF DEATH

City of Baltimore: (No. 1356 N. Carey St. 15-23 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mamie Hill

(a) RESIDENCE NO. 356 N. Carey St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Fem

4 Color or Race: Col

5 Single, Married, Widowed or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Norman

6 DATE OF BIRTH (month, day, and year): Sept 24-1895

7 AGE: Years 35 Months 6 Days 5 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town): Va.
(State or country)

PARENTS

10 NAME OF FATHER: J. R. Hall.

11 BIRTHPLACE OF FATHER (city or town): Va.
(State or country)

12 MAIDEN NAME OF MOTHER: Dorcatha Jones

13 BIRTHPLACE OF MOTHER (city or town): Va
(State or country)

14 Informant (Address): Norman Hall 356 N Carey

15 Filed 19 Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour): Mar 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Sudden (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Thos Hollowell M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stoney Creek Va

DATE OF BURIAL: Mar 28 1931

20 UNDERTAKER: Thomas E Kelson

ADDRESS: 1303 Pleasant St

MAR 29 1931 C. HAMPSON JONES, M. D. Registrar

Cor.—12-9-25—A Co.—200 Bks.

E 67174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001 E 67174

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto City Hosp St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gene James Ritz

(a) RESIDENCE NO. Monkton Md St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Color	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	34	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore County

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Interment (Address) Ivory Hill Monkton Md

15 [illegible] 19 [illegible] Undertaker [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) Leo find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Malnutrition (duration) yrs. mos. 2 ds.

Contributory (Secondary) (duration) 2 yrs. 3 mos. 1 ds.

(Signed) A C Blades M. D.

(Coroner)

, 19 (Address) 1436 B way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Asbury Evergreen cemetery 29 31

20 UNDERTAKER ADDRESS

John C. Wilde 2435 E Oliver

R 29 1931

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67175 — 131 — Z 67175

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Druid Hill Ave 44-54 WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maggie Henson

(a) RESIDENCE NO. 2104 Druid Hill Ave ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress Out
(b) General nature of industry, business, or establishment in which employed (or employer): _____
(c) Name of employer: _____

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS
10 NAME OF FATHER: James H. Henson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland
12 MAIDEN NAME OF MOTHER: Loncretia Cooper
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Isabelle Henson
(Address): 2104 Druid Hill Ave

15 _____
(Address): _____

MAR 29 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26-31

17
I HEREBY CERTIFY, That I attended deceased from 3-23- , 1931 , to 3-26- , 1931
That I last saw h er alive on 3-25- , 1931
and that death occurred, on the date stated above, at 10 P m.
The CAUSE OF DEATH* was as follows:
Valvulitis
(duration) unknown yrs. mos. ds.
CONTRIBUTORY (Secondary) Interstitial Nephritis
(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) H. A. Cargile M. D.
3-27-1931 (Address) 611 N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	3-29 1931
20 UNDERTAKER	ADDRESS
Mrs Chas L. Bailey	1421 Jefferson St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-
TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 67176 HEALTH DEPARTMENT—CITY OF BALTIMORE 12-002 E 67176

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.) 13-52 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Harvey.

(a) RESIDENCE NO. 3438 Keswick Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 5y yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None add

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edward C. Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Edith E. Stelle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edward C. Harvey.

(Address) 3438 Keswick Rd.

15 Filed 2 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27-31

17 I HEREBY CERTIFY, That I attended deceased from 3-15- , 1931, to 3-27 , 1931, that I last saw him alive on 3-27- , 1931, and that death occurred, on the date stated above, at 9:25 P m.

The CAUSE OF DEATH* was as follows:

Primary Anaemia anaemia pseudo leukemia infantum. (Von Jaccuo).

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) None.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Blood transfusion Date of 3-27-31

Was there an autopsy? No.

What test confirmed diagnosis? Examination Blood

(Signed) Wm B. Schreiber M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery DATE OF BURIAL Mar 30 1931

20 UNDERTAKER Thomas Lee ADDRESS 3105 Eastern Ave

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

B 67177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 67177

93-003

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3522 Buena Vista Ave. 13-57 (WARD)

2. FULL NAME Jerusha A. Miller

(a) RESIDENCE NO 3522 Buena Vista Ave STREET WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 18 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none. old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER George Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Catherine Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Clara Miller
(Address) 3522 Buena Vista Ave

15 C. HAMPSON JONES, M. D. Registrar

29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 28, 1931

that I last saw h[illegible] alive on March 27, 1931

and that death occurred, on the date stated above, at 7:20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) H. H. Lynch M. D.

. 19 (Address) 40 S. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Balto Co. DATE OF BURIAL Mar 30 19 31

20 UNDERTAKER Chas Wittstadt ADDRESS 36 S Paca St

CAUSE OF DEATH to be properly classified. Exact statement of occupa-
TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67178 — 91-001 — E 67178

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2330 Madison ave St. 3-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Gant

(a) RESIDENCE NO. 2330 Madison ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	wdw

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: wdw

6 DATE OF BIRTH (month, day, and year): 7-10-1861

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Upper Marlborough

(State or country): Prince Geo's Md

PARENTS

10 NAME OF FATHER: William Herbert

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Md

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Md

14 Informant: Mrs Addie Summers

(Address) 2330 Madison ave

15 Filed MAR 29 1931 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-26 1931

17 I HEREBY CERTIFY, That I attended deceased from March 25 1931 to March 26 1931

that I last saw h[illegible] alive on March 26, 1931

and that death occurred, on the date stated above, at 5.35 P m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary): Otitis media

(duration) 3 yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) T. Hampson Jones, M. D.

. 19 (Address) 1202 Druid Hill Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial 3-29-31

20 UNDERTAKER: John H. Trodin — ADDRESS 1027 Pound Ave

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 67179

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 67179

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 10-14 WARD)

2-FULL NAME Harry Bleeman

(a) RESIDENCE NO. 1237 E. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Celia Bleeman

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Morris Bleeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Antan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Celia Bleeman (Address) 1237 E Biddle St

Filed 3-29-1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27/31

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1931, to March 27, 1931, that I last saw him alive on March 27, 1931, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia — following extraction of several teeth — March 16, 1931

Pneumococcus Type I

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 16, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. Blank, M. D.

3/27 1931 (Address) Oman N. Sp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kehreu Rosedale

DATE OF BURIAL 3/29 1931

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

R. C. HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 67180 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67180

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH Sinai Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 15-54 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Ethel Wenberg

(a) RESIDENCE NO. 2432 Liberty Heights Av. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 16-1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles L. Weinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Etta Cohen

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto., Md.

14 Informant Louis
(Address) 1439 E. Baltimore St

15 Filed 3 29 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-28-31

17 I HEREBY CERTIFY, That I attended deceased from March 25, 19 31 to March 28, 19 31, that I last saw her alive on March 28, 19 31, and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Nephritis, uremia, pericarditis, myocardial failure

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood chemistry

(Signed) Meyer M. Bogdan, M. D.

3-29, 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	3-31-1931
20 UNDERTAKER Jack Levine, 1429 E. Balto St	ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67181

CERTIFICATE OF DEATH

59 E 67181

REGISTERED NO.

1-PLACE OF DEATH West Balt. General Hosp. Cat 15-61 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2-FULL NAME Bertha Mazer

(a) RESIDENCE NO. 2704 Allendale Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj Mazer

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Jack Lewis 1437 E Balto St

15 Filed MAR 29 1931 C. HAMPSON JONES, M. D. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. BE EXACT. Do not use abbreviations or symptoms. See instructions on back of certificates. TION is very important

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 -1

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to March 29, 1931, that I last saw her alive on March 29, 1931, and that death occurred, on the date stated above, at 1:10 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Cashman, M. D.

3/29 1931 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd

DATE OF BURIAL 3/31/31

20 UNDERTAKER Jack Lewis 1437 E Balto

ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

Dr. Porter 4806 Roland Ave Tux 0390

67182

HEALTH DEPARTMENT—CITY OF BALTIMORE

67182

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 207 Cable ST. 27-53 WARD

2. FULL NAME Susan E. von Blucher

(a) RESIDENCE NO. 207 Cable ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow Alfred H. von Blucher

6 DATE OF BIRTH (month, day, and year) Jan 27* 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Geo. Sears

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Carrie B. Schneider (Address) 207 Cable St

15 Filed ..... 19 ..... Registrar

291931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) March 28* 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2 . 19 31 . In March 28 . 19 31 - that I last saw h alive on March 26 . 19 31 and that death occurred, on the date stated above, at 4* a- m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage
Left hemiplegia

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) H. Tilson Helm M. D.

. 19 (Address) 4806 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Hampden Cemetery — DATE OF BURIAL 3/30/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul

HARRISON JONES M D

NPW

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E. 67183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 1001 E. 67183

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5713 Bellona Ave. ST. 27-48 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert William Flahardy

(a) RESIDENCE NO. 5713 Bellona Ave ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.
	1	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles E. Flahardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Virginia E. King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Virginia Flahardy

(Address) .....

Filed MAR 29 1931 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1931.

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1931, to March 28, 1931, that I last saw him alive on March 25, 1931, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Cooke, M. D.

3-28, 1931 (Address) 6014 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul's Harford Co. Md. Cemetery — DATE OF BURIAL 3/30 1931

20 UNDERTAKER: Wm. Cook — ADDRESS 217 St. Paul St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 67184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+24

E 67184

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 9-45 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amelia Bucchi

(a) RESIDENCE NO. 112 Washington St ST. Havre de Grace WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 4, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Otsego
(State or country) West Va

PARENTS

10 NAME OF FATHER Evarista Bucchi

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Eliza Trincia

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Mrs Elsie Bucchi (Mother)
(Address) Havre de Grace

15 Filed APR 29 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to March 28, 1931, that I last saw h alive on March 28, 1931, and that death occurred, on the date stated above, at 5 55 p m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis
(Tuberculous)

(duration) yrs. mos 14 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis Lumbar puncture

(Signed) Myron C Tull, M. D.

3/29 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Havre de Grace Md. DATE OF BURIAL 3-29 1931

20 UNDERTAKER J. A. Pennington & Son ADDRESS Havre de Grace Md.

THIS is very important. See instructions on back of certificate.

Spec—B 30—A. & Co.—250 Blks.

67185

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-063 7185

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 2316 Mondawmin ST. Apt 3 WARD 60)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alexandr Plrat

(a) RESIDENCE No 2316 Mondawmin Ave ST.: WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Plrat

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 77 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Gilrat Plrat

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: S. Kerns

(Address) 1439 E. Belt St

MAR 29 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-28-31

17

I HEREBY CERTIFY, That I attended deceased from 3-26 .1931. to 3-27 .1931

that I last saw h[illegible] alive on 3-27 .1931

and that death occurred, on the date stated above, at 4:10 P m

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? no Date of none

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Louis Lyach, M. D.

. 19 (Address) 1700 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Hebron Cem — DATE OF BURIAL: 3-29-1931

20 UNDERTAKER: Jos. Kerns, 1439 E. Belt St — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67136 ✓ 46 67136

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1313 Orem Ave, St. 13-59 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mollie Barr

(a) RESIDENCE NO 2313 Orem Ave., ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Barr

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) L. Lewis 1439 E. Balto. St

R 29 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-28-31

17
I HEREBY CERTIFY, That I attended deceased from 1930, to 3/26 1931

that I last saw h[illegible] alive on 19

and that death occurred, on the date stated above, at 1:20 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach (duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) A. G. Friedman M. D.

3/29 1931 (Address) 918 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Cemetery — DATE OF BURIAL 3-29- 1931

20 UNDERTAKER Jack Lewis, 1439 E. Balto. St ADDRESS

Spec.—1-12-23—H&T—500 Blks.

E 67187

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67187

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 6309 Hamilton St. 27 48 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Amos Read

(a) RESIDENCE NO. 6309 Hamilton Ave ST. 27 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) May 18. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (City or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER Amos Read

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co Md

12 MAIDEN NAME OF MOTHER Frances Burchinal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) 6309 Hamilton Ave

15 [illegible] 19

MAR 29 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28th 1931

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1931, to March 28, 1931,

that I last saw h[illegible] alive on March 25, 1931

and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma Intestines

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholecystitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) William C. Jones, M. D.

19 (Address) 5717 Reed Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Cemetery

DATE OF BURIAL Mar 31st 1931

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument St

CAUSE OF DEATH should be carefully prepared. Use other side if necessary. Write plainly with pen and ink. Do not use lead pencil. See instructions on back of certificates. IT IS VERY important

8pec.—1-30—M. & T.—250 Blks.

E 67188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67188

CERTIFICATE OF DEATH.

82 201

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 E. 33rd. St. ST. 9-11a WARD)

2-FULL NAME William J. Porter.

(a) RESIDENCE NO. 614 E. 33rd. St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary H. Porter.

6 DATE OF BIRTH (month, day, and year) March 27th. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder & Draftsman.

(b) General nature of industry, business, or establishment in which employed (or employer) 016

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William H. Porter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Glenn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Mrs. Mary H. Porter. 614 E. 33rd. St. Baltimore Md.

15 Filed MAR 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28th. 1931.

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 28, 1931, that I last saw him alive on March 27, 1931, and that death occurred, on the date stated above, at 3:20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert L. Levy, M. D.

3/29/31 (Address) 800 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery.

DATE OF BURIAL 3/30 1931.

20 UNDERTAKER Chas. C. Brauchton 118 West Royal Ave.

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67139

11-001

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 2410 E Preston St 8-16 ST WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Antonia Yuhn

(a) RESIDENCE NO. 2410 E. Preston ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Yuhn

6 DATE OF BIRTH (month, day, and year) April 28 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Vienna

PARENTS

10 NAME OF FATHER Joseph Yuhn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vienna

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Christine Stevens Taylor
(Address) 2717 Hugo ave

15 Filed ..., 19... G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26-1931

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1931, to March 26, 1931

that I last saw her alive on March 26, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Influenza. Bronchs Pneumonia
& Myocarditis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute dilatation of Heart

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None.

(Signed) Thos. F. Stevens M. D.

3/28/31 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cem.

DATE OF BURIAL 3/30/1931

UNDERTAKER Wm. H. Valentine

ADDRESS 2826 Aiken

CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67190 ✓ 108 E 67190

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes ST. 2747 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Huppmann

(a) RESIDENCE NO. 705 E. Belgian Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John P. Huppmann

6 DATE OF BIRTH (month, day, and year) May 7, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Wirth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Martha Wymann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

11 Informant Miss Marie B. Huppmann

(Address) 705 Belgian ave

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/20, 1931, to 3/26, 1931

that I last saw h[er] alive on 3/26, 1931,

and that death occurred, on the date stated above, at 6:10 P. m.

The CAUSE OF DEATH* was as follows:

1- Pneumonia Lobar Rt.

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 705 E. Belgian Ave

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Clinical.

(Signed) Holmar S. Anfinson, M. D.

3-26-31 (Address) St: Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL 3/30/31

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto St

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67191

CERTIFICATE OF DEATH

82-001 ✓

E 67191

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 W. Fayette St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mabel E. Duff

(a) RESIDENCE NO. 1907 W. Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur P. Duff

6 DATE OF BIRTH (month, day, and year) Aug 5 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Hugh O'Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER Margt Glynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt

14 Informant (Address) City Sanitarium 1900 E Monument St

15 Filed 3-29 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 24 1931 to March 28 1931

that I last saw her alive on March 28 1931

and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(apoplexy)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. O'Neill M. D.

3/28 1931 (Address) 108 N. Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville

DATE OF BURIAL 3/31/1931

20 UNDERTAKER J. J. Moran

ADDRESS 390 E Baltimore

Important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Bks.

E 67192

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

108

E 67192

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2434 E Fayette St.: 6-10 WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elaine W White

(Residence in Baltimore: No. 2434 E Fayette St.: ..yrs., 9 mos. 10 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	White	

6-DATE OF BIRTH. June (Month) 17 (Day), 1930 (Year)

7-AGE. ..yrs. 9 mos. 10 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Balto

PARENTS.

10-NAME OF FATHER. Preston White

11-BIRTHPLACE OF FATHER (State or Country). Balto

12-MAIDEN NAME OF MOTHER Jennie Geras

13-BIRTHPLACE OF MOTHER (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Preston W. White

(Address) 2434 E. Fayette St

15-

Filed..... 191.....

C. HAMPSON JONES, JR. Registrar.

R 29 1931 Reg. RFH

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. March (Month) 27 (Day), 1931 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Mch 23 1931, to Mch 27 1931, that I saw h W alive on Mch 27 1931, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(Duration) ..yrs. ..mos. 4 ds.

CONTRIBUTORY (Secondary) Carcinoma Faciei

(Duration) ..yrs. ..mos. 1 ds.

(Signed) Ralph L Trost M. D.

Mch 29, 1931 (Address) 26 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..yrs. ..mos. ..ds. In the State ..yrs. ..mos. ..ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Mount Olivet	Mch 30, 1931

20-UNDERTAKER	ADDRESS
John Ullrich	2008 Eutaw

CAUSE OF DEATH must be plainly stated. Every question must be answered if possible. Omissions will delay burial permit. Be particular and exact in answering questions. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 19, 20 are important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 67193

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 67193

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary 27-44 REGISTERED NO.

City of BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Anna Kuper

(a) RESIDENCE NO. 4316 Mansfield St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced RUSBAND of (or) WIFE of Martin F. Kuper

6 DATE OF BIRTH (month, day, and year) Sept 23-1893

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	37	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto

PARENTS

10 NAME OF FATHER Henry Voermann

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Bukin

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Martin F. Kuper

(Address) 7316 Mansfield Ave

29 1931 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27 1931

17 I HEREBY CERTIFY, That I attended deceased from 12/25, 1930, to 3/27, 1931,

that I last saw h-r alive on 3/27, 1931,

and that death occurred, on the date stated above, at 10:15 p m.

The CAUSE OF DEATH* was as follows: Mitral Stenosis & Insufficiency

(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary)

None (duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death! Unknown

Did an operation precede death! No Date of

Was there an autopsy! Yes

What test confirmed diagnosis?

(Signed) James Le Count Jr, M. D.

, 19 (Address) Church Home Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul Reformed Cem Date of Burial Mar 30, 1931

20 UNDERTAKER John Ulrich ADDRESS 2008 E Adams

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 67194 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93-003 E 67194

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 410 S. Monroe St. (ST.) 19-28 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie M. Lerch

(a) RESIDENCE NO. 410 S. Monroe St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John C. Lerch

6 DATE OF BIRTH (month, day, and year) Aug. 2, 1873.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Franklin Brunner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sussie Stottlemeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant George Lerch

(Address) 410 S. Monroe St.

15 Filed MAR 29 1931 by C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27. 1931.

17 I HEREBY CERTIFY, That I attended deceased from Mar 20, 1931, to Mar 27, 1931, that I last saw her alive on Mar 26, 1931, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Hypertrophy

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) M. Sidna, M. D.

(Address) 822 N Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem Frederick Rd | DATE OF BURIAL 3/30/31

20 UNDERTAKER Harry A. Witzke | ADDRESS 4201 Edmondson Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

E 67195

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67195

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Burgundy ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J Mix

(a) RESIDENCE NO. 802 Burgundy ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frances L Mix

6 DATE OF BIRTH (month, day, and year): Mar. 15. 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	40	—	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrical Worker

(b) General nature of industry, business, or establishment in which employed (or employer): 079

(c) Name of employer: United Railways Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John T Mix

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Ann M Seidensaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Frances L Mix

(Address): 802 Burgundy St

R 29 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-27- 1931

17 I HEREBY CERTIFY, That I attended deceased from October 8, 1930, to March 27, 1931, that I last saw h alive on March 27, 1931 and that death occurred, on the date stated above, at 7.55 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary): Exhaustion & Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) G. H. Buxton, M. D.

3/28 1931 (Address) 301 - East Cross

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Mar 30 1931

20 UNDERTAKER: Mr & Mrs. John W. Imfeld & Son

ADDRESS: 801 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

67196 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67196

CERTIFICATE OF DEATH

REGISTERED NO. 108

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1934 Penrose Ave. St 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Warrillow

(a) RESIDENCE NO 1934 Penrose Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Paton

6 DATE OF BIRTH (month, day, and year) Feb. 21, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	45	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sea Captain

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Yor k City

PARENTS

10 NAME OF FATHER Albert Warrillow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Elsie Record

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y. City

14 Informant (Address) Mrs. Frank Warrillow 1934 Penrose Ave.

15 Filed 3-29 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to March 27, 1931

that I last saw him alive on March 27, 1931

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) — yrs. — mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + Laboratory

(Signed) Louis Abramowitz M. D.

March 30 1931 (Address) 1705-7 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Mar. 30, 1931

20 UNDERTAKER John O. Mitchell & Sons, ADDRESS 1900 Eutaw Place

Mar 29 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact duration of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-27-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67197

107-001 V

E 67197

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No.) Md. Gen. Hosp. St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Martha S. Fenby

(a) RESIDENCE NO. 1223 N. Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Dr. Edw. B. Fenby

6 DATE OF BIRTH (month, day, and year) Nov. 6, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	73	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home-maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carroll Co., Md.

(State or country)

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Caroline Cookson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Hospital Records

(Address)

C. H. THOMPSON JONES, M. D.

R 29 1931 By ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 28, 1931,

that I last saw her alive on March 28, 1931,

and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ___ yrs. ___ mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? 1223 N. Caroline St.

Did an operation precede death? No Date of ___

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Gilbert R. Wilkinson, M. D.

, 19 (Address) 1207 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Mch 30 1931

20 UNDERTAKER John S. Hall and Sons ADDRESS 1911 Eutaw Place

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 67198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

98

E 67198

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West. Balto. Hmn. Hosp. ST. 27-43 WARD

2-FULL NAME Mrs. Barbara Porter

(a) RESIDENCE NO. 5515 Edmondson. Hamilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. C. Porter

6 DATE OF BIRTH (month, day, and year) June 4, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	69	6	25	24

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel Beal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Daughter (Mrs. C. Somers S.
(Address) (Hamilton 5017 W.)

15 Filed R 29 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 25 1931

17 I HEREBY CERTIFY, That I attended deceased from March 4 .1931. to March 25 .1931.

that I last saw hM alive on March 25 .1931.

and that death occurred, on the date stated above, at 9 25 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Gangrene
of Left leg.

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Forema

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. Ashman, M. D.

, 19 (Address) West Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL March 30 1931

20 UNDERTAKER John S. Mitchell ADDRESS Eutaw Place

CAUSE OF DEATH. In the part relating to this, as well as all other items, the exact TRUTH is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

L 67199

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 67199

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 329 E. 30th St) 17-50 WARD

2 FULL NAME Katharina Mueller

(a) RESIDENCE NO. 309 E 36th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F. M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian Mueller

6 DATE OF BIRTH (month, day, and year) June 6 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER George Marecks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna M Schuman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Hbr Christian Mueller 329 E. 30th Street

15 Filed 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27-31

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to March 27, 1931

that I last saw h alive on March 27, 1931

and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis —

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Frank Brandt M. D.

3/28, 1931 (Address) 125 S Paca

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Mar 30 1931

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

67200 — 23 — E 67200

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3805 Edmondson Avenue 16-71 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edwin Joseph Cawood

(a) RESIDENCE NO 3805 Edmondson Avenue ST WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 30 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Cawood

6 DATE OF BIRTH (month, day, and year) February 15, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	65	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): 009

(c) Name of employer: Bergner Co.

9 BIRTHPLACE (city or town) (State or country): St. Mary's County Maryland

PARENTS

10 NAME OF FATHER: Henry Cawood

11 BIRTHPLACE OF FATHER (city or town) (State or country): U S

12 MAIDEN NAME OF MOTHER: Elizabeth A Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): U S

14 Informant: Mrs. Ona Loovis
(Address) 3805 Edmondson Ave.

15 29 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from June, 1930, to Mar 27, 1931

that I last saw h im alive on Mar 27, 1931

and that death occurred, on the date stated above, at 7.30 A.m.

The CAUSE OF DEATH* was as follows:

Chronic pulmonary Tuberculosis

(duration) 8 ? yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical evidence

(Signed) M. D.

(Address) 3921 Edmondson Avenue

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: March 30 1931

20 UNDERTAKER: Edwin B Cook — ADDRESS: 1003 West Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

246790 67201 — CERTIFICATE OF DEATH. — + 53 — E 67201

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Irvin Jasowity

(a) RESIDENCE NO. 111 Patrick St. ST. WARD New York N. Y. (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5 1/2 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Morris Jasowity

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Rose ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant (Address) Records Office

15 [illegible] C. HAMILTON JONES, M. D. Registrar

2 9 1931 — [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 29, 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1931, to Mar. 29, 1931

that I last saw him alive on Mar. 29, 1931

and that death occurred, on the date stated above, at 2 25 P. M.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Brain Stem Glioma Malignant

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-26-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Chas Kreag M. D.

3/29 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York N Y — DATE OF BURIAL 3/31/1931

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 1127 E Balto St

TION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 67202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓-00'67202 E 67202

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3729 Hudson ST., 26 WARD 92

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 38.)

2-FULL NAME John Reisig

(a) RESIDENCE NO. 3729 Hudson ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Reisig

6 DATE OF BIRTH (month, day, and year): May 10th 1874

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
56	10	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk at Baths
(b) General nature of industry, business, or establishment in which employed (or employer): Copper Works
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Erhardt Reisig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Tiedler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Anna Reisig (wife)

(Address) 3729 Hudson St

15 MAR 30 1931

16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) W. Wades, M. D.

Coroner

(Address) 1736 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Mch 30 1931
20 UNDERTAKER: Lilly & Zeiler Bros	ADDRESS: 4035 Wash Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 67203 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 67203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Mathews St. 9th WARD)

2-FULL NAME Marion Alice Shea

(a) RESIDENCE NO. 3007 Mathews ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 10th 1929

7 AGE	Years	Months	Days	If LESS than 1 day,... hrs. or ... min.
	1	6 18		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph B. Shea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Katherine Aber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Joseph B. Shea 3007 Mathews St

15 [illegible] H. JONES, M. D. Registrar

APR 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1931

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 28, 1931, that I last saw her alive on March 28, 1931, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Ernest Zimmerman M. D.

3/28 1931 (Address) 4838 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Mar 31 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Paul

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67204

CERTIFICATE OF DEATH.

107-001

107 E 67204

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, NO. 1229 MYRTLE AV (ST.) 17-24 (WARD)

2-FULL NAME SAMUEL CARTER BOWERS

(a) RESIDENCE NO. 1229 MYRTLE AV (ST.. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
MALE	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Bowers

6 DATE OF BIRTH (month, day, and year) October 25, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ice Cream Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer) (OWN) OWN

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boyton VA

PARENTS

10 NAME OF FATHER Robert Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boyton VA

12 MAIDEN NAME OF MOTHER Hattie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boyton VA.

14 Informant (Address) Maggie Bowers 1229 Myrtle Ave

15 Filed APR 30 1931

16 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27 1931

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to March 27, 1931, that I last saw him alive on March 27, 1931, and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Myo Cardial Failure (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles T. Woodland, M. D.

, 19 (Address) 1205 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 3.30.31

20 UNDERTAKER John N Joachim

ADDRESS 1027 Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 67205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 67205

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Union Mem Hos ST. 16-26 (Ward)

2-FULL NAME Geo Gibson

(a) RESIDENCE NO. 1101 Harlem ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Gibson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44		2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lat 04
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed ..... 192 ..... Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck down Struck by Auto when he ran into path of moving auto

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Front of 310 Fremont

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) D Braun Coroner, M. D.

3/21 1931 (Address) 1109 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 3-30 1931

20 UNDERTAKER Henry Easton

ADDRESS 516 Gay St.

HOWARD C. HARRISON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 67206 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 107-64 67206

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2230 W. Hamburg St. 70-69 WARD

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Amanda S. Smith

(a) RESIDENCE No. 2230 W. Hamburg St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Henry Clay Smith

6 DATE OF BIRTH (month, day, and year) Jan. 11-1844

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	87	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Easly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles Pendler
(Address) 2230 W. Hamburg St.

15 Filed ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 23, 1931, to March 28, 1931

that I last saw her alive on March 27, 1931

and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) ....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A Thomas M. D.

3/28 1931 (Address) 1901 Guilford

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Park — DATE OF BURIAL. 3/29 1931

20 UNDERTAKER Edward Toulson — ADDRESS Washington Blvd

30 [illegible] C. HAMILTON JONES, M. D.

CAUSE OF DEATH must be plainly written. Use ink. Do not use pencil. Make no abbreviations. Be sure to answer every question. Where there is no physician, the undertaker is required to report the death. Neglect to register a death is punishable by law. Read carefully the rules on back of certificate. TION is very important. See instructions on back of

Spec.—1-30—M. & T.—250 Bks.

E 67207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67207

1-PLACE OF DEATH U.S.Marine Hospital

CITY OF BALTIMORE: (No. 4-25 ST., WARD)

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Edward Reeder

(a) RESIDENCE NO. 668 W. Fairmount Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sadie Reeder

6 DATE OF BIRTH (month, day, and year) March 6? 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	44		23	

8 OCCUPATION OF DECEASED Stevedore

074

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince Georges Co., Md.

PARENTS

10 NAME OF FATHER George Reeder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince Georges CO, Md.

12 MAIDEN NAME OF MOTHER Mary Frances----?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant U.S. Marine Hospital Records (Address)

15 Filed MAR 30 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1931 to Mar. 29, 1931, that I last saw him alive on Mar. 29, 1931, and that death occurred, on the date stated above, at 7:25 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Gordon A. Gibbs, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL 3-30 19-31

20 UNDERTAKER Dennis Eagan

ADDRESS 916 Fa ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 67208

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 3711 Clifton Road ST. 13-57 WARD)

2 FULL NAME Ina W. Jones

(a) RESIDENCE NO. 3711 Clifton Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mac. E. Jones

6 DATE OF BIRTH (month, day, and year) Apr 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Horace Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co Md

12 MAIDEN NAME OF MOTHER Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co Md

14 Informant Mrs Mac E. Jones

(Address) 3711 Clifton Road

MAR 30 1931

FRANCIS HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 th 31

17

I HEREBY CERTIFY, That I attended deceased from Dec 5, 1930, to Mar 27, 1931

that I last saw h in alive on Mar 27, 1931

and that death occurred, on the date stated above, at 12 30 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. Harry Glassman M. D.

Mar 28, 1931 (Address) 2687 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudan Park. DATE OF BURIAL: Mar 31 1931

20 UNDERTAKER: A S Marshall ADDRESS: 2599 Fallsway

CAUSE OF DEATH on plain lines, as that ... TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 67209

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. St. 14-20 Ward)

2-FULL NAME Henry P. Spriggs. (C)

(a) RESIDENCE NO. 2022 McCulloh St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 10 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed or divorced, HUSBAND of Josephine Spriggs. (C)

6 DATE OF BIRTH (month, day, and year) May, -- 1885

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	10	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitor.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Spriggs. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Josephine Spriggs. (C) wife.
(Address) 2022 McCulloh St.

15 Filed ---, 19--, [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Lobar pneumonia.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2022 McCulloh St. March 25, 1931

Did an operation precede death? No. Date of

Was there an autopsy? Yes at Hospital.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) [illegible] M. D.

3/28. 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible]	Mar 30 1931

20 UNDERTAKER [illegible] ADDRESS [illegible]

[illegible] CLARKSON JONES, M. D. Registrar

tion should be carefully supplied. Age should be stated EXACTLY. If unknown, approximate. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67210 ✓ E 67210

REGISTERED NO. 93004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 9-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles H. Cone Sr

(a) RESIDENCE NO. Timonium, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Marrie

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Kone

6 DATE OF BIRTH (month, day, and year) Jan 31/1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Co. Md

PARENTS

10 NAME OF FATHER Wm H. Kone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Amanda Howard

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co., Md. (State or country)

14 Informant Lula Kone

(Address) Timonium, Md.

15 Filed ... 19.. ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos H Bosley, M. D. Coroner

(Address) 508 E. North Ave 3/30/32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sherwood Cem

DATE OF BURIAL Mar 31 1932

20 UNDERTAKER W C Brooks & Son

ADDRESS Hydes Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67211

CERTIFICATE OF DEATH

59 ✓

67211

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 Harrison St. ST.) 4-6 (WARD)

2 FULL NAME Zelda Lewis

(a) RESIDENCE No. 234 Harrison St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Lewis

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Fintam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fintam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sam Lewis (Address) 234 Harrison St

15 Filed MAR 26 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/29/31

17 I HEREBY CERTIFY, That I attended deceased from March 20 1931 to March 29 1931 that I last saw h[e] alive on March 29 1931 and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Diabetis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. B. Ridinger M. D.

3/29 1931 (Address) 682 Washington Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd

DATE OF BURIAL 3/30 1931

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered and the certificate signed by the person who has knowledge of the facts. Blank spaces will delay the issuance of certificates. See instructions on back of certificate. TION is very important.

Spec.—9-30—A. A. Co.—250 Blks.

E 67212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99-003 E 67212

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611-E-North Ave 8-17 (St.) (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Presocia Booth

(a) RESIDENCE NO. 1611-E-North Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth 60 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): March 28 1871

7 AGE — Years: 60 | Months: 0 | Days: 0 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Booth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Margaret Bartol

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Mrs. Mary V. Booth (sister) 1611 E. North Ave.

15 Filed Mar 30 1931 — WILSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 28, 31

17 I HEREBY CERTIFY, That I attended deceased from March 7 - 1931, to March 28 1931

that I last saw her alive on March 28 1931

and that death occurred, on the date stated above, at 3.20 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Acute Cardiac decompensation (duration) yrs. mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) George Abner Bowden M. D.

3/29 1931 (Address) 1517 E. North Avenue.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery | DATE OF BURIAL: Mar 30 1931

20 UNDERTAKER: Stewart & Company | ADDRESS: Balto.

CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67213 — 93-003 — E 67213

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2601 Lawina Road ST. 28-65 WARD)

2—FULL NAME Colin E. Anderson

(a) RESIDENCE NO. 2601 Lawina Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelene B Anderson

6 DATE OF BIRTH (month, day, and year) Jan 15/1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer) Wholesale Notions

(c) Name of employer Daniel Miller & Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert S. Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Bland Dainzefield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Adelene B Anderson

(Address) 2601 Lawina Road

15 [illegible] HILTON JONES, M.D.

Registrar

MAR 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1931

17 I HEREBY CERTIFY, That I attended deceased from ——, 19 20, to March 29, 19 31,

that I last saw h LAM alive on March 28, 19 31

and that death occurred, on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Myocarditis (arteriosclerosis)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Roy Morse, M. D.

3/30/31 (Address) 1435 Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: April 1 — 1931

20 UNDERTAKER: Chas. E. Franck

ADDRESS: 802 Madison Ave

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

246043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67214

CERTIFICATE OF DEATH.

46 E 67214

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St.) H-24 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Wright

(a) RESIDENCE NO. 1222 Madison Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: Years 56 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pikesville Md

PARENTS
10 NAME OF FATHER: John Pitt
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Francis Harris
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Interment (Address): Francis [illegible]

15 [illegible]

APR 30 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Tue. 27-31

17
I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1931, to Mar. 27, 1931
that I last saw her alive on Mar. 27, 1931
and that death occurred, on the date stated above, at ___ m.
The CAUSE OF DEATH* was as follows:
Ca-cinoma rectum

(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary): Pulmonary embolos
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Mar 14/31 Mar 18/31
Was there an autopsy? Yes
What test confirmed diagnosis? Biopsy & operation
(Signed) Harold Funkenstein M. D.
6-28-31 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Creek Howard Co. Md.
DATE OF BURIAL: March 31 1931

20 UNDERTAKER: Archibald G. Geddis
ADDRESS: 1840 Mc & Gulph Sts

TION is very important. See instructions on back of certificates.

Spec. 8-16-29 L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67215 108 E 67215

REGISTERED NO. 9-46

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Mathews ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Madeline L Shea

(a) RESIDENCE NO. 3007 Mathews ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 10th 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	1	6 18	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Shea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Katherine Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Joseph Shea.

(Address) 3007 Mathews St

Date MAR 30 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to Mar 30, 1931, that I last saw her alive on Mar 27, 1931, and that death occurred, on the date stated above, at 4.30 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo F. Zimmerman, M. D.

3/30, 1931 (Address) 2868 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Mar 31 1931

20 UNDERTAKER Tom Cook

ADDRESS 1217 E Pratt St

Important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

Dr Folby 5103 Harford Rd
Hom 2794

E 67216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67216

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2129 E. Chase St 8-12 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John V. Wolf

(a) RESIDENCE NO. 2129 E. Chase St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Wolf

6 DATE OF BIRTH (month, day, and year) Mar. 18 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER James A Carnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jane Stott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Bertha Koral
(Address) 2129 E Chase Street

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 29, 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1930, to 3/29, 1931

that I last saw h[illegible] alive on 3/29, 1931

and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of ?

Was there an autopsy? No

What test confirmed diagnosis? Clinical Operation

(Signed) Kyle W. Folby M. D.

. 19 (Address) 5103 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL April 1, 1931

20 UNDERTAKER William Cook — ADDRESS 1217 N. Paul

TION is very important. See instructions on back of certificates.

APR 30 1931 PLIMPTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 67217

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 67217

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 Dover ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R. Bowley

(a) RESIDENCE NO. 773 Dover ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
M	Col	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lilly Bowley

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Std

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Wagon

(c) Name of employer D Harped

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Bowley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Priscilla

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lilly Bowley

(Address) 773 Dover St

15 Filed 1931 C. Hutchinson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27/31

17

I HEREBY CERTIFY, That I attended deceased from 3/24/31, to 3/27/31,

that I last saw him alive on 3/27/31,

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Bowley M. D.

3/28/1931 (Address) 108 Short St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL 3/30 1931

20 UNDERTAKER Isaiah L Brown Son — ADDRESS 107 W Montgomery St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

24651O E 67218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107 E 67218

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Johns Hopkins Hospital St. ward) 1927

2-FULL NAME Sarah Jordan

(a) RESIDENCE NO Aged Home - Calhoun & Lexington Sts. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1 - 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Dr George Barker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anne White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friends (Address)

15 Filed MAR 30 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 31

17

I HEREBY CERTIFY, That I attended deceased from Mar 15, 1931, to Mar 28, 1931

That I last saw her alive on Mar 28, 1931

and that death occurred, on the date stated above, at 4.35 p.m.

The CAUSE OF DEATH* was as follows:

1 Arteriosclerosis - Myocardial failure - 1 Broncho-Pneumonia

Acute pharyngitis

(duration) 20 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute pharyngitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Mar 19, 1931

Was there an autopsy? Yes. (Shows Bronchopneumonia)

What test confirmed diagnosis? None.

(Signed) W. M. Rawland M. D.

3/29 1931 (Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Mar 30 1931
UNDERTAKER	ADDRESS
George J Smith	1532 Hollins

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—1. F. S.—800 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67219

CERTIFICATE OF DEATH

131 ✓ E 67[illegible]

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 N Madeira ST., 7-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henretta Jackson

(a) RESIDENCE NO. 607 N Madeira ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Jackson

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
76	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Geo. Ballard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Viola Smith

(Address) 607 N Madeira

15 Filed ___ 19___ [illegible] JONES, [illegible] Register

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 29-31

17 I HEREBY CERTIFY, That I attended deceased from Mar 13, 1931, to Mar 29, 1931, that I last saw h[illegible] alive on mar 29, 1931 and that death occurred, on the date stated above, at 3-30 p. m.

The CAUSE OF DEATH* was as follows:,

Interstitial nephritis

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

3-30 19 31 (Address) 1617 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	April 2 19 31
20 UNDERTAKER	ADDRESS 1631
Edward Bryan.	Orleans. st

Spec.—1-30—M. & T.—250 Blks.

E 67220 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67220

CERTIFICATE OF DEATH.

100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sister of the Poor ST. 1614 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Rochester

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John. Berman

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Carolina Harkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor
(Address) Preston & Valley Sts

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28th 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/26, 1931, to 3/28, 1931, that I last saw h[illegible] alive on 3/27, 1931, and that death occurred, on the date stated above, at 9. a. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma
Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? .... Date of ....

Was there an autopsy? ....

What test confirmed diagnosis? ....

(Signed) Dr Bernard Weiss M. D.

3/28 1931 (Address) 1211 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Mar 31 1931

20 UNDERTAKER: Fisk Micksfeld — ADDRESS: 914 Greenmount Ave

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 67223

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67223

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Annie Doyle

(a) RESIDENCE NO. Preston & Valley ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

6a If married, widowed, or divorced
HUSBAND of
or) WIFE of Patrick

6 DATE OF BIRTH (month, day, and year) _____

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ———

(b) General nature of industry, business, or establishment in which employed (or employer) ———

(c) Name of employer ———

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Lambert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor

(Address) Preston & Valley St.

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1931, to Mar 24, 1931, that I last saw h____ alive on Mar 28, 1931, and that death occurred, on the date stated above, at 10 30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Contributory (duration) unknown yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) D. H. Bernardou M. D.

3/30/31 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Mar 31 1931

20 UNDERTAKER Rita Wiedefeld — ADDRESS 114 Greenmount Ave

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 67222 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67222

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor S. 10-14 WARD)

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Esterlein

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn

PARENTS

10 NAME OF FATHER John Barbee

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Margaret Lingg

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Preston & Valley

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28th 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 18, 1931, to Mar 28, 1931, that I last saw h... alive on Mar 27, 1931, and that death occurred, on the date stated above, at 5. p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Senility

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Bernard Wirth M. D.

3 Bo 31 (Address) 216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Mar 30, 1931
20 UNDERTAKER	ADDRESS
Rita Wiedefeld	917 Greenmt Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

240238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-63 17VE 67223

1 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. ST. WARD)

2 FULL NAME Samuel S Smith

(a) RESIDENCE NO 3724 Boarman ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie

6 DATE OF BIRTH (month, day, and year) June 21. 1884 ~~Unknown~~

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Store Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Chain 009

(c) Name of employer Retired 1 yr

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz Benenger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address)

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29-31

17

I HEREBY CERTIFY, That I attended deceased from Aug 29, 1930, to March 29, 1931

that I last saw him alive on March 29, 1931

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Spinal Fluid findings

(Signed) Wendell S Munce M. D.

3/4 1931 (Address) 9 N H

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Mar 31 1931
20 UNDERTAKER Wm J Tuckner & Sons	ADDRESS Natl Pa

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67224

93-003 67224

REGISTERED NO. 6-10

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Baltimore City Hospitals (Name of Hospital) Ward

2-FULL NAME Leri Stremmell

(a) RESIDENCE NO. 135 N. Glover St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Stremmell

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) 30
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Geo. Stremmell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) "

14 Informant Carrie Stremmell
(Address) 135 N. Glover St

15 Filed Apr 2 1931 19 H. MASON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? — Date of —

Was there a autopsy? —

What test confirmed diagnosis? History

(Signed) Mar 31 1931 C. Stadler, M. D.

(Address) 1437 E. Biddle

*State the Disease Causing Death, as to deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 31 1931
20 UNDERTAKER	ADDRESS
W. J. Tickner & Sons	North Pa

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67225

173 E 67225

25-76

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital Ward)

2-FULL NAME James Goode.(C)

(a) RESIDENCE NO. 1820 Chesapeake Ave. Fairfield. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ---- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Married

5a If married, HUSBAND of Lilly Goode.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Thomas Jones.(C)
(Address) 1000 Leadenhall St.

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

By .....

MAR 30 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis and general sepsis due to a pistol shot wound of the abdomen. Homicide.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1820 Chesapeake Ave March 20 1931

Did an operation precede death? Yes. Date of March 25

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & inquest

(Signed) Chas. H. Bernard, M. D.

3/20 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sea Board N.C.

DATE OF BURIAL 3-30 1931

20 UNDERTAKER Bernard C Harlan

ADDRESS 1000 Stiles St

Carefully supply all items. Write in ink. Should be properly classified. Exact statement of cause of death in plain terms, so that it may be properly classified. See instructions on back of certificate. Important.

Spec.—B 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 67226 — 93-003 — 7-56 — B 67226

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5003 (Street) Park Heights Ave (Ward) 27-56

REGISTERED No. B 67226

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha E. Riven

(a) RESIDENCE No. 5003 (Usual place of abode) Park Heights Ave ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F.	W.	Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Riven.

6 DATE OF BIRTH (month, day, and year) Feb 8-1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md.

PARENTS

10 NAME OF FATHER: Martin Conn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md.

12 MAIDEN NAME OF MOTHER: Martha Victory

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md.

14 Informant (Address): John E. Riven 5003 Park Heights Ave

15 MAR 30 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 28-1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 14, 1931, to Mar 28, 1931

that I last saw her alive on Mar 28, 1931, 10:50 A. M.

and that death occurred, on the date stated above, at ... M.

The CAUSE OF DEATH* was as follows:

Chron. Myocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Peter H. B. M. D.

3/29 1931 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: Mar 31-1931

20 UNDERTAKER: Pettiani & Lore — ADDRESS: 1737 Fayette St

TION is very important. See instructions on back of

Spec.—9 30—A. & Co.—250 Blks

B 67227 HEALTH DEPARTMENT—CITY OF BALTIMORE B 67227

CERTIFICATE OF DEATH. 131V

1 PLACE OF DEATH

CITY OF BALTIMORE (No 954 Harford St 10-14 (WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James A. Baird

3 (a) RESIDENCE No 954 Harford St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Elizabeth Baird

6 DATE OF BIRTH (month, day, and year) May 22. 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer) News. 6V
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Eugenia Baird
(Address) 954 Harford

15 Filed , 19
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29, 31

17
I HEREBY CERTIFY, That I attended deceased from Feb 28, 19 31, to March 29, 19 31
that I last saw h alive on March 28, 19 31
and that death occurred, on the date stated above, at 2.05 P. m.

The CAUSE OF DEATH* was as follows:
Uraemia 3 Days.
Chronic Interstitial Nephritis
Hypertension Arteriosclerosis
(Duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Microscopic & Symptoms

(Signed) Chas F. Stevens M. D.
3/29, 19 31 (Address) 2818 Harford

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
New Cathedral Cemetery April 1, 1931

UNDERTAKER — ADDRESS
Elmer W. Conklin 1924 E Eager St.

TION is very important. See instructions on back of

C. STANSON JONES, M. D.

MAR 30 1931

Spec.—2-29-28—L. F. S.—500 Blks.

E 67228

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 67228

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2121 Madison Ave ST. (WARD) 14-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eugene Jones

(a) RESIDENCE NO. 2121 Madison Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Now Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nettie Rae Jones

7 DATE OF BIRTH (month, day, and year): Jan 20 1884

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	47 yrs	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nite Watchman 062

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Edgard Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dont Know

12 MAIDEN NAME OF MOTHER: Mary Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont Know

14 Interment

(Address) 2121 Madison Ave

15 MAR 30 1931 19—

Registrar

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 26 1931

17

I HEREBY CERTIFY, That I attended deceased from 3/21, 1931, to 3/26, 1931, that I last saw h[im] alive on 3/25, 1931 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) hrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Tuberculosis of Lungs

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Sign

(Signed) D. E. Feldman, M. D.

19 (Address) 1420 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: March 30 1931

20 UNDERTAKER: Wm. Ida & Marden

ADDRESS: 1705 E Monument

Spec.—1-30—M. & T.—250 Blks.

67229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 152 ✓

E 67229

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 6-10 WARD)

2-FULL NAME Viola M Grey

(a) RESIDENCE NO. 2229 Lanvale St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Grey

6 DATE OF BIRTH (month, day, and year) Nov 23, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Wm Alloway

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Mary Biddle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Geo. Grey (Husband)

(Address) 2229 Lanvale St

15 C. HAMPSON JONES, M. D. Registrar

MAR 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1931

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to March 28, 1931,

that I last saw her alive on March 28, 1931,

and that death occurred, on the date stated above, at 5 10/a m.

The CAUSE OF DEATH* was as follows:

Cellulitis of face

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

3/31 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem.

DATE OF BURIAL Mar. 31 1931

20 UNDERTAKER Wm. E. Wilkes & Son

ADDRESS 2001 Jefferson St.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67230 ✓ E 67230

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST. 19-28 WARD

2-FULL NAME Rosemary Huber

(a) RESIDENCE NO. 1404 Kuper St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 29, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Huber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Agnes Norwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Wm Huber (Mother)

(Address) 1404 Kuper St

15 Filed ..... 19 ..... A. M. ..... Registrar

APR 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to March 29, 1931, that I last saw her alive on March 29, 1931, and that death occurred, on the date stated above, at 2 10 a. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ..... yrs. ..... mos. 17 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Hull M. D.

3/31 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL Mar. 30 1931

20 UNDERTAKER Wm. E. Miller & Son

ADDRESS 2334 Gilmore St.

SEE instructions on back of certificate. Information is very important

L-30—M. & T.—100 B—50L

67231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-002 E 67231

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 4-76 WARD)

2-FULL NAME Estelle Bowman

(a) RESIDENCE No 218 Argyle Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	marreid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bowman

6 DATE OF BIRTH (month, day, and year) Aug 23/1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Smart Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Louisa Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Hospitals Records
(Address)

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Mar 28/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Delayed Chloroform Poisoning

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Term Delivery-Repair of 2nd perineal tear. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? Autopsy

(Signed) J. H. Mason Jones, M. D.
Coroner

3/30/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Jacksonburg, S.C.	Mar 30/31
20 UNDERTAKER Daniel Easton	ADDRESS 916 Penna Ave

CAUSE OF DEATH to be plainly written, so that no mistake may be possible. Entire statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 30 1931 C. HAMILTON JONES, M. D.

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67232

CERTIFICATE OF DEATH

34 E 67232

1-PLACE OF DEATH Good Shepherd General Hospital

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1510, 1512, 1514 Gilmore ST. 11-24 WARD)

2-FULL NAME Charles Adams

(a) RESIDENCE NO. 906 Morris ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs mos ds. How long in U. S., if of foreign birth Whole life ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed ~~Married~~

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or mdn.
	52	3	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer odd
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: dont no.

9 BIRTHPLACE (city or town) (State or country): md

PARENTS
10 NAME OF FATHER: dont no
11 BIRTHPLACE OF FATHER (city or town) (State or country): dont no
12 MAIDEN NAME OF MOTHER: dont no
13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Mrs Boyd. 930 Preston St

15 Filed ....., 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 28/31.

17 I HEREBY CERTIFY, That I attended deceased from 3/1/31 19.. to 3/28/31 19.. that I last saw him alive on 3/28 19 31 and that death occurred, on the date stated above, at 6 AM

The CAUSE OF DEATH* was as follows:
Prostatic Abscess, Syphilitic in origin
four weeks, (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) when Myhurt 1 yr Ewn Balto (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) W R Boyd M. D.
19 (Address) 1512 Gilmore St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Md DATE OF BURIAL 30 31 19 31

20 UNDERTAKER: Daniel Easton ADDRESS 916 Penna ave

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

E 67233 — REGISTERED NO. E 67233

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 St. Paul ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Newby Parker.

(a) RESIDENCE NO. 1923 St. Paul Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ? mos. ? ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eugenia Bollowell Parker

6 DATE OF BIRTH (month, day, and year) Sept. 27-1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Sec.

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Pasquotank Co. N. Carolina

PARENTS

10 NAME OF FATHER: Joseph R. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Carolina

12 MAIDEN NAME OF MOTHER: Margaret Newby.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Carolina

14 Informant: Mrs. John Bollowell Parker

(Address) 2219 Coat Road, Mt. Washington

15 Filed: G. Hilton Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March. 28. 1931

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 28, 1931, that I last saw him alive on March 28, 1931 and that death occurred, on the date stated above, at 9-30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Congestion

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) about 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Jas. M. Geraghty, M. D.

, 19 (Address) 1800 N. Charles Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Guilford N.C.	May 31/31
20 UNDERTAKER	ADDRESS
Stewart & Mowen Company	Balto. Md.

Important. See instructions on back of certificates.

1-36—M. & T.—100 B—50L

E 67234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓ E 67234

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 E. Biddle ST. 8-13 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Wilson

(a) RESIDENCE NO 1903 E. Biddle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

8 If married, widowed, or divorced HUSBAND of (or) WIFE of William Wilson

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	29			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Thomas Neals

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant William Watson

(Address) 1903 E. Biddle st

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Nephritis (Chr)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Report

(Signed) J. H. Watson, M. D. Coroner

3/30/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL May 30, 31

20 UNDERTAKER Mrs. R. C. Elliott — ADDRESS 120 Eastland

CAUSE OF DEATH is very important. See instructions on back of certificate. Burial may be properly withheld. Each statement of OCCUPA-

Spec.—2-29-28—L. F. S.—500 Bks.

E 67235 HEALTH DEPARTMENT—CITY OF BALTIMORE 59 E 67235

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2539 Hollins ST. 9-69 WARD)

2—FULL NAME Bab Sick

(a) RESIDENCE NO. 2539 Hollins ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Wife

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robt Sick

6 DATE OF BIRTH (month, day, and year) 3/24/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2 2hr	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Robert Sick

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Ruth Roberts

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Mrs Robt Sick
(Address) 2539 Hollins St.

15 Filed: MAR 20 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25/31

17 I HEREBY CERTIFY, That I attended deceased from 3/24/, 1931, to 3/25/, 1931, that I last saw h[illegible] alive on 3/25/31, 19[illegible] and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (24 hrs)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Bernard J. Terry, M. D.

3/29, 1931 (Address) 9 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 3/31/1931

26 UNDERTAKER J. J. Faherty & Sons

ADDRESS 1316 Light St

Spec.—9-30—A. & Co.—250 Blks

E 67236 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 107-00E 67236

24653

CERTIFICATE OF DEATH. REGISTERED NO.

1 PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5-8 ST.) (WARD)

2 FULL NAME Norman Spencer

(a) RESIDENCE NO. 103 N. Central Ave ST. ... WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3 15 mo	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Norman Spencer
11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina
12 MAIDEN NAME OF MOTHER Maggie Shelton
13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Records
(Address)

15 MAR 30 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29 1931

17
I HEREBY CERTIFY, That I attended deceased from Mar 19, 1931 to Mar 29, 1931
that I last saw he alive on Mar 29, 1931
and that death occurred, on the date stated above, at 3:20 P. m.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia
Septicemia
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Blood culture, X-ray
(Signed) Ann C Kettner M. D.
. 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Winston Salem N. C.
DATE OF BURIAL: March 30 1931
20 UNDERTAKER: Edward Bryan
ADDRESS 1631 Orleans St.

TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

E 67237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 67237.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1844 W. Pratt St. St. 19-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary F. Miller.

(a) RESIDENCE NO. 1844 W. Pratt St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Miller.

6 DATE OF BIRTH (month, day, and year) March 13 - 1863.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	68	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER John Culp.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Emeline Mattkit.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Mrs. Ethel Todd.

(Address) 1544 W. Pratt St.

15 Filed . 19 Registrar

MAR 30 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29. 1931

17 I HEREBY CERTIFY, That I attended deceased from March 28. 1931 to March 29. 1931

that I last saw her alive on March 28. 1931

and that death occurred, on the date stated above, at 1:15 a. m.

The CAUSE OF DEATH* was as follows: Diabetes Mellitus

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Coma + findings

(Signed) M. M. Russell, M. D.

, 19 (Address) 3214 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial Mar. 31 - 1931.

20 UNDERTAKER Charles J. Schwob. — ADDRESS 505 N. Monroe St.

Be sure that every question is answered, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67238 — X — 67238

CERTIFICATE OF DEATH

1 PLACE OF DEATH at Jewish Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. 6 Eutaw St. 9-17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George F. Friedel

(a) RESIDENCE NO. Stemmers Run, Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 58 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late Magdelen Friedel

6 DATE OF BIRTH (month, day, and year) Jan. 17th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	2	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cooper at Oil
(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER G. Jos. Friedel
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Margt. Born
13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Charles F. Friedel
(Address) Margaret Ave & Ilex Md

15 Filed MAR 30 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27-31

17
I HEREBY CERTIFY, That I attended deceased from 3-23, 19 31, to 3-27, 19 31,
that I last saw h— alive on 3-27, 19 31,
and that death occurred, on the date stated above, at 5 45 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma of stomach
met. melanosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis, pulmonary
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Course
(Signed) W. H. Finney M. D.
. 19 (Address) 722 Druid Lodge

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cemetery	Mch 31 19 31
20 UNDERTAKER P. Kelly & Sons Inc	ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67239 ✓ E 67239

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 518 S. Rappolla St. No. 37 WARD

2 FULL NAME Arthur Tunari

(a) RESIDENCE NO. 518 S. Rappolla ST. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 13th 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Sam. Tunari

11 BIRTHPLACE OF FATHER (city or town) Italy (State or country)

12 MAIDEN NAME OF MOTHER Adalgisa Tulesi

13 BIRTHPLACE OF MOTHER (city or town) Italy (State or country)

14 Informant Sam. Tunari (Father)
(Address) 518 S. Rappolla St

15 Filed ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29/31

17:

I HEREBY CERTIFY, That I attended deceased from March 21, 19 31; to March 29, 19 31

that I last saw h.. alive on March 29, 19 31

and that death occurred, on the date stated above, at 5 25 P. M.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Bronchio Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Morris Schlossberg M. D.

..... 19 (Address) 2016 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL March 30th 1931

20 UNDERTAKER Lilly & Gilbert Inc. — ADDRESS 408 S. Wolfe St

M. 30 1931 — HAMPSON JONES, M. D. — Registrar

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 67240

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 E 67240

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1501 Carswell St. 9-46 (WARD)

2 FULL NAME HARRY E. NACE

(a) RESIDENCE NO 1501 Carswell St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Addie Nace

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 8 mo.

(c) Name of employer Self

9 BIRTHPLACE (city or town)
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Jesse Nace

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Penna

12 MAIDEN NAME OF MOTHER Jane Schaeffer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Penna.

14 Informant (Address) Mrs. Clara J. Burkins (Daughter) 1501 Carswell St.

15 MAR 30 1931 C. W. SANDT, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 28. 1931

17
I HEREBY CERTIFY, That I attended deceased from Mar 17, 1931, to Mar. 24, 1931

That I last saw h[illegible] alive on Mar 24, 1931,

and that death occurred, on the date stated above, at 5.00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 1 hr.
Pat Cardiac failure.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic - Chronic Valvular Disease (duration) 4 yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. W. Meyer M. D.

3/30/31 (Address) 1500 E. 33rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marysville Penna. Perry Co.

DATE OF BURIAL Mar. 31. 1931

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS BALTIMORE ST & BROADWAY

TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67241

CERTIFICATE OF DEATH

E 67241

REGISTERED NO. 159

1-PLACE OF DEATH Md. Gen. Hosp. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No.

2-FULL NAME Baby Girl Ranzino

(a) RESIDENCE NO. 30 S. High St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March - 27 - 1931

7 AGE	Years	Months	Days	IF LESS than 1 day 21 hrs. or min..
			D	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Ranzino

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Della Ranz-

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Hospital records

(Address)

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931 March 28

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 28, 1931,

that I last saw him alive on March 28, 1931

and that death occurred, on the date stated above, at 1.40 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

(Second baby of twins, Both

(Fetal) Born (at) 4.17 P.M. 3-27-31

(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert H. Ebmeier M. D.

. 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Date of Burial MAR 30 1931

20 UNDERTAKER

ADDRESS

Commissioner Health.

MAR 30 1931

2636

UNIVERSITY OF MARYLAND HAMILTON JOHNS M. D.

Please fill in all items, if information is not known or cannot be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

67242 HEALTH DEPARTMENT—CITY OF BALTIMORE 67242

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3119 Dudley Ave. (ST.) 26-40 (WARD)

2 FULL NAME Henry A. Brown

(a) RESIDENCE NO. 3119 Dudley Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. — mos. 12 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs Clara L. Brown

6 DATE OF BIRTH (month, day, and year) March 16 1895

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	36	—	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber 059

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George A. Brown

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Carrie Heis

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md (State or country)

14 Informant Mrs Clara L. Brown

(Address) 3119 Dudley Ave

15 Filed MAR 30 1931, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAR 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb — 31, 19 March 28 31, 19

that I last saw him alive on March 28 31, 19

and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis - bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leon Kramer M. D.

, 19 (Address) Mulberry & Cog —

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Holy Redeemer Cemetery

DATE OF BURIAL Apr. 1 19 31

20 UNDERTAKER Kenny Stock Sons, Inc.

ADDRESS 201 E Eager

TION is very important. See instructions on back of certificate.

Spec.—9-29—A. & Co.—250 Blks

67243 HEALTH DEPARTMENT—CITY OF BALTIMORE 67243

CERTIFICATE OF DEATH

73

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1529 N. Patterson Park Ave (St.) (Ward) 8-11

2 FULL NAME Louis J. F. Corbate

(a) RESIDENCE NO. 1529 N. Patterson Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. 8 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32		2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Edward C. Corbate

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret L. Hammann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs. Edward C. Corbate
(Address) 1529 N. Patterson Pk Ave

MAR 30 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 1931

17 I HEREBY CERTIFY, That I attended deceased from March 1 1931, to March 29 1931

that I last saw h— alive on March 29 1931

and that death occurred, on the date stated above, at 10:57 A. M.

The CAUSE OF DEATH* was as follows:

Laryngeal Tuberculosis (duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: Wallace Ryan M. D.

(Address) March 30 1931 801 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Apr. 1 1931

20 UNDERTAKER Henry Hauck Funl. Dir. Inc.

ADDRESS 1301 E Eager St

CAUSE OF DEATH to be typewritten or plainly written, and must be signed by the physician. Use black ink. Do not write on back of certificate. ATTENTION is very important. See instructions on back.

Spec.—9-30—A. & Co.—250 Blks.

E 67244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67244

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Provident Hosp. 11-24 10
CITY OF BALTIMORE. (No. 1514 Division OR WARD)

2 FULL NAME Charles Maurice Gibbs

(a) RESIDENCE NO. 244 W. Biddle St. ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/15/21

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS
10 NAME OF FATHER Oliver Gibbs Jr.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Mary Francis Thomas
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant
(Address)

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27-31

17
I HEREBY CERTIFY, That I attended deceased from 3-16, 1931, to 3-27, 1931
that I last saw h/ alive on 3-27, 1931
and that death occurred, on the date stated above, at ..... m.
The CAUSE OF DEATH* was as follows:
Terminal Pneumonia
(Bronchial)
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? do
What test confirmed diagnosis?
(Signed) W. B. Butler M. D.
3/30, 1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Bureau of Vital Statistics, Health Department

MAR 30 1931

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

67245 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67245

CERTIFICATE OF DEATH. 108 L 67245

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 6-29 (WARD) REGISTERED NO.

CITY OF BALTIMORE (No ST. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Taylor

(a) RESIDENCE NO. 100 Block N. Bethel ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mamie Taylor

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer unknown.

9 BIRTHPLACE (city or town) (State or country) Columbia S.C.

PARENTS

10 NAME OF FATHER Sam. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Jane ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant (Address) Records

15 [illegible] Registrar

MAR 30 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to March 28, 1931

that I last saw him alive on March 28, 1931

and that death occurred, on the date stated above, at 6:20 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

3-28-1931. (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

Commissioner Health

MAR 30 1931

Per WM. H. WOOLLEY

TION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND
BALTIMORE CITY HOSPITALS

Spec.—9 30—A. & Co.—250 Blks.

67246

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 67246

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals 96-37

CITY OF BALTIMORE: (No ..... St ..... WARD)

REGISTERED NO .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Gustave E. Peterson

(a) RESIDENCE NO 202 S. Eaton ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painting

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Karl G.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Ida Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27-31

17

I HEREBY CERTIFY, That I attended deceased from 3-18-31, 19 ..., to 3-27-31, 19 ...

that I last saw him alive on 3-27-31, 19 ...

and that death occurred, on the date stated above, at 11P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic rheumatic

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Infarct of lung

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? 1. Home 2 Hospital

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

3-30 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND — DATE OF BURIAL ... 19

20 UNDERTAKER Commissioner Health — ADDRESS MAR 30 1931

TION is very important. See instructions on back of certificates.

Spez.—12-925—A Co.—200 Bks.

E 67247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 67247

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home and Infirmary Ward) 21-40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Kentner

(a) RESIDENCE NO. 3402 Ford Ave. Baltimore Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 29/1931

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry C Kentner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Anne Stacy Ford

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland Md

14 Informant (Address) Mr Henry C Ford 3402 Ford Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

March 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1931, to March 30, 1931, that I last saw her alive on March 30, 1931, and that death occurred, on the date stated above, at 10-55 a m.

The CAUSE OF DEATH* was as follows:

Prematurity. (Duration of gestation 5½ mo.

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James L. Isaacs, M. D.

. 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Oak Lawn Mar 31 1931

20 UNDERTAKER — ADDRESS

John F Denny 715 Li. 4 st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HILLSON JONES, M. D.

1-30—M. & T.—100 B—50L

E 67248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-0 E 67248

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presidents St. 14-21 WARD)

2-FULL NAME Harmon Harrington

(a) RESIDENCE NO 1840 N. Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Wh. 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 11-1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
12	13	11	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER Edw. Harrington

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Minnie Blakney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Edward Harrington
(Address) 1566 Richland St

15 Filed MAR 30 1931, 192 APB Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck and knocked down by moving auto as he ran across street

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Had Heart

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? 1736 Lady Br

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Hamm Coroner, M. D.

3/27 1931 (Address) 2939 N. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lehnan L. C.	Mar 31 1931

20 UNDERTAKER Archibald C. Gaddis ADDRESS 1840 N. Calhoun St Balto

CAUSE OF DEATH must be filled in plainly, so that it may be read. ATTENTION is very important. See instructions on back of certificate.

CHARLES JAMES, M. D.

Spec.—9/30—A. & Co.—200 Blks.

E 67249 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-E 67249

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 14-28 ST. (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Cantwell

(a) RESIDENCE NO. 1416 McHenry St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Owen Cantwell

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER ? Rund

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records of Balto. City Hosp.

15 MAR 30 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-31

17 I HEREBY CERTIFY, That I attended deceased from 3-28-31, 19..., to 3-30-31, 19...

that I last saw her alive on 3-30-31, 19...

and that death occurred, on the date stated above, at 2:40 A m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget. M. D.

3-30 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery DATE OF BURIAL: April 2 1931

20 UNDERTAKER: Harry H. Limmer & Son ADDRESS: 4204 Edgewood Ave

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67250

CERTIFICATE OF DEATH

E 67250

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Garage Rear 116 Penna Ave (St.) W Pratt (Ward) 16-22

2-FULL NAME Wm Jas Buck.

(a) RESIDENCE NO. 1124 W. Fulton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day and year): Sept 3-1903

7 AGE — Years: 27 | Months: 6 | Days: 26 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Harry E Buck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary McElroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Elizabeth Buck (Address) 1124 W. Fulton

Filed JUN 30 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 27th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Acidosis
Asphyxia Cardiac
Narcotic Poisoning
(duration) yrs. 1 day

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? Washington D C
If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thos. Koutsky M. D.
(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Park Lake | DATE OF BURIAL: June 30 1931

20 UNDERTAKER: Jer. H. Little | ADDRESS: 2700 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

E 6725]

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 6725]

CERTIFICATE OF DEATH.

153

1 PLACE OF DEATH Johns Hopkins Hospital

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 8-13 ST. WARD)

2 FULL NAME Baby Cole

(a) RESIDENCE No. 1603 E. Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 3/20/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	10.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James E. Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Isabella Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Johns Hopkins Hospital.

15 3 0 1931 16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/30/31

17

I HEREBY CERTIFY, That I attended deceased from 3-20-, 1931, to 3-30-, 1931

that I last saw him alive on 3-30-, 1931.

and that death occurred, on the date stated above, at 11 25 A. m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E H Harrison M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gatch Cemetery — DATE OF BURIAL 3/31/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

C. HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 67252

HEALTH DEPARTMENT—CITY OF BALTIMORE

98 E 67252

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2264 Pine St. (WARD) 4-N

2-FULL NAME John W. Tyson

(a) RESIDENCE NO. 2264 Pine ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Hannah Tyson

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, __ hrs. or __ min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Doctor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer St. John's A.M.E. Church

9 BIRTHPLACE (city or town) (State or country) Talbot Md.

PARENTS

10 NAME OF FATHER John W. Tyson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Indies Orlando

14 Informant (Address) Mrs. Tyson 240 N. Pine St.

15 Filed 3-0-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 14 1931 to Mar 27 1931, that I last saw h__ alive on Mar 27 1931, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. mos 4 da.

CONTRIBUTORY (Secondary) Congestion of Lungs

(duration) yrs. mos. 14 da.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) C. Hampson Jones, M. D.

_____, 19 (Address) 1600 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Mar. 31 1931
20 UNDERTAKER	ADDRESS
Samuel McClave Jr.	638 N. Gilmor

TION IS very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks

E 67253 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67253

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 8-16 108 (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St.)

2 FULL NAME Gertrude Wahl

(a) RESIDENCE NO 1423 Patterson Park St. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George R. Wahl

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Ray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Belt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar
Per .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29-31

17
I HEREBY CERTIFY, That I attended deceased from 10-4-30, 19..., to 3-29-31, 19...
That I last saw her alive on 3-29-31, 19...
and that death occurred, on the date stated above, 8:45 A. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver (over)
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.
3-30 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	3/31/1931
20 UNDERTAKER Wm Cook 217 S Paul St	ADDRESS

TION is very important. See instructions on back of certificates.

30 1931

Spec.—9-30—A. & Co.—250 Bks

Dr Tonly 800 2 Elwood Av 18th

E 67254 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67254

93-053

CERTIFICATE OF DEATH

REGISTERED NO. 67254

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 3306 Hudson St. 96-1 WARD)

2. FULL NAME Samuel H. Travers

(a) RESIDENCE NO. 3306 Hudson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married, widowed, or divorced~~ ~~the name of husband or wife~~ Georgia Travers

6 DATE OF BIRTH (month, day, and year) Jan 17th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel H. Travers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alice Trott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Richard F. Lane 5701 Trust Ave.

15 3 0 1931 16 Mar G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 30, 19 30, to Mar. 30, 19 31

that I last saw h(im) alive on Feb 15, 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile debilitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Tautry M. D.

19 (Address) 5001 Elwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL 4/1/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 E Fayette St

TION is very important. See instructions on back of certificates.

Spec—12-9-25—A Co—200 Blks

E 67255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 131 E 67255

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary 6-4 Ward)

2-FULL NAME Martha Bennett

(a) RESIDENCE NO. Stemmers Run, Md. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mo. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman W. Bennett

6 DATE OF BIRTH (month, day, and year) August 13, 1904

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	26	7	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS
10 NAME OF FATHER John F. Kail
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Ida Weisner
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Anna M. Kail
(Address) R 7 B. Gale Md

MAR 30 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 17 1931, to Mar 28, 1931,
that I last saw h.S.T. alive on Mar 28, 1931,
and that death occurred, on the date stated above, at 10:10 P.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)
Uremia (duration) yrs. mos. ? ds.

18 Where was disease contracted ?
If not at place of death?
Did an operation precede death? Yes Date of Mar. 17 ?
Was there an autopsy? No Exploratory
What test confirmed diagnosis? (Pathological Exam)

(Signed) Oscar E Hulland, M. D.
, 19 (Address) 409 Cornwall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Holy Redeemer Cemetery	April 1, 1931
20 UNDERTAKER	ADDRESS
Frederick Lassahn & Son	7401 Belair Rd.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks. (Dennie A. Hanlon) ✓

E 67256

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67256

CERTIFICATE OF DEATH.

REGISTERED NO. 151

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hanlon, Dennis P.

(a) RESIDENCE No. 1606 E. Hoffman St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-7-1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Dennis F. Hanlon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Walsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Himself
(Address)

15 Filed ——— 19 ——— Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-28-31

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931 to Mar 28, 1931, that I last saw h— alive on Mar. 28, 1931, and that death occurred, on the date stated above, at 3.55 P. m.

The CAUSE OF DEATH* was as follows: Carbuncle left gluteal region

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? yes Date of Mar 25-31

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Em Townsend M. D.

3/30/31 (Address) Main Hospital Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 4/1/31

20 UNDERTAKER George J. Tuck Inc

ADDRESS 1735 Hanover

APR 1 1931

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 67257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67257

REGISTERED NO. 165

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1725-Harford Ave. ST. 9-17 WARD)

2-FULL NAME Herman T. Gay

(a) RESIDENCE NO. 1725-Harford Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? 40 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E.(Sickal)

6 DATE OF BIRTH (month, day, and year) 5/30/1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs.
	63	10	--	xxxx

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Watchmaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

6 3 4

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Herman Gay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Florence E. Gay

(Address) 1725-Harford Ave.

15 Filed APR 30 1931 C. HAMPSON JONES, M. D. Registrar

Mar ACH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Strangulation- Hung himself to gas pipe in his residence.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Collins, M. D. Coroner

3/30/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL 4/2/31 19

20 UNDERTAKER George J. Ruth Inc

ADDRESS 1731 Harford Ave

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 67258

HEALTH DEPARTMENT—CITY OF BALTIMORE

83 E 67258

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Harbor Foot of Fells St. 3-5 (WARD)

2-FULL NAME Michael J. Harrington (HARRINGTON)

(a) RESIDENCE NO. Not Known ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Unknown Yrs. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 Single, Married, Widowed, or Divorced (write the word): Unknown

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8	7	—

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Mariner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Timothy Harrington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. J. Spencer
(Address) 5 Boston Mass

15 [illegible] 30 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Drowning

(duration) yrs. mos — da.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. — da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) A. O. Slade, M. D. Coroner

19 (Address) 3 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedarhill

DATE OF BURIAL: 3/31/1931

20 UNDERTAKER: J. Pierce Sons

ADDRESS: 31 W Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

D 67259 — 82-001 — 24-35 — D 67259

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1444 Reynolds St ..... ST. ..... WARD)

2-FULL NAME Ludvika Szymborska

(a) RESIDENCE NO. 1444 Reynolds St. ..... ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Teofil Szymborski

6 DATE OF BIRTH (month, day, and year) Unk.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer) House work

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Piwowarski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Andy Borkowski
(Address) 1444 Reynolds St.

15 Filed MAR 31 1931 16 H. LEON JONES, M. D. Registrar

Page ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 8, 1931, to March 29, 1931

that I last saw h— alive on March 29, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Central apoplexy

(duration) ... yrs. 2a mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) uncertain mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Francis Szymborski M. D.

Mar 31, 1931 (Address) 831 Fait Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: 4/1/ 1931

20 UNDERTAKER T. W. Bazewski — ADDRESS 1930 Eastern Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67260 | 31 | E 67260

REGISTERED NO.

1-PLACE OF DEATH 704 W 34th Street

CITY OF BALTIMORE: (No. 704 W. 34th St.) (ST. 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ROSA. PAIGE (PAIGE)

(a) RESIDENCE NO. 704 W 34th St. ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH to be properly classified. Exact statement of disease. TION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Daniel S Paige

6 DATE OF BIRTH (month, day, and year) Mar 11th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Va

14 Informant Mary E Watkins (Address) 704 W 34th St

15 Filed MAR 31 1931 Registrar C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1931, to 3-28, 1931, that I last saw h[illegible] alive on 3-28, 1931, and that death occurred, on the date stated above, at 8. A. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Arthur J. Davies, M. D.

3-29-1931 (Address) 800 N 33rd Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL LOUDON PARK CEM

DATE OF BURIAL 3/31 1931

20 UNDERTAKER ROBERT BROOKS AND SON

ADDRESS CALHOUN HOLLINS ST

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67261 — 92-001 — E 67261

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 Worsley St. 12-19 (Ward)

2-FULL NAME Nellie Reid

(a) RESIDENCE NO. 326 ~~Reid~~ Worsley St. WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed.

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Wm. Reid

6 DATE OF BIRTH (month, day, and year) Jan 15, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. md.

PARENTS

10 NAME OF FATHER Smith Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Clara Irving

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Clara Giles

(Address) 326 Worsley st

15 Filed 1 1931 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 25 1931, to Mar. 28 1931, that I last saw h[illegible] alive on Mar. 28 1931, and that death occurred, on the date stated above, at 3 0 m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pleural Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetary

DATE OF BURIAL Mar 31 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

D 67262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-06 E 67262

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 3-4 St., Ward)

2 FULL NAME Clara (Brown) Morris

(a) RESIDENCE No. 230 S. Spring St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Brown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56 67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash. D.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records of

(Address) Balto. City Hosp.

15 Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29-31

17

I HEREBY CERTIFY, That I attended deceased from 3-17-31, 19, to 3-29-31, 19

that I last saw her alive on 3-29-31, 19

and that death occurred, on the date stated above, at 5:10 A. m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis.
Uterine fibroids.

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. exam.

(Signed) Fred M. Dunkenwald M. D.

.19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cem

DATE OF BURIAL April 1931

20 UNDERTAKER Wendell G Dippel

ADDRESS 3003 Eden

TION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24801 / 67263 — 131 CE 67263

REGISTERED NO.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 4-25 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2. FULL NAME Ida Levin

(a) RESIDENCE No. 447 Druid Hill ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NW 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Emma Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed APR 1 1931, 19 31 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 30-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to Mch 30, 1931, that I last saw her alive on Mch 30, 1931, and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis, arterio-sclerosis, myocardial insufficiency and failure

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of residence

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? B.P.; urine, blood chemistry, etc.

(Signed) H. Caroline C Bedell M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fairview Riverdale — DATE OF BURIAL 3-31 1931

20 UNDERTAKER Jack Lewis — ADDRESS 1429 E. Baltimore St

TION is very important. See instructions on back of certificate.

Spec.—8-16-23—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67264

CERTIFICATE OF DEATH

82-001 E 67264

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3010 Chesterfield ave ST. 8th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura Alice Funk

(a) RESIDENCE NO. 3010 Chesterfield Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Adam B. Funk.

6 DATE OF BIRTH (month, day, and year) July 12-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Carlisle,
(State or country) Pa.

PARENTS

10 NAME OF FATHER Isaac Borges

11 BIRTHPLACE OF FATHER (city or town) Lebanon
(State or country) Pa.

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Carlisle
(State or country) Pa.

14 Informant Grace Wilson
(Address) 3010 Chesterfield Ave

15 Filed 31 1931 H. HAMILTON JONES, M. D. Registrar

IMPORTANT.—See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30-1931

17

I HEREBY CERTIFY, That I attended deceased from Nov-30, 1928, to March 30, 1931, that I last saw her alive on March 29-, 1931 and that death occurred, on the date stated above, at 1:10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemmorhage

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) unknown yrs. mos. ds.

18 Where was disease contrartrd —.
If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical Signs & Symptoms

(Signed) Chester Rikandy, M. D.

3-30 1931 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Arridental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Nat Cem

DATE OF BURIAL April 2 1931

20 UNDERTAKER John Elliot

ADDRESS Baltimore

Spec.—1-30—M. & T.—250 Blks.

E 67265 HEALTH DEPARTMENT—CITY OF BALTIMORE 82-001 E 67265

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. (WARD)

2-FULL NAME Joseph Boper

(a) RESIDENCE NO. 640 Sterling ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Blk

5 Single, Married, Widowed, ~~or Divorced~~, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobacconist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mary Land.

PARENTS

10 NAME OF FATHER John Boper

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Catherine Hudson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) City Hospitals

Filed MAR 31 1931 Registrar

E. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1931 to March 31, 1931 that I last saw him alive on March 29, 1931 and that death occurred, on the date stated above, at 7.9. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Broncho Pneumonia (Terminal)

CONTRIBUTORY (Secondary) Arterio Sclerosis with Delerium (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

31 (Signed) Wm. H. Smith M. D.

19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 3/31/1931

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 David Ave

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67266

CERTIFICATE OF DEATH

14-59 (WARD)

REGISTERED NO. E 67266

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL

2 FULL NAME Walter Gough

(a) RESIDENCE NO. 2134 Druid Hill Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): SINGLE

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE — Years: 48 — Months: — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Elevator Operator

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: George Gough

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Augusta Fox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Records

(Address): [illegible] JOHNS HOPKINS HOSPITAL

15 Filed MAR 31 1931, 19 [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 29/31

17 I HEREBY CERTIFY, That I attended deceased from January 5, 1931, to March 29, 1931

That I last saw h[illegible] alive on March 29, 1931

and that death occurred, on the date stated above, at 11-45 A.M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever.
Arteriosclerosis
Cirrhosis of Liver. Hyper tension. (duration) yrs. 27 mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 24 Jan 1931

Was there an autopsy? Yes

What test confirmed diagnosis? P.M. Blood Cult.

(Signed) Walter Boyce M. D.

3/29, 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 4/2/1931

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67267 | 131 | E 67267

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Good Shepherd Ho St. 14-20 Ward)

2-FULL NAME Jessie Washington.

(a) RESIDENCE NO. 1706 Druid Hill St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE — Years: 45 | Months: 4 | Days: | IF LESS than 1 day hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Texas.

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Inez Brooks 1706 Druid Hill Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Mar 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) I find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regulus Test Lab

(Signed) [illegible] M. D.

(Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 4/1/1931

20 UNDERTAKER: Wm. Geo. H. Fellows

ADDRESS: 1631 Druid Hill

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—J. & Co.—250 Blks

E 67268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67268

51

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 4509 Mary Ave St 26-42 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jefferson D. Wood.

(a) RESIDENCE NO. 4509 Mary Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs 11 mos 14 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 13 1862

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	68	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stonecutter

(b) General nature of industry, business, or establishment in which employed (or employer) " "

(c) Name of employer L. Gerber 07

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Kennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Addie A. Wood

(Address) 4509 Mary Ave

15 Filed 3-1 1931 19 C. HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/29/31

17

I HEREBY CERTIFY, That I attended deceased from Feb 13 , 19 31 , to Mch 29 , 19 31

that I last saw h alive on 3/28/31 , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs + Symptoms

(Signed) Edw. A. Pechan M. D.

3/30, 19 31 (Address) Cockeysville Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Com.

DATE OF BURIAL 4/1 19 31

20 UNDERTAKER Wm H. Valentine

ADDRESS 2326 Aiken

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

SINGER

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67269

CERTIFICATE OF DEATH.

159 E 67269

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 1026 Union ave ST. 3-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Singer

(a) RESIDENCE. NO. 1026 Union Ave ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Sing

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 30, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm P. Singer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carrol Co Md

12 MAIDEN NAME OF MOTHER Helen B. Sakins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Wm. P. Singer
(Address) 1026 Union Ave

15 Filed MAR 31 1931 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 30, 1931, to Mar 30, 1931, that I last saw him alive on Mar 30, 1931, and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth

6 mo,
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Hall M. D.

3/30/1931 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ivy Hill Laurel, Md.	March 31 1931
20 UNDERTAKER	ADDRESS
Horace F. Burgee	631 Falls Rd.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 67270 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67270

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 779 Linnard St. 16-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Edward A. & Alcina E. Jendrek,

(a) RESIDENCE NO. 779 Linnard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred --- yrs. -- mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ------

6 DATE OF BIRTH (month, day, and year): March 29. 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	--	--	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ----

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edward A. Jendrek,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Alcina E. Swein,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Inninnati Ohio.

14 Informant Edward A. Jendrek (Address) 779 Linnard St

15 Filed 19 C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): MAR 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Mch 29, 1931, to Mch 30, 1931, that I last saw him alive on Mch 30, 1931, and that death occurred, on the date stated above, at 5-P. m.

The CAUSE OF DEATH* was as follows:

Prematur Birth

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. C. Smith M. D.

Mch. 19 31 (Address) 4209 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer

DATE OF BURIAL: MAR 31 1931 19

20 UNDERTAKER: Geo W Sitter

ADDRESS 2700 EDMONDSON AV E.

TION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Bks.

Dr Ruzicka
803 N Patterson Park Ave
151-003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67271

REGISTERED NO. W 67271

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3123 Ravenwood Ave. ST. 40 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ellen R Schamel

(a) RESIDENCE No. 3123 Ravenwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Mar 19th 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
			11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Henry Schamel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Sharpsburg Md.

12 MAIDEN NAME OF MOTHER: Eva Willson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto County.

14 Informant (Address): Henry Schamel 3123 Ravenwood.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 30th 1931

17

I HEREBY CERTIFY, That I attended deceased from 3-19-31, to 3-30, 1931

that I last saw h alive on 3-30, 1931

and that death occurred, on the date stated above, at 8:00 p.m.

The CAUSE OF DEATH* was as follows:

Congenital Heart

(duration) yrs. mos. 11 ds.

CONTRIBUTORY ...
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Finding

(Signed) J. Ruzicka M. D.

(Address) 803 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Mar 31 1931

20 UNDERTAKER: Jon Cook ADDRESS: 1217 St Paul St.

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

D 67272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 67272

1-PLACE OF DEATH

City of Baltimore: (No. 3809 Roland Ave. St.) (13-52 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Hazlett Edw. McCarthy

(a) RESIDENCE NO. 3809 Roland (Ave.) St. E. Ward 13

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Estella McCarthy

6 DATE OF BIRTH (month, day, and year) Oct 13 - 1880

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
50	5	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto City Fire Dept

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Chas. Lowell Edw McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Leroy S. Stoffler (Address) 3809 Roland Ave

15 Filed 1931 C. HUMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Morrison, M. D.

3/30 1931 (Address) 3532 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	April 1, 1931

20 UNDERTAKER E. Leroy Stoffler, Inc. ADDRESS 125 E. North ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67273

CERTIFICATE OF DEATH.

31 E 67273

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1629 Druid Hill St., 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dorah J. Rice.

(a) RESIDENCE NO. 1629 Druid Hill ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year) Oct- 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Calvert County

PARENTS

10 NAME OF FATHER George Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert

14 Informant Grant Rice

(Address) 1629 Druid Hill

Filed 3-31-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/29/31

17 I HEREBY CERTIFY, That I attended deceased from 3/14, 1931, to 3/29, 1931, that I last saw h[er] alive on 3/29, 1931, and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Cancer Tuberculosis syphilis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical - microscopical

(Signed) J. Hunter Barley M. D.

3/30, 1931 (Address) 908 N Dakota

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	4/1, 1931
20 UNDERTAKER Samuel Hensley	ADDRESS McCulloh

IMPORTANT: See instructions on back of

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67274

CERTIFICATE OF DEATH

107-801

107 E 67274

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 808 Little Monument St. (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Susan Ferguson

(a) RESIDENCE NO. 808 Little Monument WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE — Years: 66 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Wm Ferguson

(Address): 808 E. Monument St

15 Filed MAY 31 1931, 19 — C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 28 /31

17

I HEREBY CERTIFY, That I attended deceased from Mar 22, 1931, to Mar 28, 1931

that I last saw her alive on Mar 27, 1931

and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

1 Cerebro-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank E. Hague M. D.

(Address) 1725 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: 3/31/31

20 UNDERTAKER: Bunn & Beasley — ADDRESS: W Balto

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67275

CERTIFICATE OF DEATH.

108E 67275

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Argyle Ave ST., 24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilda Oliver

(a) RESIDENCE No. 919 Argyle ave ST., WARD 17

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	31	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: Self.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Thomas Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Georgia Bryden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): George Townsend 919 Argyle ave

15 Filed . . . , 19 . . . Registrar

C. EARL JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-28-1931

17

I HEREBY CERTIFY, That I attended deceased from 3-19-1931 to 3-28-1931 that I last saw her alive on Mar. 28th 1931 and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia (Lobar)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pleurisy (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) J. H. Dalsen, M. D.

, 19 (Address) 1433 Hoffman Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	3/31 1931
UNDERTAKER: Samuel Hemsley	ADDRESS 1728 Eutaw

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 67276 HEALTH DEPARTMENT—CITY OF BALTIMORE 95002 E 67276

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 E. Shipp St. 22-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Jackson

(a) RESIDENCE NO. 824 E. Shipp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Rosa Jackson

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter B+O

(b) General nature of industry, business, or establishment in which employed (or employer) R.R. 07?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Rosa Jackson 824 E. Shipp St

15 FILED JAN 21 1931, 19 G. HARRISON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to March 28, 1931.

that I last saw him alive on Mar 27, 1931

and that death occurred, on the date stated above, at 3:12 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hypertension Cardiovascular Renal (duration) yrs. 1 mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible], M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 3/31, 1931

20 UNDERTAKER Samuel Hensley

ADDRESS 578 Belle

THIS IS VERY IMPORTANT AND MUST BE ANSWERED IN FULL

Spec.—0 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67277 — 67277

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals (C.B.)

CITY OF BALTIMORE: (No. 19-27 ST. (WARD)

REGISTERED NO. 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Richardson

(a) RESIDENCE NO. 10 N. Gilmor st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Richardson

6 DATE OF BIRTH (month, day, and year) Jan. 28, ? A[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	23	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer C40

(b) General nature of industry, business, or establishment in which employed (or employer) Coal yard

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Middlesex Virginia

PARENTS

10 NAME OF FATHER Paul Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Holloway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed 3-28 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1931 to March 28, 1931

that I last saw him alive on March 28, 1931

and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pott's Disease

(duration) yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Turner M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Mar. 31, 1931
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 N. Schroeder St.

TION is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Blks.

E 67278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186-E 67278

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Villa ST. 17-50 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John W. Turner

(a) RESIDENCE NO. Charles + 32nd ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza Turner

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dare Taker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Wyman Estate Charles Co. Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Eliza Toyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment (Address) Mary Turner 3108 Barclay St.

15 Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27-31

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to March 27, 1931 that I last saw him alive on March 27, 1931 and that death occurred, on the date stated above, at 10-50 P m.

The CAUSE OF DEATH* was as follows:

Acute Coronary Occlusion
Arteriosclerosis

(duration) yrs. One mos. ? ds.

CONTRIBUTORY (Secondary) Traumatism to back by Accidental fall (duration) yrs. 7 mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ... .

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) G. D. Hall M. D.

. 19 (Address) 4266 23 St. Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	March 31, 1931
UNDERTAKER	ADDRESS
Mrs. R. A. Ellicott	1725 Ashland Ave

TION is very important. See instructions on back of

R 31 1931

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67279

CERTIFICATE OF DEATH.

93-903 67279

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1805 N. Wolfe ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Max Weiner

(a) RESIDENCE NO. 1805 N. Wolfe ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Weiner

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nathan Weiner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachael -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) J. Levine 1439 E. Balto St.

15 Filed 6 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-31-31

17

I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to Mch 31, 1931

that I last saw him alive on March 31, 1931

and that death occurred, on the date stated above, at 1 30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 5 mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jacob Fishel M. D.

3/31, 1931 (Address) 8234 Nash 14.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Athow Rosedale	3-31-1931

20 UNDERTAKER Jace Levine, 1439 E Balto St. ADDRESS

CROSS OF DEATH in pencil. See instructions on back of certificates.

TION is very important.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67280

CERTIFICATE OF DEATH.

131 E 67280

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. St. Joseph's Hospital W. (WARD)

2-FULL NAME John J. Reagan

(a) RESIDENCE No. 221 S. Ellwood St. 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male.	white.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Winifred Reagan

6 DATE OF BIRTH (month, day, and year) Aug 15. 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Dominick Reagan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Winifred Hurst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Daniel M. Reagan (Son)

(Address) 221 S. Ellwood Ave.

15 Filed 3.1.1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 30/31

17

I HEREBY CERTIFY, That I attended deceased from 3-26-31, 19 , to 3-30-31, 19

that I last saw h[illegible] alive on 3-30-31, 19

and that death occurred, on the date stated above, at 6.[illegible] A. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Laboratory & Physical

(Signed) Lawrence M. Ezra. M. D.

, 19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL April 2nd 1931

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67281

CERTIFICATE OF DEATH.

93-003 E 67281

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 26-37 St. Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Vincent Kolites

(a) RESIDENCE No. none St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia

6 DATE OF BIRTH (month, day, and year) Nov. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 06

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joe Kolites

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Records of Balto. City Hosp.

Filed 3 1 1931 19 H. G. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29-31

17

I HEREBY CERTIFY, That I attended deceased from 6-30-27, 19, to 3-29-31, 19

that I last saw him alive on 3-29-31, 19

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & hypertension (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget. M. D.

3-30 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	April 1, 1931
20 UNDERTAKER	ADDRESS
John Gerbiancas	423 S. Paca St.

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 67282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 67282

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 806 Catonsa ST. 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Delia M. McCarthy.

(a) RESIDENCE NO. 806 Catonsa Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 27-1879

7 AGE — Years: 52 — Months: 2 — Days: 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sales lady, 67

(b) General nature of industry, business, or establishment in which employed (or employer): Dept. Store.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Edward McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Elizabeth Mory

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Dr. McCarthy

(Address) 806 Catonsa Ave

15 Filed MAR 31 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29-31

17 I HEREBY CERTIFY, That I attended deceased from ~~March~~ Feby 17, 1931 to March 29, 1931, that I last saw her alive on March 29, 1931, and that death occurred, on the date stated above, at 10.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary abscess.

(duration) 2 yrs. mos ds. ?

CONTRIBUTORY (Secondary) Amyloid degeneration Kidneys ?

(duration) yrs. 6 mos. ds. ?

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine test - Physical

(Signed) Harry J. McCarthy M. D.

330 19 (Address) 37 W Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: April 1 1931

20 UNDERTAKER: Geo W. Smith Son — ADDRESS: 811 N Wolfe

Spec.—1-30—M. & T.—250 Bks.

E 67283 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67283

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH St. Agnes Hospital REGISTERED NO. 25-12

CITY OF BALTIMORE: (No. Milton & Eaton Aves ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Carnes

(a) RESIDENCE NO. 53 Broadship Rd. ST., Dundalk WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred X yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs E. Carnes

6 DATE OF BIRTH (month, day, and year) Oct 22, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	47	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman in mill

(b) General nature of industry, business, or establishment in which employed (or employer) Quilt

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Massachusetts

PARENTS

10 NAME OF FATHER Patrick St. Carnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER Mary Enright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Informant Mrs E. Carnes (Address) 53 Broadship Rd - Dundalk

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1931

17 I HEREBY CERTIFY, That I attended deceased from March 25 1931, to March 30, 1931, that I last saw him alive on March 30, 1931, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia - Lower Right

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & lab.

(Signed) H. James S. Anderson M. D.

5-30-31 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	April 1, 1931
20 UNDERTAKER	ADDRESS
Martin Dubey & Sons	1827 N. North Ave.

IMPORTANT. 31 1931 HARRISON JONES, M. D. Registrar

Spec.—9 30—A. & Co.—250 Blks.

E 67284 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67284

CERTIFICATE OF DEATH.

11-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1833 E. 29th. St. St. 9-4th WARD)

2. FULL NAME Margaret Ferguson

(a) RESIDENCE NO. 1833 E. 29th St. St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James I. Ferguson

6 DATE OF BIRTH (month, day, and year) April 13 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Caleb Blizzard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co., Md.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Miss M. Ferguson
(Address) 1833 E. 29th St

15 3 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30-1931.

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to March 30, 1931

that I last saw her alive on March 30, 1931

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) - yrs. mns. 12 ds.

CONTRIBUTORY (Secondary) Grip

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Fred L. Zimmerman M. D.

3/31. 1931 (Address) 2858 Guilford Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cem.

DATE OF BURIAL April 1931

20 UNDERTAKER George W. Zirkle

ADDRESS 1737 E. Eager St

TION is very important. See instructions on back of certificates.

Spec.—12-8-28—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

× 93-003 ✓ E 67285

E 67285

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Maloney

(a) RESIDENCE NO. Edgewood, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Vermont

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Dant

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Walter Dant

(Address) Edgewood Md

MAR 31 1931

C. HAMPSON JONES, M. D. 1931

By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 31 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 30, 1931, to Mar 31, 1931, that I last saw him alive on Mar 31, 1931, and that death occurred, on the date stated above, at 12 N m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis - chronic with Myocardial Insufficiency 4

(duration) yrs. mos. ds.

18 Where was disease contracted? ?

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Vernon H. Norwood M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore County Date of Burial Apl 3 1931

20 UNDERTAKER Howard K Melvin ADDRESS Abingdon Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67286

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67286

CERTIFICATE OF DEATH.

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1703 Hollins St 19-28 WARD)

REGISTERED NO .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME James W Hays

(a) RESIDENCE NO. 1703 Hollins St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write this word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Hays

6 DATE OF BIRTH (month, day, and year) June 1 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	29 30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER John Hays
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Mary Blunt
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Mary Hays
(Address) 1703 Hollins St

15 Filed MAY 31 1931 19 C. HAMPSON JONES, M. D. Registrar

R 31 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 30. 1931.

17
I HEREBY CERTIFY, That I attended deceased from May. 25. 1931. to May. 30. 1931.
that I last saw h[illegible] alive on May. 30. 1931.
and that death occurred, on the date stated above, at 3 P.M. on
The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia,

(duration) yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Phys. Exam. Hx
(Signed) [illegible] M. D.
5/31/ 19 (Address) 885 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	6/1 1931
20 UNDERTAKER Forget Farley Sullivan	ADDRESS Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. DATE of occurrence of DEATH is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 67287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67287

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 17-14 WARD)

2-FULL NAME William Fosnel

(a) RESIDENCE NO. 103 E. Lafayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 087
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant .....
(Address) .....

15 Filed MAR 31 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows: I

Pulmonary TB (duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. C. Slater, M. D.

19 (Address) 3 W Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS MAR 31 1931

C. HAMPSON JONES, M. D. Commissioner of Health.

By Wm. S. WOODALL

THE MORGUE.

CAUSE OF DEATH is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67288

CERTIFICATE OF DEATH

REGISTERED NO. E 67288

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lucy Hospital ST. 76-37 WARD)

2-FULL NAME Fred Stimpfler.

(a) RESIDENCE NO none ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Unknown

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant

(Address)

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prob. acc Fx of Skull

(duration) yrs. mos 1 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? History

(Signed) G E Lades, M. D.
Coroner

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

MAR 31 1931 C. HAMPSON JONES, M.D. Commissioner Health

THE MORGUE.

Pat. Apr. 8, 1902 Wm. F. Wood, Jr.

CAUSE OF DEATH IS VERY important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

B 67289

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 ✓ 093 67289

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Harry Frazier ST., 4-7 WARD)

2-FULL NAME City Hospital

(a) RESIDENCE NO. 1567 N. Gay ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	63	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant .....
(Address) .....

Filed ..... 1931 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) ..... yrs. ..... mos — ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) G. E. Daly, M. D. Coroner

....., 19 (Address) 3 N. Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL NATIONAL CEM. DATE OF BURIAL 4/3/31 19

20 UNDERTAKER Eaton ADDRESS 916 Penn

UNIVERSITY OF MARYLAND
MAR 31 1931
Commissioner Health.

THE MORGUE.

Keep this record of certificates.
See instructions on back of certificate. THIS is very important

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67290

CERTIFICATE OF DEATH

19 31

E 67290

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bruce

(a) RESIDENCE NO. 219 S. Caroline St. Ward 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2, 1881

7 AGE Years: 49 Months: 10 Days: 28

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Gastonia N.C.

(State or country)

PARENTS

10 NAME OF FATHER Andy Bruce

11 BIRTHPLACE OF FATHER (City or town)

(State or country) South Carolina

12 MAIDEN NAME OF MOTHER Victoria Easter

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) South Carolina

14 Informant (Address) Hospital Record

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29 19 31

17 I HEREBY CERTIFY, That I attended deceased from March 26, 19 31, to March 29, 19 31,

that I last saw h alive on March 29, 19 31,

and that death occurred, on the date stated above, at 10.25 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert V. Chenoweth, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

Date of Burial 19

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M. D. Commissioner Health.

MAR 31 1931

MAR 31 1931

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 2 46870 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67291 CERTIFICATE OF DEATH. 46-1 160-62 67291

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Brzozowski

(a) RESIDENCE NO. 1007 S East ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-24-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Frances Nowakowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Records
(Address)

15 Filed MAR 31 1931 Registrar C. HAMPSON JONES, M. D. Health Commissioner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch-26-1931

17

I HEREBY CERTIFY, That I attended deceased from March 25 1931, to March 26, 1931

That I last saw h er alive on March 26, 1931

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Atelectasis + prematurity
~~Prematurity~~ birth injury; cerebral hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Goodwin M. D.

19 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

MAR 31 1931 Health Commissioner

PAT. WM. E. WOOD

...TION is very important. See instructions on back of certificates.

Spec.—9 30—A & Co.—250 Blks

E 67292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-2382-02 67292

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ST. WARD)

2 FULL NAME Annie Ford

(a) RESIDENCE NO. 917 N. Carrolton Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) ? N.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of

(Address) Balto. City Hospitals

15 3-31-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29-31

17

I HEREBY CERTIFY, That I attended deceased from 3-27-31, 19 , to 3-29-31, 19

that I last saw her alive on 3-29-31, 19

and that death occurred, on the date stated above, at 5:45 P.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Hypertension unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padgett. M. D.

3-30-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson cem

DATE OF BURIAL april 2 1931

20 UNDERTAKER Wendell J. Dippel

ADDRESS 3005 Edmondson

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 67293

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67293

CERTIFICATE OF DEATH.

REGISTERED NO. 23291

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Clarkson ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine L. Brady

(a) RESIDENCE NO. 1719 Clarkson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick Brady

6 DATE OF BIRTH (month, day, and year) Feb 2 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Hensalty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Charles Brady Son

(Address) 1719 Clarkson St

15 Filed 31 1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1930, to Mar. 30, 1931,

that I last saw her alive on Mar. 30, 1931,

and that death occurred, on the date stated above, at 5 p m.

The CAUSE OF DEATH* was as follows:

Arteris Sclerosis Indefinite

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. L. Campbell M. D.

3/31, 1931 (Address) 644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	April 2 '31

20 UNDERTAKER ADDRESS

Edwin W. Conklin & Eager Co

Spec.—9 30—A. & Co.—250 Blks.

246989 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67294 CERTIFICATE OF DEATH X 93-00E 67294

REGISTERED NO.

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-9 St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James J Harris

(a) RESIDENCE NO. Courtland -Ala- St. Courtland Alabama WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	unknown

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7-1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cotton Planter
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): unknown

PARENTS
10 NAME OF FATHER John
11 BIRTHPLACE OF FATHER (city or town) (State or country): Alabama
12 MAIDEN NAME OF MOTHER Susie Jackson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Alabama

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

R 31 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March-31-1931

17
I HEREBY CERTIFY, That I attended deceased from March 28. 1931, to March 31. 1931
that I last saw him alive on March 31. 1931
and that death occurred, on the date stated above, at 3 45 P. M.
The CAUSE OF DEATH* was as follows:

Myocarditis, toxic (alcoholic)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic alcoholism
(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Alabama
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) Mundell S. Munnis M. D.
19 (Address) Jr. H.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Decatur Alabama — DATE OF BURIAL: 3/3/31

20 UNDERTAKER: Philip Harvey — ADDRESS 2016 Orleans St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

(Travers)

E 67295

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67295

CERTIFICATE OF DEATH.

REGISTERED NO. 97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Travers

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Interment Little Sisters of the Poor (Address) Preston & Valley Sts

15 Filed ... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31st 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/10 1931 to 3/31 1931

that I last saw h alive on 3/30 1931

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. Bernard Wyatt M. D.

3/31/31 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Apr. 2 1931

20 UNDERTAKER Rita Muehfeld — ADDRESS 9. 4th Ave

Spec.—1-30—M. & T.—250 Blks.

E 67296

HEALTH DEPARTMENT—CITY OF BALTIMORE

02 67296

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Campbell

(a) RESIDENCE NO. Preston + Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Grove

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor

(Address) Preston + Valley

Filed 3-31-1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30th 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/10, 1931, to 3/30, 1931, that I last saw h... alive on 3/29, 1931, and that death occurred, on the date stated above, at 8. 2. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wess M. D.

3/31/31 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Apr 1. 1931
20 UNDERTAKER Rita Mudfield	ADDRESS 914 Greenmount Ave

TION is very important. See instructions on back

Spec.—2-29-28—L. F. S.—500 Blks.

E 67287 27

67297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 67297

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Eutaw Place ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hezekiah Lee Thomas

(a) RESIDENCE NO. 1821 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Thomas

6 DATE OF BIRTH (month, day, and year) June 14, 1858,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work President

(b) General nature of industry, business, or establishment in which employed (or employer) Diamond Grit Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Hezekiah Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Eliza Landen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mary E. Thomas (Address) 1821 Eutaw Place

15 31 1931 C. HAMPSON JONES, M. D. Registrar

Important. See instructions on the back of this certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March-29/31

17 I HEREBY CERTIFY, That I attended deceased from March 19 1931 to March 29 - 1931.

that I last saw h~~im~~ alive on March 29 - 1931

and that death occurred, on the date stated above, at 8-30 P - m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage —

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Heart Block - paralysis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Frank Brunner, M. D.

, 19 (Address) 1250 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery, DATE OF BURIAL Apr. 1, 1931

20 UNDERTAKER Wm. C. Black ADDRESS 927 N Broadway

1-30—M. & T.—100 B—50L

E 67298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-103 E 67298

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) St Jos Hosp. ST. 17-19 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick J. McNamara

(a) RESIDENCE NO 328 E 20th St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate McNamara

6 DATE OF BIRTH (month, day, and year) Apr 1-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ice Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) 045
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael McNamara

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McGahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mary Morrison

(Address) 328 E. 20th Street

15 Filed Mar 31 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto (Injuries)

(H) (duration) Inst Stroke yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? North & Bonaparte

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C. Hampson Jones, M. D. Coroner

3/31, 1931 (Address) 2929 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	4/1/31

20 UNDERTAKER John A. Moran ADDRESS 3600 E. Balto St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

67299 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

E 67299

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 21-31 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Manner

(a) RESIDENCE NO. 1035 Ridgely St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Manner

6 DATE OF BIRTH (month, day, and year) Feb 4th 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Michael McNeive

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary McNeven

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Hospital Records (Address)

15 Filed 3 1 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/25/31

17

I HEREBY CERTIFY, That I attended deceased from 3/14, 1931, to 3/25, 1931

that I last saw h[illegible] alive on 3/26, 1931

and that death occurred, on the date stated above, at 10-15 P. m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Decompression

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + autopsy

(Signed) J. Leyhe M. D.

3/28 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cemetery — DATE OF BURIAL 4/1/1931

20 UNDERTAKER E. J. Fanning & Son — ADDRESS 1938 E. Lafayette

BACK OF CERTIFICATE. ATION is very important. See instructions on back

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 67300

CERTIFICATE OF DEATH

E 67300

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 N Wolfe ST. 6-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Magdelen Elizabeth Drexel

(a) RESIDENCE NO. 1513 N Wolfe ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Drexel

6 DATE OF BIRTH (month, day, and year) Feby 13-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt

PARENTS

10 NAME OF FATHER Nicholas Rieger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Kroll.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John G. Drexel
(Address) 1513 N Wolfe St

Filed Mar 1931, 19 M. C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29th 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1929, to Mar 29, 1931, that I last saw h er alive on Mar 1931 and that death occurred, on the date stated above, at 3 P.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypotension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter W. White-h, M. D.

3/31, 1931 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cemetery	4/1/1931

20 UNDERTAKER E. J. Fanning & Son - 1938 E. Lafayette ADDRESS

Important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks.

67301

HEALTH DEPARTMENT—CITY OF BALTIMORE

67301

CERTIFICATE OF DEATH.

87-16

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 26-28 St. Ward)

2 FULL NAME Emma S. Smith

(a) RESIDENCE No. 1944 W. Pratt St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widowed

5a If married, widowed, or divorced (or) WIFE of Frank Smith

6 DATE OF BIRTH (month, day, and year) July 4, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 027

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick County Md.

PARENTS

10 NAME OF FATHER James H. Shook

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co Md

12 MAIDEN NAME OF MOTHER Nancy Ann Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co Md.

14 Informant (Address) Records of Baltimore City Hospitals

15 FILED MAR 31 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29, 1931.

17

I HEREBY CERTIFY, That I attended deceased from Oct. 30 . 19 14 . to March 29 . 19 31.

that I last saw h er alive on March 29 . 19 31

and that death occurred, on the date stated above, at 8:05 A. m.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

(duration) 17 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

3-29 1931. (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr. Olive Rockdale DATE OF BURIAL 1 1931

UNDERTAKER Wm. H. Valentine ADDRESS 2326 Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 67302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67302

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Park Ave. 1-4-20 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Brent Robertson

(a) RESIDENCE NO. 1807 Park Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William George Robertson

6 DATE OF BIRTH (month, day, and year) May 27, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co., Md.

PARENTS

10 NAME OF FATHER Francis H. Digges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co., Md.

12 MAIDEN NAME OF MOTHER Jane Digges (O.K)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co., Md.

14 Informant Miss Victorine K. Robertson

(Address) 1807 Park Ave.

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

31 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/30/31

17 I HEREBY CERTIFY, That I attended deceased from 2/21, 1931, to 3/30, 1931, that I last saw h 4 alive on 3/30, 1931, and that death occurred, on the date stated above, at 9 P, m.

The CAUSE OF DEATH* was as follows:

Chronic Type A cerebral hemiplegia
Chronic tubulo-interstitial nephritis
General arteriosclerosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) acute bronchitis

Pulmonary edema (duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. Examination

(Signed) H. Means, M. D.

3/31, 1931 (Address) 803 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: April 1, 1931

20 UNDERTAKER: Henry H. Means & Son — ADDRESS: 803 N. Calvert

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67303

CERTIFICATE OF DEATH

E 67303

REGISTERED NO. 209

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital, St., 24-33 Ward)

2-FULL NAME Oluf L. Olsen.

(a) RESIDENCE NO. Bergen, Norway. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) January 1, 1901

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	30	2	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Oiler.
(b) General nature of industry, business, or establishment in which employed (or employer): S/S Gypsum Queen.
(c) Name of employer

9 BIRTHPLACE (city or town) Bergen, Norway
(State or country)

PARENTS

10 NAME OF FATHER Matthais Olsen.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Norway.

12 MAIDEN NAME OF MOTHER Olufina Olsen.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Noreay.

14 Informant Haakon Olsen. (brother)
(Address) Bergen, Norway.

15 Filed 3 1 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull, struck by a street car. Occidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Patapsco Ave. March 28, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Eisenhardt, M. D.

3/31 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Valley Crematory Co.	April 1 1931
20 UNDERTAKER Chas L. Stevens	ADDRESS 1210 E Fort Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks.

E 67304 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67304

CERTIFICATE OF DEATH. X 137

1 PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green Sts.) 4-30

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George B. Coale

(a) RESIDENCE No. 514 Allegany Ave, Towson, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widower

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Burkes Balto Co

PARENTS

10 NAME OF FATHER Samuel W. Coale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Burkes Balto Co

12 MAIDEN NAME OF MOTHER Emma Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Burkes Balto Co

14 Informant (Address) J. Stacy Burns Sons Towson Md

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

R 31 1931 No. 1558

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 1931.

17

I HEREBY CERTIFY, That I attended deceased from January 30, 1931, to March 31, 1931

that I last saw h living on March 31, 1931

and that death occurred, on the date stated above, at 5:25 P. m.

The CAUSE OF DEATH* was as follows: 33

Chronic Prostatitis with Hypertrophy; Cystitis.

23

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination - physical and laboratory findings

(Signed) Wylie M. Fauver M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olive Cem	April 3 31
20 UNDERTAKER J. Stacy Burns Sons	ADDRESS Towson

CAUSE OF DEATH must be plainly written. Do not use abbreviations. Every question must be answered if possible. Any additional information may be given on back of certificates. ATION is very important. See instructions on back.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 67305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67305

CERTIFICATE OF DEATH.

108

15-27

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1339 N. Gilmor St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Benjamin Milligan

(a) Residence No. 1339 N. Gilmor St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

3a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 14, 1880

7-AGE. 50 yrs. 9 mos. 16 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Porter

(b) General nature of industry, business, or establishment in which employed (or employer)..... 070

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md.

PARENTS.

10-NAME OF FATHER. Benj. Milligan

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Maryland

12-MAIDEN NAME OF MOTHER. Anna Matilda Brown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Maryland

14- (Informant) Martha Milligan

(Address) 1339 N. Gilmor St.

15- ....., 19.. Registrar.

G. HAMPSON JONES M.D.

R 31 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 30, 1931

17- I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 29, 1931, that I last saw him alive on March 29, 1931, and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

Mar 30 1931 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Mt Auburn Cemetery	April 2, 1931
20-UNDERTAKER.	ADDRESS
Thomas E. Kelson	303 Preston St.

Instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

67306 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 46 E 67306

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) Mercy Hospital (St) 15-21 (Ward)

2. FULL NAME Randolph Taylor

(a) RESIDENCE NO. 612 (Usual place of abode) Baker St. ..... WARD ..... (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Erna Taylor

6 DATE OF BIRTH (month, day, and year) July 3 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys Co., Md

PARENTS
10 NAME OF FATHER Samuel Taylor
11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co., Md.
12 MAIDEN NAME OF MOTHER Rachael Briscoe
13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co

14 Informant (Address) Hospital Records.

15 Filed ..... 19.. Registrar

C. HAMPSON JONES, M. D.

JUN 1 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/30/31

17
I HEREBY CERTIFY, That I attended deceased from 3-28, 1931, to 3/30, 1931
that I last saw him alive on 3/30, 1931
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Metastasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr Leyko M. D.
3/30 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: April 1 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Presstman St.

TION is very important. See instructions on

Spec.--9-30--A. & Co.--250 Bks.

67307. # HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 E 67307

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 15-21 ST ..WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Hopkins

(a) RESIDENCE NO 1824 Woodyear ST. ..WARD
(Usual place of abode)

length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas

6 DATE OF BIRTH (month, day, and year) Feb. 19 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	59	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

041

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Harry Adams
11 BIRTHPLACE OF FATHER (city or town)
(State or country) ?
12 MAIDEN NAME OF MOTHER Laura ?
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) ?

14 Informant
(Address) Records of Balto. City Hosp.

3-31 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29-31

17
I HEREBY CERTIFY, That I attended deceased from 3-27-31, 19.., to 3-29-31, 19..
that I last saw her alive on 3-29-31, 19..
and that death occurred, on the date stated above at 5:00 P m.
The CAUSE OF DEATH* was as follows:

Diabetes mell. tus
(duration) unknown yrs. mos. ds.
CONTRIBUTORY (Secondary) Diabetic coma
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical exam; lab.
(Signed) Paul Podgat. M. D.
3-30 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL April 2 1931

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pressman St.

TION is very important. See instructions on back of certificates.

L 67308

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 67308

CERTIFICATE OF DEATH.

3-5

1-PLACE OF DEATH The Presbyterian Eye, Ear & Throat Hospital REGISTERED NO. C

CITY OF BALTIMORE: (No. 1011 E. Balto. St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda Leona Tyson.

(Residence in Baltimore: No. Whitefoord Rd. St.; ..... yrs., ... mos. 5 ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Female	white	single

6-DATE OF BIRTH. February 5, 1924. (Month) (Day) (Year)

7-AGE. 7 yrs. 1 mos. 26 ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... none .....
(b) General nature of industry, business, or establishment in which employed (or employer) ..... school .....

9-BIRTHPLACE. (State or Country), Whitefoord (Anne Arundel Co.) Md

PARENTS.

10-NAME OF FATHER. Henry Richardson Tyson

11-BIRTHPLACE OF FATHER (State or Country). Whitefoord, Md (Anne Arundel Co.)

12-MAIDEN NAME OF MOTHER Mary Beatty Tyson

13-BIRTHPLACE OF MOTHER (State or Country), Jacksonville, Duval Co. Fla.

14-THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Rudolph Gatton

(Address) 2913 Virginia Parkway Baltimore, Md.

15- APR 1 - 1931 191 C. HAMILTON JONES, M. D. REGISTRAR.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March 31, 1931. (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from March 27 1931, to March 31 1931, that I saw her alive on March 31 1931, and that death occurred, on the date stated above, at 9 32 P. m.

The CAUSE OF DEATH* was as follows: Lobar pneumonia, presumably of Pelvic origin

(Duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Fred. R. Lawson M. D.

March 31, 1931. (Address) 1017 E. Balto. St. Surgeon Eye Ear & Throat Hosp.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. 5 ds. In the State 7 yrs. 1 mos. 26 ds.

Where was disease contracted, if not at place of death? Home, Whitefoord Md.

Former or usual residence Usual.

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Fam. Grove Pa	April 3, 1931.
20-UNDERTAKER	ADDRESS
H. L. Watts	Fam. Grove Pa

Important. See instructions on back of certificate.

I-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 67309 93003 L 67309

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 650 Dover ST. 22-30 WARD)

2-FULL NAME Otho T. Calaman

(a) RESIDENCE No 650 Dover ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29-1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	37	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): O&D
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Otho R. Calaman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary E. Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Otho R. Calaman

(Address) 1000 Warner St.

15 Filed ..... 1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Willard, M. D. Coroner

3/30 19 31 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
U.S. National Ct	4/1/31 19
UNDERTAKER	ADDRESS
Isaiah L Burton Son	108 Montgomery St

CAUSE OF DEATH. See instructions on back of certificates. TION is very important

Spec—9-30—A & Co.—250 lots

67310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53-M 67310

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Katie Hoffman

(a) RESIDENCE No. 1000 N. Monroe St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of (or WIFE of) Wife of Louis Hoffman

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Asia Hoffman
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Chia Pers
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Hoffman
(Address) 1000 N Monroe St

15 Filed APR 1 - 1931 19 C. HUDSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31/31

17
I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931, to March 31, 1931
that I last saw h er alive on Mar 31, 1931
and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:
Nephritis, Chronic
Hypertension, secondary
see opposite side
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? yes Date of Mar. 21, 1931
Was there an autopsy? No
What test confirmed diagnosis? Laboratory

(Signed) Wylie M. Tarr M. D.
3/31/1931 (Address) University Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Southern ave	4/1 1931
20 UNDERTAKER	ADDRESS
Sol Levinson & Bro	1127 Balto St

CAUSES OF DEATH should be stated in accordance with the International List of Causes of Death. See instructions on back of certificates.
IMPORTANT is very important.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67311 — CERTIFICATE OF DEATH. — F 23 E 67311

REGISTERED NO.....

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Union Memorial Hospital ST. 12-44 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME—Mr Edward T. Reisler.

(a) RESIDENCE NO. Baltimore, Md. ST. ..... WARD Baldwin Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Edward Reisler.

6 DATE OF BIRTH (month, day, and year) Aug. 5/1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Insurance. Office

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Reisler

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Emma Stones.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Cora M Reisler
(Address) Baldwin Md

15 Filed 1-1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31/31

17

I HEREBY CERTIFY. That I attended deceased from 3/25/31, 19..., to 3/31/31, 19...

that I last saw him alive on 3/31/31, 19...

and that death occurred, on the date stated above, at 3:37 P m.

The CAUSE OF DEATH* was as follows:

Miliary - T6 c.

(duration) yrs. mos. 49 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Laboratory

(Signed) Francis W. Gluck M. D.

3/31/1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cem	Apr 2 1931
20 UNDERTAKER	ADDRESS
W M Coulson	2235 N Monroe

SEE BACK OF CERTIFICATE. See instructions on back. IMPORTANT is very important.

Spec.—9-30—A. & Co.—250 Blks

E 67312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-40 131 E 67312

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3122 Mareco Ave St. (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katherine C Bosserman

(a) RESIDENCE NO 3122 Mareco Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of John H Bosserman

6 DATE OF BIRTH (month, day, and year) Dec 5 th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Joseph Hess

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lythia Erhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mrs Mai Hecker 3122 Mareco Ave

15 1-1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 st 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1931, to Apr. 1, 1931

that I last saw her alive on Mar. 31, 1931

and that death occurred, on the date stated above, at 5.10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypostatic Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Lipsey M. D.

19 (Address) 432 S. Patterson Pk.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Apr 3 1931
20 UNDERTAKER John Ellerich	ADDRESS 2008 E. Biddle St

CAUSE OF DEATH: A plain statement of the cause of death in each case is required. See instructions on back of certificate. TION is very important.

Spec.—9-30—A. & Co.—250 Blks

67313

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 67313

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 2-4

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

2 FULL NAME William Bajda

(a) RESIDENCE NO. 318 S. Washington st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bajda

6 DATE OF BIRTH (month, day, and year) May 6, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	37	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Demetri Bajda

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Parpan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Hospital Records
(Address)

15 Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch. 30, 1931

17

I HEREBY CERTIFY, That I attended deceased from Mch. 11, 1931, to Mch. 30, 1931

that I last saw him alive on Mch. 30, 1931

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 1/12 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Seman M. D.

3-30 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	April 2-d 1931
20 UNDERTAKER	ADDRESS
George A. Weber	705 S ann st

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

2900 Municipal Roof

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67314

REGISTERED NO. E 67314

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 827 N. Balto (St.) (Ward) 4-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine A. Edmonds

(a) RESIDENCE NO. 1827 N. Balto St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. J. Edmonds

6 DATE OF BIRTH (month, day, and year): Aug 30th 1864

7 AGE: Years 66 Months 5 Days 21/29 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jacob Sumner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. E. Edmonds 55 Edmondson Ave

15 Filed ... 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 29/31

17

I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1931, to Mar 29, 1931

that I last saw her alive on Mar. 29, 1931 and that death occurred, on the date stated above, at 5:45 a.m.

The CAUSE OF DEATH* was as follows:

Chr. Pharyngitis Nephritis

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Urinary Tests

(Signed) J. M. Dalbeth M. D.

Mar 30, 1931 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: April 2, 1931

20 UNDERTAKER: W. B. Wiseman ADDRESS: 1300 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of disease alone is not sufficient. Deaths from violence must state the MEANS and NATURE of INJURY, and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. Where death occurred in a hospital or institution, the PLACE OF ABODE should be given in addition. If the deceased was a married woman, the husband's name should be given. If a child, the name of the parent. If a stillborn child, the fact should be stated. If a child, the number of days, weeks or months it lived should be stated. If the deceased was a soldier, sailor or marine

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67315

CERTIFICATE OF DEATH

95-002

REGISTERED NO. E 67315

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1645 E. Madison St. WARD) 24

2-FULL NAME Jennie Harris

(a) RESIDENCE NO 1645 E. Madison st. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hellie Harris

6 DATE OF BIRTH (month, day, and year) [illegible] 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oxford N. C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Frank Howard

(Address) 1645 E. Madison.

15

Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 29/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cardio-vascular Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

4/1/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Cemty

DATE OF BURIAL April 1st 1931

20 UNDERTAKER Mrs R. a Elliatt

ADDRESS 1725 ashland ave

TION is very important See instructions on back of certificate.

C. HAMPSON JONES, M. D.

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67316 — 67316

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 16-22 WARD

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George Howard

(a) RESIDENCE No. 1507 Mosher St ST. ____ WARD ____ (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Howard

6 DATE OF BIRTH (month, day, and year) 1700

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Minnie Howard 1607 Mosher St.

15 Filed ____ 19 ____ H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1931, to March 30, 1931

that I last saw him alive on March 30, 1931

and that death occurred, on the date stated above, at 3 10 A. m.

The CAUSE OF DEATH* was as follows:

Typhoid fever

Ulceration & stenosis with perforation

Diffuse peritonitis (duration) yrs. ____ mos. 18 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. ____ mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of Mar 25 1931

Was there an autopsy? No

What test confirmed diagnosis? Operation & laboratory

(Signed) Wylie M. Bauer M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ford VW — DATE OF BURIAL April 1st 1931

UNDERTAKER Mrs R. A. Elliott — ADDRESS 1725 Ashland Ave

TION is very important. See instructions on B

Spec.—9-30—A. & Co.—250 Blks

E 67317

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67317

CERTIFICATE OF DEATH.

92-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Union Mem. Hospital ST 1137 (WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. William Moorschel

(a) RESIDENCE No. 3901 Hudson Stret ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs William Moorschel

6 DATE OF BIRTH (month, day, and year) Aug. 9. 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	7	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~Germany~~ Maryland

PARENTS

10 NAME OF FATHER Henry Moorschel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Kamka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Emma E. Moorschel
(Address) 3901 Hudson St.

15 ~~1-1931~~ C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31/31

17

I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 31, 1931
that I last saw him alive on March 31, 1931
and that death occurred, on the date stated above, at 1.15 P m.
The CAUSE OF DEATH* was as follows:

Subacute Bacterial Endocarditis

(duration) 1 yrs. 0 mos. 29 ds.

CONTRIBUTORY (Secondary) .....
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.
Did an operation precede death? 0 Date of 0
Was there an autopsy? 0
What test confirmed diagnosis? 0

(Signed) Francis W Gluck M. D.
3/31/1931 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 4/3/1931

20 UNDERTAKER Philip Henry

ADDRESS 2016 Orleans St

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67318 — 82-001 — E 67318

REGISTERED NO. 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 1214 Hanover St. St., (Ward)

2-FULL NAME Charles C.Elliott.

(a) RESIDENCE NO. 1214 Hanover St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Divorced

5a If ~~married, widowed or~~ divorced HUSBAND of ~~WIFE of~~ Catherine A.Elliott.

6 DATE OF BIRTH (month, day, and year) October 1,1865

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	65	5	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tar roofer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Kirk Elliott.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Margaret E. Bradford. (daughter)
(Address) 1214 Hanover St.

15 Filed 19 HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D.

8/30 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Apr. 1, 1931
20 UNDERTAKER	ADDRESS
Margaret E. Flynn	1422 Light St.

OF DEATH in plain terms, so that it may be properly classified. Entire Statement is important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

Wilson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67319

CERTIFICATE OF DEATH.

93-003 E 67319

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 15-68 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John H. Wilson

(a) RESIDENCE No. 2852 W North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Wilson

6 DATE OF BIRTH (month, day, and year) Dec 16-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bank Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Bk

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Archibald Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane L. Ritchie

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland

14 Informant Mrs Mary L. Wilson (Address) 2852 W North Ave

15 Filed ..... 19 ..... By ..... Registrar C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31" 1931

17

I HEREBY CERTIFY, That I attended deceased from

3-20 , 19 31 , to 3 31 , 19 31

that I last saw h alive on 3-31 , 19 31

and that death occurred, on the date stated above, at 3.50 A m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Chronic Nephritis Contributory

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Scirrhus

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [illegible] M. D.

4/11, 19 31 (Address) Emergency Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 4/3/31

UNDERTAKER Chas. P. Evans & Son

ADDRESS 1180 W. Royal Ave

TION is very important. See instructions on back of c

Spec.—1-30—M. & T.—250 Bks.

E 67320

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67320

CERTIFICATE OF DEATH.

15-58 50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Reisterstown Road ST.) (WARD)

2-FULL NAME Rebecca Abrams

(a) RESIDENCE NO. 3501 Reisterstown Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 21, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	59	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England.

PARENTS

10 NAME OF FATHER Isaac Abrams

11 BIRTHPLACE OF FATHER (city or town) Warsaw (State or country) Poland

12 MAIDEN NAME OF MOTHER Miriam Samuels

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mr. A. Abrams

(Address) 3501 Reisterstown Road

Filed APR 1 - 1931 H. HARRISON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1928 to March 31, 1931

that I last saw her alive on ~~Dec~~ March 31, 1931

and that death occurred, on the date stated above, at 1.45 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast (Right).

(duration) 2 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? - Tissue - examination

(Signed) J. W. Kretzler, M. D.

, 19 (Address) 1207 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem.

DATE OF BURIAL 4/1/ 1931

20 UNDERTAKER David Sondheim & Son

ADDRESS 1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks.

E 67321 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-dd E 67321

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1638 N. Monroe St 15-21 (WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Isaac Ackerman

(a) RESIDENCE No 1638 N. Monroe St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rachael Ackerman

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Ackerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Pearl —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant
(Address) 1439 E. Balto. St

Filed APR 1 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31-31

17
I HEREBY CERTIFY, That I attended deceased from March 3, 1931 to March 30, 1931; that I last saw him alive on March 30, 1931, and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:
Angina Pectoris.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Possible Coronary Occlusion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical signs.

(Signed) Nathan H. Shpritz M. D.

19 (Address) 2318 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Memorial Park — DATE OF BURIAL: 4-1-1931

20 UNDERTAKER Jacob Frain, ADDRESS 1439 E Balto St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

67322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67322

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital 121

CITY OF BALTIMORE: (No. 13-52 ST. ... WARD) REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate Hoover

(a) RESIDENCE NO. 811 W. 38th St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of William F. Hoover.

6 DATE OF BIRTH (month, day, and year) April 27 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	63	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant William F. Hoover (Address) 811 W 38th St.

15 Filed ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-31

17 I HEREBY CERTIFY, That I attended deceased from 3-21, 1931, to 3-30, 1931, that I last saw h[illegible] alive on 3-30, 1931, and that death occurred, on the date stated above, at 905 P m.

The CAUSE OF DEATH* was as follows:

Appendicael Abcess

(duration) ... yrs. ... mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-21-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. W. Drake M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL April 2 1931

20 UNDERTAKER Ehrenworthlow — ADDRESS 3615 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 ✓

67323 E 67323

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 802 N. Fanwall St. WARD) 16-25

2—FULL NAME Lucy Fisher

(a) RESIDENCE NO. 802 N. Fanwall ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs. A. Fisher

6 DATE OF BIRTH (month, day, and year): Dec 15 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General house

(b) General nature of industry, business, or establishment in which employed (or employer): work on

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Abraham Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ella A. Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Rachael Frasier

(Address): 802 N. Fanwall St

15 Filed APR 1 - 1931 HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 24 / 31

17 I HEREBY CERTIFY, That I attended deceased from Mar 17, 19 31, to Mar 24, 19 31

that I last saw h E W alive on Mar. 28, 19 31

and that death occurred, on the date stated above, at 4:40 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D.

19 (Address) 1012 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: April 1 1931

UNDERTAKER: Thomas E. Kelson.

ADDRESS: 303 Eastman St

Spec.—9-30—A. & Co.—250 Blks

(Wehrheim)

HEALTH DEPARTMENT—CITY OF BALTIMORE

67324 — 67324

CERTIFICATE OF DEATH

1-PLACE OF DEATH at Juniper & Eldorado 121

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Eldorado ST. 9 WARD)

2-FULL NAME Chas. Wehrheim

(a) RESIDENCE NO. 2410 Mc Elderry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Wehrheim

6 DATE OF BIRTH (month, day, and year) Sept. 16-1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33 34	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ins. & Elec. Meters

(b) General nature of industry, business, or establishment in which employed (or employer) Ins. Co. do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jorge Wehrheim

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Jennie McGinity

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky. & Penna.

14 Informant Lillian Wehrheim

(Address) 2410 Mc Elderry St

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-31

17

I HEREBY CERTIFY, That I attended deceased from 3-9, 19 31, to 3-30, 19 31

that I last saw h alive on 3-30, 19 31

and that death occurred, on the date stated above, at 4 40 m.

The CAUSE OF DEATH* was as follows:

Appendicitis

Diffuse Peritonitis

(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3-9-31.

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation

(Signed) M. Wehrheim M. D.

19 (Address) 2410 Mc Elderry St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	April 1 1931
20 UNDERTAKER Wm. J. Weber & Son	ADDRESS 2351 Jefferson St.

TION is very important. See instructions on back of CERTIFICATE.

Spec.—9-30—A. & Co.—250 Bks.

67325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 67325

1. PLACE OF DEATH Baltimore City Hospitals 4-24 108

CITY OF BALTIMORE: (No ... ST. ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Murnock

(a) RESIDENCE NO. 711 W. Balto ST. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 21 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stone worker
(b) General nature of industry, business, or establishment in which employed (or employer): out of work
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER: George
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Mary Ehrhart
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records of
(Address): Balto. City Hosp. UNIV

15 Filed 4-1-1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-28-31

17 I HEREBY CERTIFY, That I attended deceased from 3-24-31, 19 ... to 3-28-31, 19 ... that I last saw h[illegible] alive on 3-28-31, 19 ... and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? clinical exam.

(Signed) Paul Padgett. M. D.
3-30 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND
DATE OF BURIAL: APR 1 - 1931 19 ...

20 UNDERTAKER: Com. Health
ADDRESS ...

Per Wm E Woodall

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67326

CERTIFICATE OF DEATH.

107-002 67326

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE. (No. 9-4 ST. WARD 1)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Sharp

(a) RESIDENCE No. 514 S. Ann ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Maggie

6 DATE OF BIRTH (month, day, and year) July 4, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS
10 NAME OF FATHER Robert
11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland
12 MAIDEN NAME OF MOTHER Maggie Stewart
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Records of
(Address) Balto. City Hospitals

15 Filed 4-1-1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29-31

17
I HEREBY CERTIFY, That I attended deceased from 11-21-30, 19 to 3-29-31, 19
that I last saw him alive on 3-29-31, 19
and that death occurred, on the date stated above, at 9 A. m.
The CAUSE OF DEATH* was as follows:

Osteo arthritis, chronic infectious
(duration) yrs. 5 mos. ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padgett. M. D.
3-30 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL. APR 1 - 1931

20 UNDERTAKER ADDRESS

Commissioner Health

Per. Wm. E. Woodall.

UNIVERSITY OF MARYLAND
C. RAMSAY JONES, M.
Registrar

R — TION is very important. See instructions on back of certificate.

Spec.—1-1921—M&T—1500 8ks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67327 X 34 E 67327

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Elizabeth's Home (ST.) Govt Hill (WARD) 9-47

2-FULL NAME Mary Dolaris Diggs

(a) RESIDENCE NO. St. Elizabeth's Home ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black (negro)

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) about Jan 15, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Myrtle Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Miss Agnes Arnold

(Address) Social Worker Johns Hopkins Hospital

15 Filed APR 1 1931, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 21 1931

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1931, to March 20, 1931, that I last saw h alive on March 20, 1931, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Congenital Lues

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis Ayd, M. D.

Apr 1, 1931 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: APR 1 - 1931

20 UNDERTAKER: City Undertaker

ADDRESS

Clerk of Registrars. See instructions on back of certificates.

TION is very important

Spec.—1-30—M. & T.—250 Bks.

E 67328

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67328

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Madison Ave St. 11-24 WARD)

2-FULL NAME Baby Mc Millin

(a) RESIDENCE NO. 1102 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch 30, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Louis Mc Millin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. C.

12 MAIDEN NAME OF MOTHER Louise Giles

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) S. C.

14 Informant Louise Mc Millin
(Address) 1102 Madison Ave

Filed APR 1 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mch 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...,

that I last saw him alive on Mch 30, 1931,

and that death occurred, on the date stated above, at 11:40 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia, Entero Colitis (duration) 2 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

3/31, 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER [illegible]

ADDRESS APR 1 - 1931

Spec.—1-30—M. & T.—250 Bks.

E. 67329

675.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67329

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital ST., 19-29 WARD

2-FULL NAME Terence Florence Collins

(a) RESIDENCE NO. 1310 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Mar 28, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Terence Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila., Pa.

12 MAIDEN NAME OF MOTHER Amelia Mudkot

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Savannah Georgia

14 Informant (Address) Terence F. Collins 312 N. Lombard St.

Filed 1-1931, 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 27, 19 31, to March 30, 19 31, that I last saw h[illegible] alive on March 30, 19 31, and that death occurred, on the date stated above, at 10 35 P m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 0 mos 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 5 ds.

18 Where was disease contracted if not at place of death? 1310 W. Lombard St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy & X-ray

(Signed) L. Peter Menaker M. D.

19 (Address) Lyndenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 4/2 1931

UNDERTAKER Frederick A. Cole

ADDRESS 1235 W. Fayette

Spec.—9-30—A. & Co.—250 Blks

67330 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 67330

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

15-54

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2113 N. Fulton Avenue ST. WARD

2 FULL NAME Mary Slade

(a) RESIDENCE NO 2113 N. Fulton Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5 6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer): 064

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

PARENTS

10 NAME OF FATHER: Luther M. Slade

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford County Maryland

12 MAIDEN NAME OF MOTHER: Keturah Triplett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore County Maryland

14 Informant (Address): Miss Ola V. Slade 2113 N. Fulton Ave.

15 [illegible] 19 [illegible] Registrar

1-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 25 1927 to March 31 1931.

That I last saw her alive on March 31 1931

and that death occurred, on the date stated above, at 8.07 A.M.

The CAUSE OF DEATH was as follows: Chronic Interstitial Nephritis.

(duration) 2 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) one yr. 6 mos. — ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Examination.

(Signed) Wm J Sullivan M. D.

4/1 1931 (Address) 1701 N. Fulton Ave.

If Death Was Due Wholly or Partly to an External Cause, Violence, or Poisoning, Indicate the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Apr. 2 1931

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1005 West Baltimore St.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 67331 ✓ 15 VE 67331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore ST., 1st WARD)

2-FULL NAME ~~Wilford~~ Council EUGENE K. COUNCILL

(a) RESIDENCE NO. 3635 Greenmount Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Bertie M. Councill

6 DATE OF BIRTH (month, day, and year) May 6, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
72	71	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Rev. James G. Councill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah Ann Whyte

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

16 Informant Mr. Eugene C. Councill
(Address) 3635 Greenmount Ave.

15 Filed _____, 19 _____ C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-31-31

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 31, 1931, that I last saw h[illegible] alive on March 31, 1931, and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Cellulitis of upper left extremity with Septicaemia

(duration) ___ yrs. ___ mos. 8 ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? _____ 3-27-1931

Did an operation precede death? Yes Date of 3-30 1931

Was there an autopsy? No Diagnosis

What test confirmed diagnosis? Typical signs

(Signed) Wm. J. Sullivan, M. D.

3/31, 19 31 (Address) 20 Baltimore Apt. 2

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Apr. 2 19 31

UNDERTAKER: Joseph B Cook — ADDRESS: 1003 West Baltimore

Spec.—2-26-28—L. F. S.—500 Bks.

E 67332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-002 ✓

E 67332

1—PLACE OF DEATH

REGISTERED NO. 27-43

CITY OF BALTIMORE: (No. 2815 White Ave ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Mary Louise Smith

(a) RESIDENCE NO. Red Bank, N. J. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 weeks ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment to which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER John D. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Elizabeth Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Mr. Thomas B. Smith

(Address) 151 Hudson Ave., Red Bank, N.J.

15 Filed 1-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 1-1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 9, 1931, to Apr 1, 1931, that I last saw her alive on APR 1, 1931 and that death occurred, on the date stated above, at 11.18 A m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular disease

(duration) 10? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Frederic V. D. Wack, M. D.

4/1, 1931 (Address) 5132 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Red Bank, N. J.

DATE OF BURIAL Apr. 2 1931

20 UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

1-30—M. & T.—100 B—50L

F 67333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 V

E 67333

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp ST. 17-50 WARD)

2-FULL NAME Robert J Landon

(a) RESIDENCE NO 3124 N. Guilford ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Rosalyn M Landon

6 DATE OF BIRTH (month, day, and year) Dec 24-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	81	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Sea Capt Trans
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard E. Landon

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Eliz Maddox

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Interment Evergreen (Address) 3100 Baltimore Ave

15 1931 ..... 192 .. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & Knocked down by a moving auto

(a) ..... (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Oliver & Chas

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) ..... M. D. Coroner

4/1, 1931 (Address) 1939 MS Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Randallstown Cemetery	April 2nd 19 31
20 UNDERTAKER Kutzmann & Poe, 1723	ADDRESS W Lafayette Ave

IMPORTANT: See instructions on back of certificate.

Cor.—10-15-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67334

CERTIFICATE OF DEATH

108 ✓

E 67334

1-PLACE OF DEATH

City of Baltimore: (No. 420 Freeman St. Brooklyn. 25-75 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Reta A. Newell.

(a) RESIDENCE NO. 420 Freeman St. Brooklyn. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 1, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	0	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER William Newell.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Lena Devlin.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant Lena Newell. (mother)
(Address) 420 Freeman St. Brooklyn.

15 [illegible], 19 [illegible] M. D.
1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D.

4/1, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery DATE OF BURIAL April 2 1931

20 UNDERTAKER Dunnowith & Son ADDRESS 3615 Harford Ave.

1-30—M. & T.—100 B—501.

E 67335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓ E 67335

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222-E. Eager Street ST. 10-14 WARD)

2-FULL NAME William J. Moran.

(a) RESIDENCE NO. 1222-E. Eager Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie(OBrien)

6 DATE OF BIRTH (month, day, and year) Abt. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70yrs	-	-		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Patrick Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Agnes Hogan

(Address) 3907-Bateman Ave.

15 Filed ..... 192 ..... G. HAMPSON JONES, M. D. Registrar

T331

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Probably March 29/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exposure-Lack of care

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible] Coroner, M. D.

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. Harford Rd. DATE OF BURIAL 4/1/31

20 UNDERTAKER [illegible] ADDRESS 1733 [illegible]

4/1/31

TION is very important See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 67336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓ E 67336

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222-E. Eager Street St. 10-14 WARD)

2-FULL NAME Annie Moran

(a) RESIDENCE NO 1222-E. Eager Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Moran

6 DATE OF BIRTH (month, day, and year) Abt. 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70-Yrs		-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Clinton Co. N. Y.

10 NAME OF FATHER Kennedy OBrien

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Margaret (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

PARENTS

14 Informant Cecilia E. Obrien

(Address) Lake Placid N. Y.

15 1931 C. HAMPSON JONES, M. D. Registrar

16 DATE OF DEATH (month, day, and year) Probably March 27/31 19

CORONER'S CERTIFICATE OF DEATH

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exposure- Lack of Care

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Mann, M. D. Coroner

4/4/31 19 (Address) 508 Elmtree

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Harford Rd. DATE OF BURIAL 4/7/31

20 UNDERTAKER J. H. Mann & Son ADDRESS 1735 Harford Rd

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67337

95-002

E 67337

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 May ST. 5-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Boley

(a) RESIDENCE No 1414 May ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irvin Boley

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Saul Canford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ida Wachter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Irvin Boley (Address) 1414 May St

15 Filed APR 2- 1931 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Vascular Disease

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

3/31/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet cemetery	April 3 1931
20 UNDERTAKER Edward Bryan	ADDRESS 1681 orleans st

on back of certificate.

mation sh... CAUSE OF ...TION is very important. See instructions on ba...

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67338

92 ✓ 001 E 67338

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1406 Myrtle ave St. 4-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie E. Newton

(a) RESIDENCE NO. 1406 Myrtle ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Richard Newton

6 DATE OF BIRTH (month, day, and year): April 5-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Frances

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Cynthia Haynes (Address) 1406 Myrtle ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 31 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1929, to Mar 31, 1931, that I last saw h alive on Mar 30, 1931 and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Disease and Uremia (duration) 1 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Heart Disease (duration) 1 yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Thos. J. Woolridge M. D.

4-1 1931 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	April 2 1931
20 UNDERTAKER: George P. A. Fitzer	ADDRESS: 1733 Druid Hill Ave

Xper.—9-28—A. & Co.—250 Blks

67339

HEALTH DEPARTMENT—CITY OF BALTIMORE

67339

CERTIFICATE OF DEATH.

162

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1503 Park ave (WARD) 14-20

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Susan Julia Gale

(a) RESIDENCE NO. 1503 Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Adams Gale

6 DATE OF BIRTH (month, day, and year) Nov 5 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75 (Seventy five)	11 (four)	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER Wm. Campbell Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER Susan J. Mayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Hamilton A. Gale
(Address): Annapolis Md.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 31st 1931

17

I HEREBY CERTIFY, That I attended deceased from ... 19 29 ... to March 31 19 31

that I last saw h[illegible] alive on March 31 19 31

and that death occurred, on the date stated above, at 10.15 P m.

The CAUSE OF DEATH* was as follows:

Gradual failure of age, without failure or progression of any vital organ - Bedridden for 3 years (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edith Tolan Ney M. D.

4.1 1931 (Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount — DATE OF BURIAL: April 2 31

20 UNDERTAKER: Henry H Jenkins Sons Co — ADDRESS: Richmond

TION is very important. See instructions on back of c

Cor.—10-18-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

E 67340

REGISTERED NO. E 67340

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 67340

1-PLACE OF DEATH St.James Apartments.

City of Baltimore: (No. Charles & Centre Sts. St. 11-25 Ward)

2-FULL NAME Mary A.H.Pepper.

(a) RESIDENCE NO. St.James Apartments. Ward

(Usual place of abode) Charles & Centre Sts.St.,

Length of residence in city or town where death occurred 16 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow.

5a If ~~wife~~ widowed, ~~husband~~ of ~~(or) WIFE of~~ Ellis Harvey.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	80	----------		

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cincinnatti,O.

(State or country)

PARENTS

10 NAME OF FATHER George Harvey.

11 BIRTHPLACE OF FATHER (city or town) Brunswick,O.

(State or country)

12 MAIDEN NAME OF MOTHER Tabitha Martin.

13 BIRTHPLACE OF MOTHER (city or town) Cincinnatti,O.

(State or country)

14 Informant Charles H.Harvey.(cousin)

(Address) St.Louis Mo.

Received APR 2- 1931 By [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Leinhardt M. D.

4/1, 1931 (Address) 1017 N.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft Lyon Mo.

DATE OF BURIAL 4/2/31

ADDRESS

20 UNDERTAKER W W Jenkins & Sons Lee Mc Cauley Burkard

REGISTERED APR 2- 1931 C. HARRISON JONES, M.D. Registrar

Property classified. Exact statement of occupation is necessary in case of DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 67341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 67341

REGISTERED NO.

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (NO. ST., 4-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James A. Campbell

(a) RESIDENCE NO. 608 E. Pratt St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Rosa Lawrence

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman 8-6

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer U.S. "Suburban"

9 BIRTHPLACE (city or town) (State or country) Somerset Co., Md. Maryland

PARENTS

10 NAME OF FATHER James A. Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Aurelia F. Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records, U.S. Marine Hospital (Address) Baltimore, Md.

15 Filed ..... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1931, to April 1, 1931, that I last saw him alive on April 1, 1931, and that death occurred, on the date stated above, at 5:40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ilium

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of Mar. 27, 1931

Was there an autopsy? no

What test confirmed diagnosis? Clinical & lab. findings

(Signed) [illegible], M. D.

4/2, 1931 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Princes Anne Md DATE OF BURIAL 4/4 1931

20 UNDERTAKER Wm A Berry ADDRESS Fellowship

Spec.—1-30—M. & T.—250 Bks.

E 67342 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67342

CERTIFICATE OF DEATH. 131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 N. Montford ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David H. Neff.

(a) RESIDENCE NO. 1321 N. Montford ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alice Moore Neff.

6 DATE OF BIRTH (month, day, and year) Nov. 16 1859.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	4	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Co. Pa.

PARENTS

10 NAME OF FATHER David Neff.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lancaster Co Pa

12 MAIDEN NAME OF MOTHER Rebecca Isberis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster Co Pa

14 Informant Mrs. Bradley (Address) 1321 N. Montford

15 Filed APR 7- 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1931 to April 1st, 1931

that I last saw him alive on Mch 31, 1931

and that death occurred, on the date stated above, at 1045a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Hypertension, Arteriosclerosis

Chronic Interstitial Nephritis

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary) Chr Interstitial Nephritis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Urinalysis & Symptoms

(Signed) Thos F. A. Stevens, M. D.

4-1, 1931 (Address) 2818 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Libble Bretum Lancaster Pa DATE OF BURIAL April 1931

20 UNDERTAKER Charles L. Sturm ADDRESS 150 E. Fort Ave.

Spec.—9-30—A. & Co.—250 Bks.

E 67343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67343

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, No 1813 Ashburton 15-67 WARD

2 FULL NAME Cordelia Adelaide Hunt

(a) RESIDENCE No. 3007 W. North Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Harvey Hunt

6 DATE OF BIRTH (month, day, and year) June 27, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fredk Co Md

PARENTS
10 NAME OF FATHER John M. Birley
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Elizabeth Ernstberger
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs Andrew J. Billson 1813 Ashburton St.

15 Filed APR 2 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 31 31

17
I HEREBY CERTIFY, That I attended deceased from 3-15 , 19 31 , to 3/31 , 19 31
that I last saw h alive on 3/31 , 19 31
and that death occurred, on the date stated above, at 12.40 a m.
The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Mitral Regurgitation
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Signs
(Signed) Dan'l Sellers M. D.
19 31 (Address) 1500 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ladiesburg Md.	Apr. 3 19 31
20 UNDERTAKER Wm Fletcher Davis	ADDRESS Hoffa

TION is very important. See instructions on back of certificate.

Spec.—9 30—A & Co.—250 Bks

E 67344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67344

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph's Hospital ST. 27-48 WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary F. Cowine

(a) RESIDENCE NO. St. Mary's Rectory (Usual place of abode) ST. (Evans) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 18 75

7 AGE — Years: 55 — Months: 6 — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): 076
(c) Name of employer: Father Hartwell

9 BIRTHPLACE (city or town) (State or country): Portsmouth, Va. Va.

PARENTS
10 NAME OF FATHER: Byron K. Cowine
11 BIRTHPLACE OF FATHER (city or town) (State or country): Alexandria Va.
12 MAIDEN NAME OF MOTHER: Mary Devine
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Miss Linda Williams 207 High St Portsmouth, Va.

15 Filed 4-7 1931 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from 3-30, 1931, to 4-1-31, 19
that I last saw h er alive on 4-1-31, 19
and that death occurred, on the date stated above, at 12.15 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Anaemia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of
Was there an autopsy? yes
What (est confirmed) diagnosis? autopsy
(Signed) Lawrence A. Sena, M. D.
19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Portsmouth, Va.
DATE OF BURIAL: April 2 1931

20 UNDERTAKER: Wm J Tickner & Son
ADDRESS: No Ruther

TION IS very important. See instructions on back of

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67345 — 23 — E 67345

REGISTERED NO. E67345

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 E. Madison ST. 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Plainer

(a) RESIDENCE NO. 1617 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 97 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colord	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	97			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 10

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Marie Babber

(Address) 1636 E. monument st

Filed 2- 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1-31

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1931, to April 1, 1931, that I last saw h/e alive on March 31, 1931, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Phthisis Pulmonary

(duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible], M. D.

4-2, 1931 (Address) 505 [illegible] st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	April 8 1931
20 UNDERTAKER Edward Bryan	ADDRESS 1691 Orleans st

Cor.—10-10-29—A Co.—100 Blks. .

HEALTH DEPARTMENT—CITY OF BALTIMORE

67346

CERTIFICATE OF DEATH

119 E 67346

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 431 S. Chester St. St. 1-3 Ward)

2 FULL NAME Lucille Ziolkowska

(a) RESIDENCE NO. 431 S. Chester St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 12 1930

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	4	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Louis Ziolkowski

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Helen Gutowska

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore

14 Informant Helen Ziolkowska
(Address) 431 S. Chester St.

15 Filed 12-1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry
(Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Int Rickets

Convulsions (duration) Life yrs. mos. ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) H. Wades, M. D.

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	April 2 1931
20 UNDERTAKER	ADDRESS
F. W. Ozarowski	1923 Eastern

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 67347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-E 67347

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hosp. STREET) 18-36 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wilhelmina Freedley

(a) RESIDENCE NO. 325 N Carrollton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry W. Freedley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Mr Harry Freedley 325 N. Carrollton Ave

Filed R 2-1931 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-31-31

17

I HEREBY CERTIFY, That I attended deceased from 3-29, 1931, to 3-31, 1931

that I last saw h alive on 3-31, 1931

and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Purulent Meningitis

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lumbar puncture

(Signed) J. M. Schoolman M. D.

3/31 19 31 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Pk. Cem. DATE OF BURIAL 4/2 1931.

20 UNDERTAKER Harry H. Witzke. ADDRESS 4101 Edmondson Ave.

TION is very important. See instructions on back of

Cor.—11-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67348

CERTIFICATE OF DEATH.

186-001 E 67348

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Hopkins Hospital 10-13 Ward)

2-FULL NAME Mary Thompson

(a) RESIDENCE NO. 909 Day St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: George Thompson

6 DATE OF BIRTH (month, day, and year): Aug 28, 1855

7 AGE: Years 75 Months 7 Days 3 — IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore
(State or country): Maryland

PARENTS

10 NAME OF FATHER: George Bienstein

11 BIRTHPLACE OF FATHER (city or town):
(State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): Germany

14 Informant: Mrs Jennie Bienstein
(Address): 5401 Belair Rd.

15 Filed ___ 19__ HARRISON JONES M D Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar 31st 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said her (Inquest, autopsy or inquiry.) inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Uremia-Pneumonia-General Shock
Accidently fell down stairs at home March 14/31 & fractured lt. humerus

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. H. Price M. D.
(Coroner)

4/1/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cem. — Date of Burial 4/2/ 1931

20 UNDERTAKER: Louis Heumann — ADDRESS 99 S Broadway

OF DEATH in plain terms, so that it may be properly classified. Fill blanks as far as practicable. Write plainly. Use ink. Be certain to answer every question. Sign certificate. very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67343 X 121 E 67343

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Joseph's Hospital — REGISTERED NO. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Calvert & Biddle Sts. (Ward) 1

2. FULL NAME ANDREW. Jones Cashell

(a) RESIDENCE No. 1000 Gough St. WARD 2nd (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Augusta H. Cashell

6 DATE OF BIRTH (month, day, and year) Aug 23 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Andrew J Cashell
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.
12 MAIDEN NAME OF MOTHER Marg't. Nicholson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Augusta H Cashell (Address) Gaynor Md.

15 Filed PR 2- 1931 Registrar C. HARRISON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-31

17
I HEREBY CERTIFY, That I attended deceased from 3-25-31 19 , to 3-30-31 19
that I last saw h alive on 3-30-31 19
and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:
Gangrenous Appendicitis
Diffuse Peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Leukemia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Hospital
Did an operation precede death? Yes Date of 3/28/31
Was there an autopsy? Yes
What test confirmed diagnosis? Microscopic

(Signed) A. H. Hundley M. D.
19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. — DATE OF BURIAL: 4-2 1931

UNDERTAKER: Bernard C Hark — ADDRESS: 1000 S Paca St

CROSS OUT WORDS NOT APPLICABLE. See instructions on back of certificates. TION is very important.

1-30—M. & T.—100 B—50L

E 67350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 67350

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1014 Eastern St. 35 (WARD)

2-FULL NAME Vincent Romeo

(a) RESIDENCE NO 1014 Eastern ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Madeline Romeo

6 DATE OF BIRTH (month, day, and year) Jan 8 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	59	2	22 23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Francis Romeo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Catherine Mispanba

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mary Romeo

(Address) 1014 Eastern ave

15 Filed APR 7 - 1931 '92 C. HAMPTON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) H. C. Wades, M. D. Coroner

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Italy Rosary — DATE OF BURIAL: April 19 31

20 UNDERTAKER: M. H. E. Deppeler — ADDRESS: 325 Aisquith St

TION is very important See instructions on back of certificates.

Cor.—10-18-29—A Co.—100 Bks.

E 67351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67351

REGISTERED No. 1084

1-PLACE OF DEATH

City of Baltimore: (No.) 1316 Small. St. 16-23 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Weathers

(a) RESIDENCE NO. 1316 Small St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Benita

6 DATE OF BIRTH (month, day, and year) Nov 25-1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Kentucky

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Benita Weathers
(Address) 1316 Small St

15 Filed Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Feinblatt M. D.
Coroner
(Address) 1113

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	4/3 1931
20 UNDERTAKER Jerome Foster	ADDRESS 916 P. Ave

OF DEATH in plain terms, so that it may be properly classified. Each statement of occupation is important. See instructions on back of certificate.

APR 2 - 1931 C. THOMSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 67352

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67352

48

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1802 Maryland ST., 17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jannie Burton

(a) RESIDENCE NO. 1802 Maryland Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Burton

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Will Hutchison

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Lillie Douglas

(Address) 208 W. Biddle St.

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30-1931

17

I HEREBY CERTIFY, That I attended deceased from March 22, 1931, to March 24, 1931,

that I last saw her alive on March 25, 1931,

and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Bodey, M. D.

, 19 (Address) 1900 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenwood S.C.	4-7-19 31
20 UNDERTAKER Hampton	ADDRESS 916 St ave.

Spec.—9-30—A. & Co.—250 Bks.

E 67353

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67353

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals 3-31-31

CITY OF BALTIMORE: (No. ... St. ... WARD)

REGISTERED No. 1085

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Grady West

(a) RESIDENCE No. 1015 Warner St. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia West

6 DATE OF BIRTH (month, day, and year) April 2 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Curtis Bay Chemical Co.

9 BIRTHPLACE (city or town) (State or country) Suffolk Va.

PARENTS

10 NAME OF FATHER Ben

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Jeneth Warren

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of

(Address) Balto. City Hosp.

15 Filed APR 2 - 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-31-31

17 I HEREBY CERTIFY, That I attended deceased from 3-29-31, 19 ..., to 3-31-31, 19 ...

that I last saw h im alive on 3-31-31, 19 ...

and that death occurred, on the date stated above, at 9:45 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of ...

Was there an autopsy? yes

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgett. M. D.

4-1, 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Colony

DATE OF BURIAL April 4 1931

20 UNDERTAKER Walter B. Spiggle

ADDRESS 132 Hamburg St

TION IS very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks.

67354 HEALTH DEPARTMENT—CITY OF BALTIMORE 67354½

CERTIFICATE OF DEATH

108 V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 601 E. 29th St 9-46 Ward)

REGISTERED NO
(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Claud V. Monks

(a) RESIDENCE NO 601 E 29th St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) JUNE 3. 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	1	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry S. Monks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ida M Welsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Aberdeen Md

14 Informant Mr Henry S Monks
(Address) 601 E 29th St

15 Filed APR 2 - 1931 HAMILTON JONES, M. D. Registrar

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-1-31

17

I HEREBY CERTIFY, That I attended deceased from 3-24-31, 19 , to 4-1-31, 19

that I last saw h alive on 4-1-31, 19

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Bilateral)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Swank M. D.

4/2/31 (Address) 706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL April 3 1931

UNDERTAKER John F Denny — ADDRESS 715 Light St

Spec.--1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67355

CERTIFICATE OF DEATH.

F 67355

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument and Rutland Sts. WARD) 13-54

REGISTERED No._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Isaac Rosenthal

(a) RESIDENCE No. 607 - N Whitelock ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Frances W. Rosenthal

6 DATE OF BIRTH (month, day, and year) Jany. 28, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	2	4	3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Uniform 045

(b) General nature of industry, business, or establishment in which employed (or employer) Mnfgr.

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Syracuse, N.Y.

PARENTS

10 NAME OF FATHER Moses Rosenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Miriam —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Dr. G. W. Rosenthal
(Address) 231 Eutaw Place

15 Filed C. HAMPSON JONES, M.D. Registrar
APR 2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to April 1, 1931, that I last saw him alive on April 1, 1931, and that death occurred, on the date stated above, at 12:05 P.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Carcinoma of Rectum.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 7, 1931

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Hugh Mulberg Bayless, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Beth Shalom Cem.	4/3/1931
20 UNDERTAKER	ADDRESS
David Sondheimer & Son	1902 Eutaw Place

Spec—1-30—M. & T.—250 Bks.

E 67356 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67356

CERTIFICATE OF DEATH. 94-002

1-PLACE OF DEATH St. Agnes Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1416 Mulberry Eastern ave ST. 7-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raisel Hershman

(a) RESIDENCE NO. 5616 Denmore Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 27, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce

(b) General nature of industry, business, or establishment in which employed (or employer) Dealer

(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Hershman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ena Sass

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs Ena Hershman

(Address) 5616 Denmore Av

Filed PR 2 - 1931 HAMDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-1-31

17 I HEREBY CERTIFY, That I attended deceased from March 16 1931 to April 1 1931

that I last saw h alive on April 1 1931

and that death occurred, on the date stated above, at 12 05 P. m.

The CAUSE OF DEATH* was as follows:

(1) Septicemia - Staphylococcus aureus

(2) Coronary Thrombosis

(duration) yrs. 2½ mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 5016 Denmore Av.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Hjalmar S. Anderson, M. D.

4-1-31, 19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bel Air Hebrew Cem.

DATE OF BURIAL 4/3/1931

20 UNDERTAKER David Sandkam & Son

ADDRESS 1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 67357

CERTIFICATE OF DEATH.

121

P 67357.

1-PLACE OF DEATH

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No Bon Secours Hospital WARD)

2 FULL NAME Rachel Bowman

(a) RESIDENCE No 1807 E. 28th ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 31, 1920

7 AGE	Years	Months	Days	IF LESS than 1 day, ... hrs. or ..... min.
	10	11	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pottstown Penna

PARENTS

10 NAME OF FATHER John R Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Rachel Shaner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant John R. Bowman
(Address) 1807 E 28th St

15 Filed APR 2 - 1931 C. HAYDON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 2 1931

17
I HEREBY CERTIFY, That I attended deceased from Mar 27, 1931, to Apr 2, 1931
that I last saw her alive on Apr 2, 1931
and that death occurred, on the date stated above, at 3:15 a.m.

The CAUSE OF DEATH* was as follows:
Appendicitis, Acute
General Peritonitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Pulmonary embolism
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? yes Date of Mar 27, 1931
Was there an autopsy? yes
What test confirmed diagnosis? Clinical & Laboratory

(Signed) Chas D Fahey Jr M. D.
(Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pottstown Penna	April 4, 1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul

TION IS very important. See INSTRUCTIONS ON BACK OF

Spec.—9-30—A. & Co.—250 Blks

67358 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67358

CERTIFICATE OF DEATH

82-009

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Presbyt Hospital St 6-9 WARD)

2 FULL NAME Eli Robinson

(a) RESIDENCE NO 316 N. Ann St ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	M

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Clarnetta R Robinson

6 DATE OF BIRTH (month, day, and year) July 6, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	34	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rocky Mount. N.C.

PARENTS

10 NAME OF FATHER Eli Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Rozena Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant (Address) James Robinson 316 N. Edmonson St

15 Filed MAR 2 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-31-31

17

I HEREBY CERTIFY, That I attended deceased from 3-27- , 19 31 , to 3-31 , 19 31

That I last saw h— alive on 3-31 , 19 31

and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage
(Left Ventricular)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Wm. C. Butler M. D.

4/1, 19 31 (Address) 425 N. Carlton St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rocky Mount. N.C.	April 2 1931
UNDERTAKER Wm R. G. Elliott	ADDRESS 1703 Eastlan Ave.

ATTENTION IS very important. See instructions on back of Certificates.

JAMESON JONES, M.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67359

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. WARD)

2-FULL NAME Jerry Rucker

(a) RESIDENCE NO. 1019 W. Lexington ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	8	8 7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Carrying prod Stk
(c) Name of employer: Lawrence Rubbers Chesterfield

9 BIRTHPLACE (city or town), (State or country): Virginia

PARENTS

10 NAME OF FATHER: George Rucker Chesterfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Allen Chesterfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Ruth R. Branch

(Address) 1019 W. Lexington St.

Filed: APR 2- 1931 Registrar: H. JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest & autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Revolver wound of right chest - accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intrathoracic hemorrhage

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 121 N. Schroeder St.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Guy A. Cromwell, M. D. Coroner

4/2, 1931 (Address) 203 Patapsco Ave. Brooklyn Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: April 2, 1931

20 UNDERTAKER: Mrs. Ruth R. Williams

ADDRESS 3222 Schroeder St.

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67360 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67360

CERTIFICATE OF DEATH X 131

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1334 Homestead ST. 9th WARD)

2 FULL NAME Charles Hesson

(a) RESIDENCE NO. 1334 Homestead ST. 9th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Hesson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Devilbiss

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Louis P. Hesson
(Address) 1334 Homestead

15 Filed APR 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/2/31

17 I HEREBY CERTIFY, That I attended deceased from Mar 29, 1931, to Apr. 2, 1931

that I last saw h alive on Apr 1st, 1931

and that death occurred, on the date stated above, at 8-30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis 2 yrs. mos. ds.

18 Where was disease contracted if not of place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C W Meyer Jr M. D.

4/2, 1931 (Address) 1500 E. 3 Mon.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md — DATE OF BURIAL April 4 1931

20 UNDERTAKER H Bankard & Son — ADDRESS Westminster Md

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E.67361 ✓ E.67361

HEALTH DEPARTMENT—CITY OF BALTIMORE

19829 d 108 19829 d

CERTIFICATE OF DEATH

11-24 (WARD)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No [illegible] WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Benjamin C. Eley

(a) RESIDENCE NO. 1325 Linden Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 7, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Kentucky

PARENTS

10 NAME OF FATHER: Benjamin Eley
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.
12 MAIDEN NAME OF MOTHER: Ann Cashigan
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Records
(Address): [illegible] HOSPITAL

Filed 2-1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): MAR 31 1931

17
I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1931, to Mar. 31, 1931
that I last saw him alive on Mar. 31, 1931
and that death occurred, on the date stated above, at 11.50 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) C M Fisher M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chuckatuck Va. DATE OF BURIAL: Apr 2 1931

20 UNDERTAKER: John O. Mitchell & Son ADDRESS: 1910 Eutaw Place

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 67362

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67362

CERTIFICATE OF DEATH

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Vet. of America Hospital ST. (WARD)

2-FULL NAME William H. Ray

(a) RESIDENCE NO. Unknown ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
White	Male	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant

(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

3/31. 19 31 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL APR 2 19 1931

20 UNDERTAKER G. Hampson Jones, Jr. Deputy Commissioner Health

ADDRESS

THE MORGUE

SECTION is very important. See instructions on back of certificates.

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 67363

CERTIFICATE OF DEATH

107-001 P 67363

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lasky Hospital ST. 26-37 WARD)

2-FULL NAME Bernard Spees

(a) RESIDENCE NO ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed ..... 192 ..... Registrar

THE NORTON PRESS

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mucks Fremitus

(duration) ..... yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Histology

(Signed) G C Lady ....., M. D. Coroner

, 19 (Address) 43 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: APR 2 - 1931 19

20 UNDERTAKER: Commissioner Health

ADDRESS

TION is very important. See instructions on back of certificates.

1-30—M & T.—100 P—50L

P 67364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 P 67364

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Res. 1525 Pine St. 18-26 WARD)

2-FULL NAME Lucinda Comus

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Unknown

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant

(Address)

Filed APR 2 - 1931, 192 . C. HARRISON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. ..... mos — ds.

CONTRIBUTORY —
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? History

(Signed) H G Slade, M. D.
Coroner

, 19 (Address) 1430 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	APR 2 1931
20 UNDERTAKER	ADDRESS
[illegible]	

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 67365

CERTIFICATE OF DEATH

108 P 67365

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp St. 5-6 Ward)

2-FULL NAME Lula Collins

(a) RESIDENCE (No. 1 Pine Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmle | 4 Color or Race: Col | 5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: No

6 DATE OF BIRTH (month, day, and year): 1907

7 AGE: Years 23 | Months | Days | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Balto Med.

9 BIRTHPLACE (city or town): Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Unk

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Unk

14 Informant (Address): Provident Hosp Balto

15 Filed MAR 26 1931, 19 — Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month) March 25th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes (Hospital)

What test confirmed diagnosis? Autopsy Findings

(Signed) Mar 26 1931 (Address) Hartman Coroner, M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY

DATE OF BURIAL: APR 2 - 1931

20 UNDERTAKER: Commissioner Health

ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67366

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 W. Lafayette St., 16-18 WARD)

REGISTERED NO. 131 E 67366

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P. Stein

(a) RESIDENCE NO. 2811 W. Lafayette Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret S. Dyer

6 DATE OF BIRTH (month, day, and year) 10-18-[illegible]

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
73	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Stanford Conn

PARENTS

10 NAME OF FATHER John Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Schuster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John P. Stein 613 Westminster

15 Filed Apr 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1931

17 I HEREBY CERTIFY, That I attended deceased from April 30 1929 to April 1 1931

that I last saw him alive on March 31 1931

and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, General Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Cause of Death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam.

(Signed) John A. Ford M.D.

4/2 1931 (Address) 1219 Poplar Grove St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St John. Cemetery Lower prem

DATE OF BURIAL 4/3 1931

20 UNDERTAKER H C Brauning Son

ADDRESS 11, 6 Baker St

APR 2 1931 C. HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

67367 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67367

145-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No.) Gladys (WARD) 12-51

2. FULL NAME Mrs. Earl Baker

(a) RESIDENCE NO. 2807 (Usual place of abode) ST. Bernard WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Earl Baker

6 DATE OF BIRTH (month, day, and year): Dec. 2 1903

7 AGE: Years 27 | Months 4 | Days 25 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Wm. Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mamie Hoffmeister

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Interment (Address): Earl Baker 2807 Bernard St

Filed APR 2 1931, 19... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to April 1, 1931

that I last saw h[e] alive on April 1, 1931

and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Heart Disease

Pelvic Cellulitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of March 1931

Was there an autopsy? Yes Pres. & Surg.

What test confirmed diagnosis?

(Signed) Francis W Gluck M. D.

4/1/1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood

DATE OF BURIAL: April 4, 1931

20 UNDERTAKER: Ehrenwerth Son

ADDRESS: 3615 Gwynns Falls Ave

TION is very important. See instructions on back of certificate.

R

Spec.—1-30—M. & T.—250 Bks.

E 67368

HEALTH DEPARTMENT—CITY OF BALTIMORE

15-001

E 67368

CERTIFICATE OF DEATH.

1-PLACE OF DEATH South Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. St. 3-5 Ward 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elinor R Collison

(a) RESIDENCE NO. 3421 ½ Pleasant Place WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/26/29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Wilbert Collison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elinor B Powers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wilbert Collison

(Address) 3421 ½ Pleasant Place

Filed 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/1/31

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1931 to April 1, 1931, that I last saw h[illegible] alive on April 1, 1931, and that death occurred, on the date stated above, at 5.00 A m.

The CAUSE OF DEATH* was as follows:

Acute bacterial endocarditis

(duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Acute tonsillitis

(duration) yrs. mos. 16 da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab records

(Signed) Joseph H. Lankster, M. D.

, 19 (Address) South Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	April 3 1931
UNDERTAKER Thurnwald Son	ADDRESS 3615 Gaetano

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67369 CERTIFICATE OF DEATH. 67369

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hosp. (WARD) H059

CITY OF BALTIMORE: (No 1514 Division ST. (Hughes)

2. FULL NAME Charles W. Bruges.

(a) RESIDENCE NO. (Usual place of abode) 2125½ Mc Culloh ST., ... WARD .....
(If non-resident give city or town and State)

Length of residence in City or town where death occurred 38 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Insurance Agent.
(b) General nature of industry, business, or establishment in which employed (or employer) 12 07
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mississippi

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Rodes (Address) 2125 ½ Mc Culloh

15 Filed 2 JUL 1931, 19 Per ..... Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-1-31

17 I HEREBY CERTIFY, That I attended deceased from 2-9-, 1931, to 4-1-, 1931
That I last saw him alive on 4-1-, 1931
and that death occurred, on the date stated above, at 3½ P. m.
The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & Autopsy
(Signed) Dr. George McDonald M. D.
4-1-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery — DATE OF BURIAL 4/3/1931

20 UNDERTAKER Mrs. Lu. H. Holland ADDRESS 1631 Druid Hill Ave

IMPORTANT is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67370 ✓ 92-001 P 67370

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 2572 McCulloh St. (Ward) 13 59

2-FULL NAME Amoda E Corbern

(a) RESIDENCE NO. 2572 McCulloh St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: C

5 Single, Married, Widowed or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Thomas Corbern

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

070

9 BIRTHPLACE (city or town)
(State or country) Md. Baltimore

PARENTS

10 NAME OF FATHER: John Hall

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant: James Corbern
(Address) 2572 McCulloh St

15 Filed 7-1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Coroner, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular Urinary Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Morrison, M. D.

7/2, 1931 (Address) 7672 Rockaway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	7/6/1931
20 UNDERTAKER	ADDRESS
Wm. Jos. E. Holland	1601 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A & Co.—250 Blks.

E 67371 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67371

CERTIFICATE OF DEATH. 1315

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hamnsity Hosp. (St.) 15-23 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Columbia Lipscomb.

(a) RESIDENCE No. 1361 N. Calhoun ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Married

8a If married, widowed, or divorced
HUSBAND of (or) WIFE of Archie

6 DATE OF BIRTH (month, day, and year) July 9 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Richard Spotswood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Sampson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Archie Lipscomb 1361 N. Calhoun St

15 Filed 4-2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31/31

17

I HEREBY CERTIFY, That I attended deceased from 3/16 1931 to 3/31 1931

that I last saw h-e alive on 3/31 1931

and that death occurred, on the date stated above, at 5:25 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Pneumonia

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertensive Heart Disease

Uremic Nephritis (duration) yrs. 18 mos. ds.

18 Where was disease contracted if not at place of death? Home (?)

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clin. Lab. & Path.

(Signed) Henry D. Wernick M. D.

(Address) Lemming Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Orange, Va

DATE OF BURIAL 4/3/ 1931

20 UNDERTAKER Mrs. Geo. E. Colladay ADDRESS 1631 Druid Hill

TION is very important. See instructions on back of

Spec.—8-30—A. & Co.—250 Blks.

67372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X V E 67372

1 PLACE OF DEATH St. Joseph Hospital

CITY OF BALTIMORE: (No. Lafayette & Calvert St.) 9 (WARD) 17134 REGISTERED No. 263

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Teresa Long

(a) RESIDENCE No. Texas, Maryland ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 5 ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE Thom. Long

6 DATE OF BIRTH (month, day, and year) 6/8/1881

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	10	23	X

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Chris Tannyo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dora ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mary Whitt
(Address) 1312 Stevens St

15 Filed 2-3-1931 C. HAMPSON JONES, M. D., Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-2-31

17
I HEREBY CERTIFY, That I attended deceased from 3-27, 19 31, to 4-2, 19 31
That I last saw h[illegible] alive on 4-2, 19 31
and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:
Complete Procedentia
Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) Unmeasured yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? yes Date of 4-2-31
Was there an autopsy? no
What test confirmed diagnosis? Clinical & Operative

(Signed) M B Kee Lee M. D.
(Address) 1122 Jones Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reform Cemetery Jacksonville
UNDERTAKER George J Pfaff Inc

DATE OF BURIAL 4/5/31
ADDRESS 1733 Harford

ATTENTION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks

E 67373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 67373

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No 15-21 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marie O'Day

(a) RESIDENCE NO. 1939 W. North ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Larkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Gilcrist

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed 2-1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1930, to April 1, 1931

that I last saw her alive on April 1, 1931

and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Feune M. D.

4-1, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: April 3 1931

20 UNDERTAKER: Warpeck & Flynn — ADDRESS: 14 W. Eight St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67374½ 67374

CERTIFICATE OF DEATH.

80 ✓

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1144 Hanover St. 23rd WARD

2 FULL NAME William L. Mella

(a) RESIDENCE NO. 1144 Hanover ST. 23 WARD
(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE — Years: 65 — Months: — — Days: — — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Leo A. Mella

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary J. Mella

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 INFORMANT: Mrs. L. Mella
(Address): 1144 Hanover St

DEC 2 1931

H. C. HARRISON JONES, M. D.

RRH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 31st 1931

17

I HEREBY CERTIFY, That I attended deceased from September 3rd, 1930, to March 31st, 1931

that I last saw him alive on March 31st, 1931

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Alopia (probably tuberculosis in origin)

(duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary): Acute dilatation of heart

(duration) (Since) yrs. 1 mos. — ds.

18 Where was disease contracted? At place of death
If not at place of death?

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Physical findings.

(Signed) Wm. Kleibel M. D.

4/2, 1931 (Address) 24-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill, Md

DATE OF BURIAL: 4/4 1931

20 UNDERTAKER: Wm. J. Livingston

ADDRESS: 31 Light St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

24634 HEALTH DEPARTMENT—CITY OF BALTIMORE

24 67375 CERTIFICATE OF DEATH X 66-002 E 67375

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2. FULL NAME Charles Wolfe

(a) RESIDENCE NO. Bruceton Mills W Va ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bliss

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS
10 NAME OF FATHER John
11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.
12 MAIDEN NAME OF MOTHER Martha King
13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant (Address) Records

15 Filed MAR 3 - 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr-2-1931

17
I HEREBY CERTIFY, That I attended deceased from July-1, 1930, to Apr 2, 1931
that I last saw him alive on April 2, 1931
and that death occurred, on the date stated above, at 8 20 P m.

The CAUSE OF DEATH* was as follows:
(1) Diffuse goitre with hyperthyroidism
(2) Acute diffuse glomerular nephritis

(1) (duration) 13 months yrs. mos. 14 ds.
(2)

CONTRIBUTORY (Secondary) ... Erysipelas of face
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? West Virginia
Did an operation precede death? Yes Date of Sept. 12, 1930
Was there an autopsy? Yes
What test confirmed diagnosis? B.M.R. Phthalein Test
(Signed) Caroline C Bedell M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bruceton Mills W Va	Apr 3, 1931
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	1900 Eutaw Place

TION is very important. See instructions on back of cer

Stock—12-23-21—E.B.R.S.—400 Bks.

E 67376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002 E 67376

Registered No. 9-47

1-PLACE OF DEATH

City of BALTIMORE: (No. 725 Caton Ave, St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Hamilton

(a) Residence No. 725 Caton Ave St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Female	White	Single

3a-If married, widowed, or divorced HUSBAND of (or) WIFE of — — — — —

6-DATE OF BIRTH (month, day and year) Aug 7-1868

7-AGE. 62 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country). Baltimore Maryland.

PARENTS

10-NAME OF FATHER. Charles Hamilton

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland.

12-MAIDEN NAME OF MOTHER. Margaret Barnhill

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Scotland

14- (Informant) Mrs. Sarah H. Rache
(Address) 725 Caton Ave.

15- (Date received) APR 3 - 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 1st 1931

17- I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1931, to April 1st, 1931, that I last saw her alive on March 30th, 1931, and that death occurred, on the date stated above, at 1245 P. m.

The CAUSE OF DEATH* was as follows:
Organic Cardiac disease

(Duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Bramwell Fargo, M. D.

, 19 (Address) 2937 N. Calvert St.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
St Johns Cemetery Waverly	April 4. 1931
20-UNDERTAKER. Henry W Measeton	ADDRESS 805 N Calvert St

instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67377 131 ✓ B 67377.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2903 St. Paul St. St. (12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Harvey Sanner

(a) RESIDENCE NO. 2903 St. Paul St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Capt. Wm. D. Sanner

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Capt. Wm. D. Sanner (Address) 2903 St Paul St

15 Filed APR 3 - 1931 19 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March April 31st 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1931 to Mar 31st 1931, that I last saw h alive on March 31st, 1931, and that death occurred, on the date stated above, at 100 m.

The CAUSE OF DEATH* was as follows:

Hemiplegia R side, due to Cerebral Hemorrhage

(duration) — yrs. 3 mos 9 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Stephen Buck M. D.

4/2 1931 (Address) 5 Club Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem.

DATE OF BURIAL 4/3/31

20 UNDERTAKER Harry A. Witzke 4101

ADDRESS Edmondson Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67378 9 ✓ E 67378

REGISTERED NO. 21-24

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Stewart ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Beverly D. Steinfort

(a) RESIDENCE NO. 722 N. Hamburg St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 29 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 11 - 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Edgar. Steinfort

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Maud J Imber.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Edgar. Steinfort

(Address) 722 N Hamburg St

15 Filed 3 1931, 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/31/31

17 I HEREBY CERTIFY, That I attended deceased from 3/31, 1931, to 3/11/31, 19....., that I last saw h er alive on 3/31/31, 19..... and that death occurred, on the date stated above, at 9 1 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis (Probably)
Gun shot wound of abdomen

(duration) 2 hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Homicide

(duration) yrs. mos. ds.?

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? wound & autopsy

(Signed) Bernard J. Tiry, M. D.

4/1, 1931 (Address) 7 E W Conduit

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 4. 3 '31

20 UNDERTAKER Bernard C Harle

ADDRESS 1000 E Pratt St

Spec.—0-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67379 — 93-004 — E 67379

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 548 N. Barre, 27-30 Ward)

REGISTERED No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Robert Dall. Sr.

(a) RESIDENCE No. 548 N. Barre St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Dall

6 DATE OF BIRTH (month, day, and year) Oct. 18-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	79	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Glass flowers

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Alex. Dall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Elizabeth Dunbar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs. Helen Dall
(Address) 548 N. Barre

15 Filed APR 3 - 1931 Registrar C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 1-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Apr 1, 1931

that I last saw h[illegible]ive on Mar 31, 1931

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency
about week
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Gilbert Ewart M. D.

19 3 1931 (Address) 2745 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Apr 3 1931

20 UNDERTAKER Wm J Fickner Son — ADDRESS [illegible]

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-801 V

E 67380

E 67380

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1225 Shield St. 1724 Ward)

2-FULL NAME Mattie Johnson

(a) RESIDENCE No. 1225 Shield St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fml

4 Color or Race Col.

5 Single, Married, Widowed or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wright Johnson

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE Years 41 40 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Maid.

(b) General nature of industry, business, or establishment in which employed (or employer) 870

(c) Name of employer md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Robt Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Mahon

13 BIRTHPLACE OF MOTHER (city or town) md

(State or country)

14 Informant Ernest Johnson (Address) 1225 Shield

15 Filed 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 day

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Robt L. Smith M. D.

(Address) 1225 Shield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 8-3 1931

20 UNDERTAKER James Easters

ADDRESS 916 Saratoga

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 3 1931

Spec.—1-30—M. & T.—250 Bks.

Time of Physical extended to April 3, 1931
Dr. Frederick Krupsaw 1931
asst. Com.

E 67381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 67381

1-PLACE OF DEATH U.S.Marine Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. Baltimore, Maryland 23-31 ST. WARD)

2-FULL NAME Floyd Quarles

(a) RESIDENCE NO. 815 Bevan St. Baltimore, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Hilda Fichu Quarles

6 DATE OF BIRTH (month, day, and year) October 18, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	43	5	8 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman 6

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman 08

(c) Name of employer S.S.Calvert

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Robert Quarles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Richards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Charles. Quarles

(Address) 30' Carrollton Ave

15 Filed APR 3 - 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 27, 1931.

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1930, to March 27, 1931, that I last saw him alive on March 27, 1931, and that death occurred, on the date stated above, at 10.25 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary,

(duration) yrs. 8 mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Lab. Findings

(Signed) Gordon A. Abbott M. D.

, 19 (Address) U.S.Marine Hospital, Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	4/3 1931
20 UNDERTAKER	ADDRESS
Daniel Easton	Penna Ave

Cor.—10-10-29—A Co.—100 Bks.

67332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207 E 67332

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital. Ward) 17-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James W. Baragars. (C)

(a) RESIDENCE NO. 1112 Druid Hill Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed or divorced HUSBAND of ~~WIFE of~~ Josephine Baragars. (C)

6 DATE OF BIRTH (month, day, and year) April 22, 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	44	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer) O
(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Baragars. (C)

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Eliza Culley. (C)

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

14 Informant Josephine Baragars. (C) wife
(Address) 1112 Druid Hill Ave.

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Crushed about the legs. Shock.
Run over by B.& O.R.R. train.
Accidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) B.& O. Tracks yrs. mos. ds.

18 Where was disease contracted? If not at place of death? Carney St. 3/30/31

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	4/4 1931
20 UNDERTAKER	ADDRESS
Samuel Enton	Penn

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67383 — 87-001 — D 67383

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5279 Lindenheight Ave 7-55 ST. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary A. Chenoweth

(a) RESIDENCE NO. 5279 Lindenheight Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of): George T. Chenoweth

6 DATE OF BIRTH (month, day, and year): Mar 31 1838

7 AGE — Years: 73 | Months: | Days: 1 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Daniel Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co

12 MAIDEN NAME OF MOTHER: Margaret Youngerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co

14 Informant (Address): Mrs Mary E. Butler 529 E. Lindenheight Ave

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from [illegible], 19 28, to April 2, 19 31

that I last saw her alive on April 2, 19 31

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Multiple Neuritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. W. Wells M. D.

4/3 19 31 (Address) 2020 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery Balto Co | DATE OF BURIAL: Apr 4 1931

20 UNDERTAKER: A. S. Marshall | ADDRESS: 3539 Fall Rd

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 67384 — CERTIFICATE OF DEATH — 46 B 67384

1 PLACE OF DEATH Baltimore City Hosp. 27-30 — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. WARD

2 FULL NAME Wolford Day.

(a) RESIDENCE NO. 607 Burgundy St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mammie Day

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
58		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wolford Day.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment Private. (Address) Baltimore City Hosp.

15 Filed ___ 19___ C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-2-31

17 I HEREBY CERTIFY, That I attended deceased from 6-16-, 1930, to 4-2-, 1931

that I last saw h[illegible] alive on 4-2-, 1931

and that death occurred, on the date stated above, at 2½ a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the sigmoid colon with local metastases

(duration) Unknown.

CONTRIBUTORY (Secondary) Contributory Unknown

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? yes Date of 6-17-30.

Was there an autopsy? yes

What test confirmed diagnosis? autopsy.

(Signed) Fred M. Dickinson M. D.

, 19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	April 4 1931
20 UNDERTAKER	ADDRESS 3227 Edmondson Ave
Mrs Kate R. Williams	

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 67385

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Ward) 27-54

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sr Mary Alice McGowan

(a) RESIDENCE No. Mt St Agnes (Usual place of abode) Mt Washington St. WARD

(If non-resident give city or town and State)

length of residence in city or town where death occurred Adult yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 9, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	30	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Religious

(b) General nature of industry, business, or establishment in which employed (or employer): 065

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Minnesota

PARENTS

10 NAME OF FATHER Joseph McGowan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Alice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Sister Superior (Address)

15 Filed 4 1931, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/3/31

17

I HEREBY CERTIFY, That I attended deceased from 2/16, 1931, to 4/3, 1931

that I last saw her alive on 4/3, 1931

and that death occurred, on the date stated above, at 12 40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma ovaries

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? H

Did an operation precede death? Bilateral Salpingectomy 8/23/30 Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

4/3/31, 19 (Signed) J. Feyko M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt St Agnes Mt Wash Md — DATE OF BURIAL: 4/6/31

20 UNDERTAKER: H. W. Jenkins Sons Co — ADDRESS: McCulloh Madison

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

246 B 85

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 E 67336

REGISTERED NO. 246 B 67336

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Joan Nash

(a) RESIDENCE No. 719-S-East Ave ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in this or town where death occurred 2 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

8a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar. 3-1931

7 AGE — Years: — Months: 0 Days: 28 If LESS than 1 day, hrs. or min.: 4 hrs

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md-

PARENTS

10 NAME OF FATHER: Laurence Nash

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md-

12 MAIDEN NAME OF MOTHER: Catherine Lang

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md-

11 Informant (Address): Friends-

13 Filed 3-1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April-1-31

17

I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1931, to April 1, 1931

that I last saw her alive on April 1, 1931

and that death occurred, on the date stated above, at 1:15 P. M.

The CAUSE OF DEATH* was as follows:

Meningitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Pellagra

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Godwin M. D.

4-1, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Deer Park Cem. Balto. Co.

DATE OF BURIAL: April 3rd 1931

20 UNDERTAKER: Lilly & Geiser Inc.

ADDRESS: 403 S. Wolfe St

TION is very important. See instructions on back of

Spec.—9-31—A. & Co.—250 Blks.

E 67387 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 67387

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5111 Park Heights Ave. 37-56 ST. WARD)

2 FULL NAME Edward Milton Jones

(a) RESIDENCE NO. 5111 Park Heights Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 17, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	23	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James E. Jones

11 BIRTHPLACE OF FATHER (city or town) St. Mary's County (State or country) Maryland

12 MAIDEN NAME OF MOTHER Gertrude E. Metz

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mr. James E. Jones

(Address) 5111 Park Heights Ave.

15 Filed APR 3 1931

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from August, 1927, to Apr 1, 1931

that I last saw h im alive on Mar 31, 1931

and that death occurred, on the date stated above, at 12.50 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Bernard I Strout M. D.

4/1, 1931 (Address) 2329 Arunah Avenue

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Apr. 5 1931

UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

TION is very important. See instructions on back of certificate.

R 3 1931

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

P 67338 — 246903 — 10-14121 — P 67338

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL, 1st. WARD)

2 FULL NAME Henry Mellow

(a) RESIDENCE NO. 835 Hanford ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2 1918 (Supervisors)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Mello

11 BIRTHPLACE OF FATHER (city or town) (State or country) Portugal

12 MAIDEN NAME OF MOTHER Nellie Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address)

APR 3-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31-1931

17

I HEREBY CERTIFY, That I attended deceased from March 26, 1931, to March 31, 1931

that I last saw him alive on March 31, 1931

and that death occurred, on the date stated above, at 2.40 A. M.

The CAUSE OF DEATH* was as follows:

(a) Acute Peritonitis Ulcer Perforated Appendix

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Mar. 26/31

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation & autopsy.

(Signed) Harold Hirschstein M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem — DATE OF BURIAL 4/4 1931

20 UNDERTAKER Samuel Hensley — ADDRESS 1218 E Balto

CAUSE OF DEATH to be plainly written. Avoid use of abbreviations. If not known write "Unknown." Statements must be based on personal knowledge. Do not use terms of mode of dying, such as heart failure, asthenia, etc., without stating cause which produced them. Sign and add address in full. Fill in all blanks. Punctuation is required. Use ditto marks only when they will not be misleading. Do not write on back of certificates. TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 67389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-006 E 67389

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4-25 WARD

2-FULL NAME Gertrude Page

(a) RESIDENCE NO. 631 Vine St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sylvester Murray

(Address) 758 W Saratoga

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene Feller M. D. Coroner

4/3. 1931 (Address) 239 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	4/3 1931
20 UNDERTAKER Samuel Hensley	ADDRESS W Balto

CAUSE OF DEATH: Be particular, and state the primary cause, or the principal result of violence, last. Primary cause means disease or injury which initiated the train of morbid events which resulted in death. Secondary cause means disease or injury which may have contributed to the primary cause. Result of violence means injury which caused death. Mode of violence means how injury was received. Example: Typhoid fever, 3 weeks; perforation of intestine. Pneumonia, 5 days; typhoid fever, 3 weeks. Fracture of skull; fall from building. Gunshot wound of heart; homicide. Drowning; accidental. Strangulation; hanging. Suicide. Poison (name it); suicide. Poison (name it); accidental. Poison (name it); homicide. Abortion; septicemia. Childbirth; hemorrhage. Childbirth; embolism. Childbirth; eclampsia. Childbirth; shock. Childbirth; exhaustion. Childbirth; sepsis. Childbirth; peritonitis. Childbirth; ruptured uterus. Childbirth; accidental. Childbirth; homicide. Childbirth; suicide. Childbirth; cause undetermined.

TION is very important See instructions on back of certificates.

6-1931 C. HAMPTON JONES, M.D.

Spec.—9-30—A. & Co.—250 Blks.

24703 4

E 67390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67390

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No [redacted] ST 7-9 (WARD) 71-00

2 FULL NAME Homer Pinkney

(a) RESIDENCE NO. 411 East Penn. Ave, ST. Towson, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~ (Write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stove-repairer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Pinkney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Florence Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records.

(Address) [illegible]

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 1 - 1931

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to ~~March~~ April 1, 1931

that I last saw him alive on March 31, 1931

and that death occurred, on the date stated above, at 12 35 am m.

The CAUSE OF DEATH* was as follows:

Acute nephritis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Sickle cell anemia

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Benj. M. Baker, Jr M. D.

April, 1931 (Address) John Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Roots Hill Cem. Cockeysville Md. DATE OF BURIAL: April 4 1931

20 UNDERTAKER: Byrom Wright ADDRESS: 1218 McElderry St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67391
1-PLACE OF DEATH

CERTIFICATE OF DEATH

162

REGISTERED NO E 67391
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No 2919 N. Calvert ST. 12-50 WARD)

2 FULL NAME Elizabeth A. Shipley

(a) RESIDENCE NO 2919 N. Calvert ST. WARD
(Usual place of abode) life (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Columbus Shipley

6 DATE OF BIRTH (month, day, and year) Jan.10,1838

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93	3 2	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work f
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maria Fill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) --- --

14 Informant Miss Gertrude Shipley
(Address) 2919 N. Calvert St.

15 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/1/31

17
I HEREBY CERTIFY, That I attended deceased from Jan. 1930, to April 1 1931
that I last saw h alive on April 1 1931
and that death occurred, on the date stated above, at 10 A m.
The CAUSE OF DEATH* was as follows:
Senile Dementia
& Infirmities of
old age.

(Duration) 1 yrs. 3 mos. 1 ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? ✓
(Signed) Jefferis Buck M. D.
4/2 1931 (Address) 5 Chase Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Apr.3 1931

20 UNDERTAKER: John C. Mitchell & Sons, 1900 Eutaw Place — ADDRESS

CAUSE OF DEATH: PHYSICIAN MUST FILL IN ALL BLANKS. See instructions on back of certificates. ATTENTION is very important.

Spec.—9-30—A. & Co.—250 Blks.

E 67392 HEALTH DEPARTMENT—CITY OF BALTIMORE 67392

CERTIFICATE OF DEATH. 144-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital 27-468 ST. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ruth B. Weaver

(a) RESIDENCE NO. 5108 St. Georges Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Francis P. Weaver

6 DATE OF BIRTH (month, day, and year) Oct 4, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Clifton E. Krebs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Bessie Clare Herman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Hospital Records
(Address)

15 Filed APR 5 1931, 19 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/3/31

17

I HEREBY CERTIFY, That I attended deceased from 3/31, 1931, to 4/3, 1931

that I last saw h[illegible] alive on 4/3, 1931

and that death occurred, on the date stated above, at 12:50 Am.

The CAUSE OF DEATH* was as follows:

Uterine Hemorrhage of undetermined origin

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4/2/31

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) J. H. Grabman M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemy. DATE OF BURIAL April 4, 1931

20 UNDERTAKER John O. Mitchell & Son ADDRESS 1900 Eutaw Place

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67393

CERTIFICATE OF DEATH.

E 67393

51

1-PLACE OF DEATH University of Maryland Hospital

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 18-26 ST. (WARD)

2-FULL NAME Samuel Davis

(a) RESIDENCE No. 1115 Bruce St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Ida Davis

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Samuel Davis (wife) (usual address) (same as death)

15 Filed APR 3 - 1931 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30 1931.

17

I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to March 30, 1931.

that I last saw him alive on March 30, 1931

and that death occurred, on the date stated above, at 3:25 A. m.

The CAUSE OF DEATH* was as follows:

*Carcinoma of penis; Chronic cystitis

Tuberculosis (Squamous cell carcinoma)

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (~~typhoid~~) bronchial

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of March 9, 1931.

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) R. B. Hudson M. D.

March 31 1931 (Address) University of Maryland Hospital

*State the Disease Causing Death, or if death from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Zion Cem

DATE OF BURIAL 4/3 1931

20 UNDERTAKER Isaiah L Brown Son

ADDRESS 109 W Montgomery St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67394

CERTIFICATE OF DEATH.

131 E 67394

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Bernard st 42-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Daniel C. Cooper jr.

(a) RESIDENCE No. 2619 Bernard st ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married (nee Griffith)

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Katherine M Cooper

6 DATE OF BIRTH (month, day, and year) Feb 15 1863

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Elliott city Md.

PARENTS

10 NAME OF FATHER Daniel C. Cooper Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Hansford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Rose Elliott Daughter

(Address) 212 Bryan ave Govanstown

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2/31

17

I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to April 2, 1931

that I last saw him alive on April 1, 1931

and that death occurred, on the date stated above, at 7.35 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophied Prostate

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Symptoms

(Signed) Wm. H. Kelly M. D.

4/2 1931 (Address) Medical Arts Bldg

* State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cem Hampden	April 4 1931
20 UNDERTAKER	ADDRESS
J. Walter Davis	3418 Chestnut Ave

TION is very important. See instructions on back of certificate.

APR 3 1931 C. HAMPTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

67395

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67395

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital (ST.) 12-51 (WARD) x 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick H. Quenstedt

(a) RESIDENCE NO. Elizabeth City, N.J. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charlotte Davis

6 DATE OF BIRTH (month, day, and year) July 1, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	9	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coast Guard Service Offr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Government

9 BIRTHPLACE (city or town) Milwaukee (State or country) Wisconsin

PARENTS

10 NAME OF FATHER Charles Quenstedt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Krause

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records, U.S. Marine Hospital Baltimore, Md.

15 Filed APR 3 1931 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 19 31, to April 1, 19 31, that I last saw him alive on April 1, 19 31, and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Sarcomatosis, generalized

(duration) over 5 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 3-16-31

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) [signature], M. D.

4/2, 19 31 (Address) U.S. Marine Hospital, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D.C.

DATE OF BURIAL April 3, 1931

20 UNDERTAKER E. LeRoy Stiffler, Inc.

ADDRESS 125 E. North Ave

THIS is very important. See instructions on back

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67396

E 67396

CERTIFICATE OF DEATH.

121

1-PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 911 Poplar Hill Rd ST.) 27-53 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Whitney Goodwin

(a) RESIDENCE NO. 911 Popular Hill Rd ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow of Henry Root Goodwin

6 DATE OF BIRTH (month, day, and year) Nov 13, 1855

7 AGE	75 Years	4 Months	20 Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md
Ashburnan Mass.

PARENTS

10 NAME OF FATHER Milton Whitney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ashburnan Mass.

12 MAIDEN NAME OF MOTHER Sarah Whitney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ashburnan Mass

14 Informant Alvin R. Goodwin
(Address) 911 Poplar Hill Rd

15 Filed Apr 3 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1927, to April 3, 1931,
that I last saw h.. alive on April 3, 1931;
and that death occurred, on the date stated above, at 7.25 A.M.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency
appendicitis
pneumonia

(duration) years yrs. mos. ds.

CONTRIBUTORY (Secondary) appendicitis + pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jay Wachs M. D.

, 19 (Address) 1201 Calvert St,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sleepy Hollow Cem. N.J.

DATE OF BURIAL 4-4 1931

20 UNDERTAKER Henry W. Jenkins & Sons Co

ADDRESS Orchard & McCulloh

TION IS very important

Spec.—9-30—A. & Cn.—250 Blks.

E 67397 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87397

57

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Highland Ave + Balto St (No. 2 E) (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary V. Slacum

(a) RESIDENCE NO. Highland Ave + Balto ST. WARD
(Usual place of abode) 3401 E Balto St (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Luther M. Slacum

6 DATE OF BIRTH (month, day, and year) Nov 2 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Geo L. Slacum Annapolis

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

R 2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 3rd 1931

17
I HEREBY CERTIFY, That I attended deceased from about 10 years, 19, to 4. 3. 31, 19
that I last saw h~~e~~r alive on 4. 3. 31., 19
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic arthritis.
(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical only

(Signed) Philip B. Fowler M. D.
4. 4. 31. 19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Post Lincoln Cemetery, Md — DATE OF BURIAL: 4/4/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67398

CERTIFICATE OF DEATH

164-001 ✓

E 67398

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1048 Patapsco St. St. 24-33 Ward)

2-FULL NAME Anna A. Strasser.

(a) RESIDENCE NO. 1048 Patapsco St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. ~~mos.~~ ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Married

5a If married, ~~widowed~~ ~~or divorced~~ (or) WIFE of Henry Strasser.

6 DATE OF BIRTH (month, day, and year) July 13, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Dorchester Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER Michael Branigan.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore. Md.

12 MAIDEN NAME OF MOTHER Sarah Williams.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Henry Strasser. (husband)
(Address) 1048 Patapsco St.

15 [illegible]

PR 4 - 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) C. H. Weinhardt M. D.

4/2. 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	4/6/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21 MAT 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 67399 — 157-003 — B 67399

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4422 Wpenwood ave (St.) 27-48 (Ward)

2-FULL NAME Robert Joseph Metzbower

(a) RESIDENCE NO. 4422 Wpenwood ave ST., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 22nd 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER David Frank Metzbower

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Blanche Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant David F. Metzbower
(Address) 4423 Wpenwood Ave

15 Filed April 4 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1931

17 I HEREBY CERTIFY, That I attended deceased from February 1931 to April 3 1931, that I last saw him alive on April 3 1931, and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) yrs. 6 mos. 12 ds.

CONTRIBUTORY (Secondary) Acute Febrile Bronchitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis J. Ayd, M. D.

April 1931 (Address) 2005 E. Fremont St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL 4/4/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 Hanover St

CAUSE OF DEATH in plain terms. Be sure it may... TION is very important. See instructions on back of certificates.

PR 4

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67400

CERTIFICATE OF DEATH.

E 67400

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (Street) 8-45 (Ward) 137

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas St. Nicholson

(a) RESIDENCE NO. 2815 Chesterfield ave (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	w	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma J. Nicholson

6 DATE OF BIRTH (month, day, and year) Aug 1st 1841

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
89	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Thos. S. Nicholson Jr

(Address) 1516 E 33rd st

15 Filed ....19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-2-31

17

I HEREBY CERTIFY, That I attended deceased from 3-15, 1931, to 4-2, 1931

that I last saw him alive on 4-2, 1931

and that death occurred, on the date stated above, at 845 P m.

The CAUSE OF DEATH* was as follows:

Hypertrophic prostatitis

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolus

(duration) yrs. mos. sudden ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 4-2-31

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert Dardo M. D.

.19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 4/6/1931

UNDERTAKER Wm Cook

ADDRESS 1217 E Pratt St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67401

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67401

CERTIFICATE OF DEATH.

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 20-7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Henry M Earp

(a) RESIDENCE NO. 520 Arlington Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 13, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Francis Earp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Durny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed R 4-1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to April 3, 1931

that I last saw h[illegible] alive on April 3, 1931

and that death occurred, on the date stated above, at 9:20 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Pulmonary Hemorrhage. Re organ

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

7 days (duration) yrs. mos. 7 days

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Exam. of Sputum (Adler)

(Signed) Francis V. Blick M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 4/6/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of c

Cor.—10-10-30—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

203 ✓

B 67402

REGISTERED NO. B 67402

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. St. 25-72 Ward

2-FULL NAME Nicholas Long.

(a) RESIDENCE NO. 2002 Breitwert Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, HUSBAND of Agnes Long.

6 DATE OF BIRTH (month, day, and year) March 21, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	0	12	///

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Repair man
(b) General nature of industry, business, or establishment in which employed (or employer): Otis Elevator Co.
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Agnes Long. (wife)
(Address) 2002 Breitwert Ave.

15 Filed APR 4 - 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull and pelvis.

Accidental fall down an elevator shaft.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Hochschild Kohn. (duration) Howard & Lexington Sts.

Is Where was disease contracted If not at place of death? April 2, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D.

4/3, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Apl 6 1931
20 UNDERTAKER Ehrenwerth & Son	ADDRESS 3417 Chestnut Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 67403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001 ✓ E 67403

REGISTERED No. C

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1816 W Baltimore 90-27 St. WARD)

2 FULL NAME William Henry McDowell

(Residence in Baltimore: No. 1816 W Baltimore St.; 74 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: December 12, 1856 (Month) (Day) (Year)

7 AGE: 74 yrs. 3 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): Candy Mfg. 045

9 BIRTHPLACE (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James T. McDowell

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Martha Cooke

13 BIRTHPLACE OF MOTHER (State or country): Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Tyle McDowell

(Address) 1816 W Baltimore St

15 APR 4 1931, 191

C. HAMPSON JONES, M. D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 2, 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1931, to Apr 2 1931, that I saw h.. alive on Apr 2, 1931, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(Duration) yrs. mos. 1 ds

Contributory (SECONDARY) Angina Pectoris

(Duration) 7 yrs. mos. ds.

(Signed) J M Hanna M. D.

Apr 2, 1931 (Address) 1822 W Baltimore St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: April 4, 1931

20 UNDERTAKER: George L Smith

ADDRESS: 532 Allins

E—Every blank must be filled out. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67404

CERTIFICATE OF DEATH.

82-001 E 67404

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4508 Elsrode ave ST. 27-4th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J. Brezler

(a) RESIDENCE NO. 4508 Elsrode ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jacob Brezler

6 DATE OF BIRTH (month, day, and year) May 16, 1848

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

037

9 BIRTHPLACE (city or town) (State or country) Hagerstown Md

PARENTS

10 NAME OF FATHER Albin Dinsmore

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Dorothy Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Elsa

14 Interment Mattie Nigh

(Address) 4508 Elsrode ave

15 Filed 4-1931. 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1931.

17 I HEREBY CERTIFY, That I attended deceased from Mar 7 1931 to April 1 1931, that I last saw h[illegible] alive on April 1 1931, and that death occurred, on the date stated above, at 10 7 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C Carroll Fenner, M. D.

4/1/31 19 (Address) 4 Walbrook Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	April 4 1931
20 UNDERTAKER Frank V. Tipetone	ADDRESS 2818 E. Balto st

ATION is very important. See instructions on back.

R

C. HAMILTON JONES, M. D.

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67405

CERTIFICATE OF DEATH

31 E 67405

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE, (No. Caroline & Aliceanna Sts.)

2-FULL NAME Mrs. Daphne Cooper

(a) RESIDENCE NO. 923 Harlem Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Raymond Cooper

6 DATE OF BIRTH (month, day, and year): Sept 12, 1879

7 AGE — Years: 31 — Months: 6 — Days: 19 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): o/o

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Wm. Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Marie Ceaser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Beatrice Cooper

(Address): 923 Harlem Ave

15 Filed APR 4 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3-31-31

17 I HEREBY CERTIFY, That I attended deceased from Mar 27, 1931, to Mar 31, 1931

that I last saw her alive on Mar 31, 1931

and that death occurred, on the date stated above, at 11:30 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar Y

Contributory

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Tornbury M. D.

. 19 (Address) 1 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: April 4 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 303 Pleasant St

TION is very important. See instructions on back of certificates.

Form—6-9-29—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 67406

CERTIFICATE OF DEATH.

151 1003 ✓

B 67406

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 125 East (St.) 11-15 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Unnamed - Keason

(a) RESIDENCE No. 125 East St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr 2nd 1931

7 AGE: Years 0 Months 0 Days 2nd
If LESS than 1 day 3 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Baltimore City Md

PARENTS

10 NAME OF FATHER: Frank A. Keason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn.

12 MAIDEN NAME OF MOTHER: Linah Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Frank A. Keason
(Address): 125 E. Read St

15 Filed APR 4 - 1931 19 — Registrar

C. HAMILTON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr 2nd, 1931, to Apr 2, 1931, that I last saw him alive on Apr 2, 1931, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Blue Baby

(duration) yrs. mos. 4 hrs

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Respiration-Pulse

(Signed) H. Frank Bell M. D.

, 19 (Address) 352 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glenwood Cemetery — DATE OF BURIAL: 4-4 1931

20 UNDERTAKER: Mrs & Chas G. Bailey — ADDRESS: 1421 Jefferson

CAUSE OF DEATH in plain terms, so that it may be properly coded. TION is very important. See instructions on back of certificates.

Spec.—1-30—M & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67407

CERTIFICATE OF DEATH.

43-003 E 67407.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 N Chester ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M Schoal

(a) RESIDENCE No. 1740 N Chester ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced (~~HUSBAND~~ or) WIFE of Wm H. Schoal

6 DATE OF BIRTH (month, day, and year) 12-14-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 1/4 W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jos. Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Eleanor Squires

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Ida appel-dau.
(Address) 1740 N Chester St.

15 Filed 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/2/31

17 I HEREBY CERTIFY, That I attended deceased from 3/28/31 to 4/2/31

that I last saw h[illegible] alive on 4/1/31

and that death occurred, on the date stated above, at 2.10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - (Over)
Hypostatic Pneumonia -

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George Abner Bowden M. D.

4/2, 1931 (Address) 1517 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 4/4 1931

20 UNDERTAKER Robert Burke & Son

ADDRESS Calhoun & Hollins

IMPORTANT. See instructions on back of

Spec.—9-30—A. & Co.—250 Bks.

E 67408 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

97-00 E 67408

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1817 E. Pratt (ST.) 19-28 (WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Hartmeyer

(a) RESIDENCE No. 1817 E. Pratt ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Louise Hartmeyer

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ___hrs. or ___mins.
	59	4	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Stationary
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER: Charles Hartmeyer
11 BIRTHPLACE OF FATHER (city or town) (State or country): Switzerland
12 MAIDEN NAME OF MOTHER: Caroline Young
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Louise Hartmeyer
(Address): 1817 E. Pratt St

Filed Apr. 4 1931 19 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from July, 1930, to April 2, 1931
that I last saw him alive on April 2, 1931
and that death occurred, on the date stated above, at 1:30 p. m.
The CAUSE OF DEATH* was as follows:

Chronic Endocarditis & Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Coronary occlusion

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? residence
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Louis J. Feinglos M. D.
4-3. 1931 (Address) 1002 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Apr. 6 1931
20 UNDERTAKER: Henry Sander & Sons - Inc. — ADDRESS: Baltimore St & Broadway.

R 4-1931

DIRECTIONS FOR FILLING OUT CERTIFICATES. See instructions on back of certificates. ATTENTION is very important.

Spec.—1-30—M. & T.—250 Blks.

E 67409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E-67409

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkens Ave. (Avenue, ST., 13 WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Sykes

(a) RESIDENCE No. 3633 Elsinore Ave City ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 21-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	56	4	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) 009
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Lewis D Sykes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Margaret M. Rupp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co

14 Informant Allen Sykes
(Address) 3633 Elsinore Ave

APR 4 - 1931

C. HARRISON JONES, M. D.
15 Local Registrar Ed Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3, 31

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 3, 1931, that I last saw her alive on April 3, 1931, and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Emphysema - Pulmonary
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Exam —

(Signed) Hjalmar S. Anderson, M. D.

4-3-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Leister Cemetery Carroll Co	April 5 1931
20 UNDERTAKER	ADDRESS
A S Marshall	3537 Fulton

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67410 ✓ E 67410

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals 5-8 78 REGISTERED NO.

CITY OF BALTIMORE: (No ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henrietta Braxton

(a) RESIDENCE No 208 Colvin St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Reuben Braxton

6 DATE OF BIRTH (month, day, and year) Mar. 6, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31		26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Culpeper Co. Va.

PARENTS
10 NAME OF FATHER John Williams
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Kitty ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records of Balto. City Hospitals

15 Filed APR 4 - 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-2-31

17
I HEREBY CERTIFY, That I attended deceased from 2-10-31, 19... to 4-2-31, 19...
that I last saw her alive on 4-2-31, 19...
and that death occurred, on the date stated above, at 3:35 P m.

The CAUSE OF DEATH* was as follows:

Encephalitis (non epidemic)
(duration) yrs. 4 mos. ds.
CONTRIBUTORY (Secondary) None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy.
(Signed) Paul Padget M. D.
4-3, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Culpeper Co. Va. DATE OF BURIAL 4 5 1931

20 UNDERTAKER Byron D. Knight 1218 McCulloh St ADDRESS

TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 V

E 67411

E 67411

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 719 S. Milton Ave. St., 1-3 Ward)

2-FULL NAME Anna S. Swigon

(a) RESIDENCE NO. 719 S. Milton Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin Swigon

6 DATE OF BIRTH (month, day, and year) Unk.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) House Work
(c) Name of employer At Home

9 BIRTHPLACE (city or town)
(State or country) Poland

PARENTS

10 NAME OF FATHER Blazio Dzienik

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Martin Swigon
(Address) 719 S. Milton Ave

15 Filed APR 4 - 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1- 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:
Mitral Stenosis

(duration) 1 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —
Did operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis? History

(Signed) C. C. Glades, M. D.
(Address) 1716 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	4/6 1931
20 UNDERTAKER John J. Duda	ADDRESS 2811 Hudson St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 67412 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 E 67412

CERTIFICATE OF DEATH

1—PLACE OF DEATH Good Shepherd General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1512 N. Gilmor ST. 17-25 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daniel Coates

(a) RESIDENCE NO. 1305 Etting St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE: Years 56; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Florence Nelson

(Address): 1303 Etting St

15 Filed APR 4 1931 19 C. HAMPSON JONES, M. D. Registrar

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3/31

17 I HEREBY CERTIFY, That I attended deceased from March 26, 1931, to April 3, 1931, that I last saw him alive on 4-3-31, 19, and that death occurred, on the date stated above, at 2:50 A.M.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. 3 mo. ds.

CONTRIBUTORY (Secondary): Uremia - Hypertension

(duration) yrs. One mo. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. R. Boykin, M. D.

, 19 (Address) 1512 Gilmore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 4-4 1931

20 UNDERTAKER: Dennis Easter — ADDRESS 916 Eager

Rpnt—9 M—A. & Co.—200 Blks

E 67413 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67413

CERTIFICATE OF DEATH. 131

1. PLACE OF DEATH

CITY OF BALTIMORE (a) No 1505 N. Dallas 8-17 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Daisy O'Brien.

(a) RESIDENCE NO. 1505 N. Dallas ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Fred O'Brien.

6 DATE OF BIRTH (month, day, and year): June 13-1891

7 AGE: Years 39 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

041

9 BIRTHPLACE (city or town) (State or country): Balto, Md.

PARENTS

10 NAME OF FATHER: Henry Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Alberta Dyson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Marie O'Brien, 1505 N. Dallas St.

APR 4 - 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 3-31

17
I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to Apr 3, 1931

that I last saw h[illegible] alive on Apr 2 1931

and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chr Parenchymatous Nephritis & Hemorrhage Anasarca (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

4/3, 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Cemetery

DATE OF BURIAL: Apr. 6 1931

UNDERTAKER: Ellis M. Johnson

ADDRESS: [illegible] N. Calhoun St.

TION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks

E 67414

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67414

CERTIFICATE OF DEATH.

131

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No 1512 N Gilmor St WARD 5th)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Arabella Holladay

(a) RESIDENCE NO. 612 N. Eden St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	Col.	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of widowed

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Emma Coleman
(Address) 612 N. Eden St

15 FILED APR 4 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1 1931

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1931, to April 1, 1931

that I last saw h[illegible] alive on 4-1-31

and that death occurred, on the date stated above, at 11:45a m.

The CAUSE OF DEATH* was as follows:

Chron. Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. 4 mos ds.

18 Where was disease contracted if not at place of death? Balto md

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M R Bolkin M. D.

19 (Address) 1512 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md

DATE OF BURIAL Apr 4 1931

UNDERTAKER Mrs J. G. Locks

ADDRESS 1302 Jefferson St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67415

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 611 S. Bond 4-4 108 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Stepak

(a) RESIDENCE NO. 611 S. Bond ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 17-1928

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	2	5	18/16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Alexander Stepak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Helena Najdycz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Helena Stepak
(Address) 611 S Bond

15 Filed . 19 S. HANSON JONES, M. D. Registrar

APR 4 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 3 - 1931

17

I HEREBY CERTIFY, That I attended deceased from April 3rd, 1931, to April 3rd, 193

that I last saw him alive on April 3rd, 1931

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Labor Premature

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Wade M. D.

4/4. 1931 (Address) 118 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL 4/6 1931

UNDERTAKER William Fiaczowski

ADDRESS 1618 Eastern

CAUTION—Use only typewriter or indelible pencil for certificates. TION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 67416

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

F 67416

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 E. Madison St. 10-14 WARD)

2-FULL NAME Lucy Smith

(a) RESIDENCE NO _____ ST., _____ WARD _____
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

Unknown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Joseph Smith

(Address) 911 Nosby St

15 Filed 4-1931 By _____ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/2/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage from mouth & nose
Probably Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. H. Allen Coroner, M. D.

4/4/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Richmond Va

DATE OF BURIAL 4-4 19 31

20 UNDERTAKER Lemuel D. Hensley

ADDRESS 538 N Bridge

CAUSE OF DEATH: Please print plainly, and see back of certificate. TION is very important. See instructions on back

Spec.—2-29-28—L. F. S.—500 Bks.

E 67417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

E 67417

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 S Ehas ST. 23-34 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr. Jas Porter

(a) RESIDENCE NO. 1713 S Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lizzie V Porter

6 DATE OF BIRTH (month, day, and year) 1875 6. 30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegrapher

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Knoxville Md

PARENTS

10 NAME OF FATHER Robt Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sallie Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Lizzie V Porter

(Address) 1713 S Charles

Filed APR 4 1931 19 WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1931

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1931, to April 3, 1931, that I last saw h. alive on April 1, 1931, and that death occurred, on the date stated above, at 10.15 a m.

The CAUSE OF DEATH* was as follows:

Valv Heart Disease

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Asthmatic Bronchitis (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. J. Durlington, M. D.

4-4 1931 (Address) 2102 Mt Holly St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL April 6, 1931

20 UNDERTAKER Thurwald Dodson

ADDRESS 565 Hudson St

Important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 67418

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004 E 67418

CERTIFICATE OF DEATH

REGISTERED NO. 1928

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. 533 So Monroe St, WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Hobson

(a) RESIDENCE NO. 533 So. Monroe St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E. nee Bell

6 DATE OF BIRTH (month, day, and year) ~~Feb 14, 1871~~ Feb 18

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	1	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B&O Railroad

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pa

PARENTS

10 NAME OF FATHER James Hobson

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs. Emma E. Hobson
(Address) 533 So. Monroe St.

Date APR 4 - 1931 By E. HUDSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to April 2, 1931, that I last saw h alive on 4/2, 1931 and that death occurred, on the date stated above, at 11:50 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? ... Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Wilkins, M. D.

4/4/31 19 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 4/4/31 19

20 UNDERTAKER

ADDRESS

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 67419 HEALTH DEPARTMENT—CITY OF BALTIMORE 141 E 67419

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 21-29 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mildred Miller

(a) RESIDENCE NO. 1244 Washington Blvd ST.; WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 8 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Miller

6 DATE OF BIRTH (month, day, and year) July 27, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	8	7

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER — Herzenhen Fred

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown - Md.

12 MAIDEN NAME OF MOTHER Alice Musgrave

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Grace Miller (Address) 1244 Washington Blvd

15 Filed APR 4 - 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/3/1931

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1931, to April 3, 1931, that I last saw him alive on April 3, 1931, and that death occurred, on the date stated above, at 12 30 p.m.

The CAUSE OF DEATH* was as follows: Pelvic cellulitis; general peritonitis

(duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Right Lobar pneumonia Right Empyema mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) C. W. Peake, M. D.

(Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL 4/6/1931

20 UNDERTAKER John J. Bowen & Son ADDRESS 901 Hollins St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67420

CERTIFICATE OF DEATH.

97-8 E 67420

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1349 James (St.) 21-29 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Vernon K. Kayser

(a) RESIDENCE NO. 1349 James St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 15 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 31 1915

7 AGE — Years: 15 — Months: 7 — Days: 21 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Harry H. Kayser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER Emma V. Fuller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant (Address): Mrs. Harry H. Kayser 1349 James St.

15 Filed ..., 19.. By ... C. HAMPSON JONES, M. D. Registrar

P. A. - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-2-1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1930, to April 2, 1931

that I last saw h— alive on March 31, 1931

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

About (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A. Straus M. D.

4/2, 1931 (Address) 1901 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 4/6/1931

20 UNDERTAKER: John F. Cowan & Son — ADDRESS: 901 Lemmon St.

CAUSE OF DEATH must be plainly written, and the CERTIFICATE must be signed and delivered to the Undertaker as soon as possible. See instructions on back of certificate. INFORMATION is very important.

1-30—M. & T.—100 B—50L

E 67421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-002 E 67421

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem Hosp ST. 12-49 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Vernon Crowe

(a) RESIDENCE No. Harford Rd & Clk Hall ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2-1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	8	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm L. Crowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary Crump

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant William V Crowe

(Address) Cobb Hill Harford Road

15 Filed APR 4 - 1931 J. HARRISON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest

(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by auto while riding bicycle

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Crushed Chest

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Harford & Joppa Rds

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H J Frauer Coroner, M. D.

April 2, 1931 (Address) 2939 W E Eldeg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	April 6th 1931

20 UNDERTAKER George Schilling & Sons ADDRESS N26E Monument St

CAUSE OF DEATH to be plainly written, so that it may be read as part of certificate.
TION is very important. See instructions on back of certificate.

Spec.—9-30—A. S. Co.—250 Bks.

246949 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67422

CERTIFICATE OF DEATH. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL ST. (or WARD) No 37) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lorraine Wittstadt

(a) RESIDENCE NO. 675 S Conkling ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 3 - 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Andrew Wittstadt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 Filed ... 19 C. HAMPTON JONES, Registrar

APR 4 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 3-1930

17

I HEREBY CERTIFY, That I attended deceased from March 27, 19 31, to April 3, 19 31

that I last saw h e alive on April 3, 19 31

and that death occurred, on the date stated above, at 12.20 A m.

The CAUSE OF DEATH* was as follows:

Pyogenic meningitis

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of March 28, 1931

Was there an autopsy? Yes Diagnosis?

What test confirmed diagnosis? X-ray, Mastoiditis

(Signed) Ann G. Kuttner M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemet. DATE OF BURIAL: April 6 19 31

20 UNDERTAKER: Lillie Zeibrink ADDRESS: 403 S. Wolfe

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67-12 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 3

CERTIFICATE OF DEATH.

93 E 67-123

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1235 St Matthew's 588 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dorothy E. Schnabel

(a) RESIDENCE No 1235 St. Matthew's St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ...man

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Anna L. Schnabel
(Address) 1235 St. Matthew's street

15 Filed APR 4 1931 19 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/3/31

17

I HEREBY CERTIFY, That I attended deceased from 3/15, 19 31, to 4/3, 19 31

that I last saw h[illegible] alive on 4/2/, 19 31

and that death occurred, on the date stated above, at 12 10 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Arterial Hypertension
Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auricular Fibrillation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Hamilton Bishop M. D.

19 31 (Address) 3165 Eutaw Pl

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 4/6/31 19

20 UNDERTAKER: George A. Weber 705 S. Ann street — ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67424

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 67424

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 3201 ST.) (12 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hannie Lee Ramsay

(a) RESIDENCE No. Cambridge Arms Apts. (Usual place of abode) St. Baltimore WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): January 5 1866

7 AGE — Years: 65 yrs. Months: 2 mos. Days: 18 ds. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hannah Slaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): H. Mc. Hood

15 Filed APR 4 1931, 19 Mar

Registrar: C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 1931

17

I HEREBY CERTIFY, That I attended deceased from March 2, 19 31, to April 2, 19 31

that I last saw h[illegible]ive on April 2, 19 31

and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Hypocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical findings

What test confirmed diagnosis?

(Signed) Francis W Black M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: April 19 31

20 UNDERTAKER: Lemmert Mann & Co. — ADDRESS: Balto.

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 67425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67425

CERTIFICATE OF DEATH.

X 93-003

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO. 25-12

CITY OF BALTIMORE: (No. 1000 Eaton Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME G. Rue Beaver

(a) RESIDENCE NO. Clear Spring, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of none

6 DATE OF BIRTH (month, day, and year) April 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	68 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Jenkins Memorial Hosp.
(Address) 1000 Eaton Avenue

15 Filed Apr 4 - 1931 19 C. HOLMES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from November 1, 1930 to April 2, 1931, that I last saw her alive on April 1, 1931, and that death occurred, on the date stated above, at 6:10 A m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) Several yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hancock, Md.	Apr 6/31
20 UNDERTAKER	ADDRESS
Steuart & Mowen Company	Balto. Md.

TION is very important See instructions on back of certificates.

1-30—M & T—100 B—50L

E 67426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 67426

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-29 WARD)

2-FULL NAME Annie Beter

(a) RESIDENCE NO 703 W. Barre ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF DISEASES TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George Beter

6 DATE OF BIRTH (month, day, and year) Mch 5-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56		28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jessie Clayton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George Beter

(Address) 703 W. Barre St

15 Filed ..... 193 .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Fellers, M. D. Coroner

4/7, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dorsey M. E. Cem

DATE OF BURIAL: April 6 1931

20 UNDERTAKER: Clarence E. Settles

ADDRESS: Fork Md

PR 4 - 1931

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67427

CERTIFICATE OF DEATH.

95-00 E 67427

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1821 Homestead ST. 9-18 (WARD)

2-FULL NAME Annie M Bevans

(a) RESIDENCE NO. 1821 Homestead ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 11 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of William G Bevans

6 DATE OF BIRTH (month, day, and year) May 1 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Gottfried Helwig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Saxony Germany

12 MAIDEN NAME OF MOTHER Theresa Trenk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Saxony Germany

14 Informant (Address) William G. Bevans 1821 Homestead St

Filed APR 4 1931 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to April 1, 1931.

that I last saw her alive on April 1, 1931.

and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardiovascular Disease (duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Chas Wm Edwards, M. D.

, 19 (Address) 2746 Alameda Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery

DATE OF BURIAL April 6 1931

UNDERTAKER Chas. S. Black

ADDRESS 7432 North Ave

SEE INSTRUCTION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 ✓ E 67428

E 67428

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 n. Calhoun ST. 19-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eyussie Watkins

(a) RESIDENCE NO. 308 n. Calhoun ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Watkins

6 DATE OF BIRTH (month, day, and year) 9-21-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Indies

12 MAIDEN NAME OF MOTHER Mary Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Robert Watkins

(Address) 308 N. Calhoun

15 Filed Apr 2, 19 Registrar

APR 4 - 1931 HERBERT JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-2-31

17 I HEREBY CERTIFY, That I attended deceased from 2-22- , 1931, to 4-2 , 1931, that I last saw h-e alive on 4-2- , 1931 and that death occurred, on the date stated above, at 1.50 p. m.

The CAUSE OF DEATH* was as follows:

myocarelitis

(duration) yrs. 3 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical, sign & symptoms

(Signed) John E. F. Campey, M. D.

, 19 (Address) 1124 n. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	April 6, 1931
20 UNDERTAKER Mrs Katie R. Williams	ADDRESS 3127 Edmondson

Important. See instructions on back of certificate.

Form 6-S-S H. P. Co. 1000 Blks.

E 67429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67429

200-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 425 N. Gaehoun-Str. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 14-7h WARD) REGISTERED NO.....

2-FULL NAME David W. Lee

(a) RESIDENCE. NO. 425 N. Gaehoun- ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary F. Lee

6 DATE OF BIRTH (month, day, and year): July 14, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer

087

9 BIRTHPLACE (city or town) (State or country): Pomonkey, Charles Co, Md

PARENTS

10 NAME OF FATHER: Frank Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie C. Whitman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary F. Lee

(Address): 425 N. Gaehoun St.

15 Filed APR 4 - 1931 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 6. 1931. to April 2. 1931. that I last saw him alive on April 1. 7 P.M. 1931. and that death occurred, on the date stated above, at 12.45 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis of the heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robt. A. Haase, M. D.

, 19 (Address) 1805 Bolton. Str.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	April 6 1931
20 UNDERTAKER	ADDRESS 322 N.
Mrs. Katie R. Williams	Schroeder Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

E 67430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 E 67430

1. PLACE OF DEATH St Joseph Hospital REGISTERED NO. 5567
CITY OF BALTIMORE: (No. Caroline & at) ST. WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John W Bramble

(a) RESIDENCE NO. 3008 W North Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.
4 COLOR OR RACE: W.
5 ~~Single, Married, Widowed,~~ or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Bramble

6 DATE OF BIRTH (month, day, and year): Aug 31st 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Milliner
(b) General nature of industry, business, or establishment in which employed (or employer): 056
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Gettysburg Pa

PARENTS
10 NAME OF FATHER: Wm H H Wisotzki
11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna
12 MAIDEN NAME OF MOTHER: Annie Clark
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Miss C. Gertrude Wisotzki 3008 W North Ave

15 DATE APR 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-3-31

17
I HEREBY CERTIFY, That I attended deceased from 4-1-31, 19, to 4-3-31, 19
that I last saw h alive on 4-3-31, 19
and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:
Gangrenous Leg and Appendicitis.
Diabetes Mellitus 5 yrs. mos. dy.
CONTRIBUTORY (Secondary): Pneumonia 2 dy.
(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 4/1/31
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) Wm H Hamilton M. D.
19 (Address) Jesse Hoyle

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemt
DATE OF BURIAL: 4/6/31
UNDERTAKER: Kettlewell & Lee
ADDRESS: 1728 W Lafayette Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—800 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67431

CERTIFICATE OF DEATH

93-004 E 67431

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4506 Elsrode ave (WARD) 27-4-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles C. Schuster

(a) RESIDENCE NO. 4506 Elsrode ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Emma C. Schuster

6 DATE OF BIRTH (month, day, and year) June 26 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ind.

PARENTS

10 NAME OF FATHER John Schuster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss E. Schuster

Address 4506 Elsrode ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 2 - 1931

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to April 2, 1931, that I last saw him alive on April 1, 1931 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Arterial Hypertension - Nephrosclerosis (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) H. B. McEwan, M. D.

19 (Address) 316 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	April 5, 1931
20 UNDERTAKER	ADDRESS
John L. Moran	3000 E. Balto

1931 C. HAMPSON JONES, M. D.

important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 67432 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67432

CERTIFICATE OF DEATH.

1 3 V

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 206 N. Bouldin ST. 1-1 WARD)

2. FULL NAME Helen Bialobs

(a) RESIDENCE NO. 2914 Hudson ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of widowed

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Michael Bialobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Frank Bialobs Elwin & Dakota Road.

15 Filed APR 4 - 1931 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1931

17

I HEREBY CERTIFY, That I attended deceased from March, 1931, to Apr. 2nd, 1931

that I last saw h[er] alive on Apr. 1st, 19—

and that death occurred, on the date stated above, at 2.45 m.

The CAUSE OF DEATH* was as follows:

Diffuse Neoplastic
Carcinoma Hypernephroma
Renal
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? 2914 Hudson St

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & Clinical Exam.

(Signed) A. Theis M. D.

Apr. 3 1931 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL April 6 1931

20 UNDERTAKER Clifton D. Tratterbaugh ADDRESS 1105 E. Monument

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—9-20—A. & Co.—250 Bks.

E 67433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 131 E 67433

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-30 St. Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Joseph Wagner

(a) RESIDENCE No. Lamar Rd St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write this word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years: About 55 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Frabet

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Henry Wagner Same as above

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/3/31

17

I HEREBY CERTIFY, That I attended deceased from 3/19/31, 19, to 4/3/31, 19

that I last saw him alive on 4/3/31, 19

and that death occurred, on the date stated above, at 11 30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, Myocardial degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical course

(Signed) J. C. Flynn Jr M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul Sub Cem

DATE OF BURIAL: 4/6 19 31

20 UNDERTAKER: Easton Sons

ADDRESS: Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

B - 1931

1-30--M. & T.—100 B—50L

E 67434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67434

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 348 S Macon St. 26-37 WARD) 119

2-FULL NAME Lois Eva

(a) RESIDENCE NO. 340 S Macon St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 14 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Reggie Via

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Martha Eventach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

PARENTS

14 Informant Reggie Via

(Address) 340 S Macon

15 Filed APR 4 1931 1932 H. G. HAMER JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Intussusception

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions 1 hr

(duration) yrs. mos.

18 Where was disease contracted If not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? Apr 4/31

What test confirmed diagnosis? Autopsy

(Signed) H. C. Radcliffe, M. D. Coroner

19 (Address) 1433 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Lawn Cem	Apr 6 1931

20 UNDERTAKER Wm H Tarbert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-31—A. & Co.—250 Blks.

67435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-10 E 67435

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 172 N Kenwood Ave (Ward) 10

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Catherine A Rickes

(a) RESIDENCE NO. 172 N Kenwood Ave St. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 27, 1852

7 AGE — Years: 79 — Months: 4 — Days: 6 — If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Joseph Rickes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Baumgartner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. Chas Albrecht
(Address) 172 N Kenwood Ave

15 Filed 4-4-1931 — C. HAMPSON JONES, M. D., Registrar — D K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3-1931

17 I HEREBY CERTIFY, That I attended deceased from 3/23, 19 31, to 4/3, 19 31

that I last saw h[illegible] alive on 4/3, 19 31

and that death occurred, on the date stated above, at 1.00 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) _____ yrs. 2 mos. _____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) L D Meyer M. D.

19 (Address) 1508 E. 33rd St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount — DATE OF BURIAL: April 6 1931

20 UNDERTAKER: John Ulrich — ADDRESS: 2018 Albans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 67436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67436

CERTIFICATE OF DEATH.

92-001

92-30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N Lee ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gallop

(a) RESIDENCE NO. 11 N. Lee ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 26-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) 050

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Harold Gallop (Address) 3303 Fredericksburg Ave

15 4-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 6, 1930, to April 3, 1931, that I last saw him alive on April 2nd, 1931, and that death occurred, on the date stated above, at 7 25 P m.

The CAUSE OF DEATH* was as follows:

Chronic aortic regurgitation of heart and arterio sclerosis

(duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Harry Heisler, M. D.

4/4, 1931 (Address) 1224-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel — DATE OF BURIAL Apr 6 1931

20 UNDERTAKER John Ulrich — ADDRESS 200 E Eden

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T.—100 B—50L

E 67437

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001 E 67437

CERTIFICATE OF DEATH

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Fulton & Caton Aves ST. 15-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William P. Lee

(a) RESIDENCE NO 2916 Poplar Terrace ST., Walbrook WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Lee

6 DATE OF BIRTH (month, day, and year) July ? 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Book-keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 6 yrs.
(c) Name of employer Chesapeake Line

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Alfred S. Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Pettyjohn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Frank Perry

Address 2916 Poplar Terrace

PR 5 - 1931

Filed

C. H. [illegible] JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Simple fracture - neck left femur

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) (Fat) Embolism

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? walking up steps - hotel Belvedere

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & X ray

(Signed) Guy Y. Cromwell M. D. Coroner

4/4 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	4/5 1931

20 UNDERTAKER J. J. Tuckner & Son

ADDRESS Hath & Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67438

V-001

E 67438

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.) (WARD) 10 69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Hughes

(a) RESIDENCE NO. 2340 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Joseph H. Hughes

6 DATE OF BIRTH (month, day, and year) Sept 1. 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Kent Co Md

PARENTS

10 NAME OF FATHER Philip Ashley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co Md

12 MAIDEN NAME OF MOTHER Mary Cayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co Md

14 Informant (Address) 2340 W Lexington St

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from 3-27- , 1931 , to 4-4 , 1931 , that I last saw h alive on 4-4 , 1931 , and that death occurred, on the date stated above, at 5-25 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) W. B. Schreiber , M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md

DATE OF BURIAL 4/6 1931

20 UNDERTAKER J M Cole

ADDRESS 1217 E Fort Ave

CAUSE OF DEATH. See instructions on back of certificates. MEDICAL CERTIFICATION IS very important.

1-30—M & T—100 B—50L

E 67439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67439

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1066 Franby ST. 3-5 WARD) 15

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Blocker

(a) RESIDENCE NO 1026 Franby ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Blocker

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) 37
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frostburg Md.

PARENTS

10 NAME OF FATHER Thomas Blocker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frostburg Md.

12 MAIDEN NAME OF MOTHER not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frostburg Md

14 Informant Jacob Fahs

(Address) Frostburg Md.

15 Filed MAR 5 1931 Wm HAMILTON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Leo death on the day stated above.

The CAUSE OF DEATH* was as follows:

AC Alcoholism

(duration) 1 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted — If not at place of death? .....

Did an operation precede death? — Date of .....

What test confirmed diagnosis? History & Exam

(Signed) A. C. Gladden, M. D. Coroner

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnsons. Cem Frostburg Md	Apr 5 19 31.
20 UNDERTAKER Wendell & Kappel	ADDRESS Good Estate

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67440

CERTIFICATE OF DEATH

82-09

E 67440

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 Mosher ST. 14-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Celia Monett

(a) RESIDENCE NO. 509 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alex. Monett

6 DATE OF BIRTH (month, day, and year) May 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or partiralar kind of work Domestic servi

(b) General natare of industry, basiness, or establishment in which employed (or employer) None

(r) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jos. S. Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Barbara Mosell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Andrew Emmons

(Address) 509 Mosher St

15 Filed APR 5 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1931, to Apr. 2, 1931

that I last saw h[illegible] alive on Apr. 1, 1931

and that death occurred, on the date stated above, at 9:15 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins, M. D.

(Address) 1012 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brookes Chapel	Apr 5 1931
20 UNDERTAKER Calvert Co. Md	ADDRESS 1021 Hanover Street
John H. Trader	

important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67441

1-PLACE OF DEATH Provident Hosp. 17th (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1514 Division ST.

2 FULL NAME Robert Ford.

(a) RESIDENCE NO. 1340 Druid Hill Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 090

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address)

15 Filed 5-1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-2-31

17

I HEREBY CERTIFY, That I attended deceased from 2-25-, 1931, to 4-2-, 1931

that I last saw him alive on 4-2-, 1931

and that death occurred, on the date stated above, at 2 05 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Subarachnoid hge.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George McDonald M. D.

4-3, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cavalry Cemetery

UNDERTAKER John W. Johnson

DATE OF BURIAL Apr. 5 1931

ADDRESS 2338 Madison Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered. Write plainly with pen and ink. TION is very important. See instructions on back of certificates

Spec.—1-10-21—MAT—1500 Blks.

E 67442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67442

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Ethelbert ST. 27-55 (WARD)

2-FULL NAME Hanna Newman Parks

(a) RESIDENCE NO. 3804 Ethelbert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1/8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Sgle

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/2/31.

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Accts
(State or country) md

PARENTS

10 NAME OF FATHER Carroll Jennings Parks

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Paul Mulder.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Carroll Jennings Parks
(Address) 3804 Ethelbert.

15 5 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/2/31 19

17 I HEREBY CERTIFY, That I attended deceased from 4/2/31, 19, to 4/2/31. 19.

that I last saw h alive on 4/2/31. 19.

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth 7 mos.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Diabetes m Mother

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? 3804 Ethelbert

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Wade Edmunds M. D.

, 19 (Address) 5912 Park & Wilkins

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mayr Cem, Balto Co

DATE OF BURIAL April 5 19 31

20 UNDERTAKER Edmondson

ADDRESS 2615 Pulaski Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1 Spec.—1-30—M. & T.—250 Bks.

E 67443

HEALTH DEPARTMENT—CITY OF BALTIMORE

66-002 E 67443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument and Rutland ST. 15-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Epstein

(a) RESIDENCE NO. 3709 Garrison ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Louis Epstein

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Simon Chasic

11 BIRTHPLACE OF FATHER (City or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Epstein

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Russia

14 Informant Louis Epstein

(Address) 3709 Garrison ave

15 Filed 4-5-1931 19 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/3/31

17 I HEREBY CERTIFY, That I attended deceased from 1/29, 1931, to 4/3, 1931, that I last saw her alive on 4/3, 1931, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Injured (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4/1/31

Was there an autopsy? No

What test confirmed diagnosis?

4/3, 1931 (Signed) J. E. Evodeuan, M. D. (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Montefiore Cem

DATE OF BURIAL 4/5 1931

20 UNDERTAKER Jack Laurs

ADDRESS 1439 E Balto St

Cause of Death must be stated. See instructions on back of certificates.

IMPORTANT is very important.

Spec.—1-30—M. & T.—250 Bks.

E 67444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67444

46

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-68 WARD)

2-FULL NAME Yetta Goldstein

(a) RESIDENCE NO. 2110 Westwood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Barney Goldstein

6 DATE OF BIRTH (month, day and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Barney Goldstein

(Address) 2110 Westwood ave

15 Filed ....., 19 M. HAMPSON JONES, M. D. Registrar

R 5 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/1/31

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to April 1, 1931, that I last saw her alive on April 1, 1931, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ~~X-ray~~ Fluoroscopy

(Signed) Max H Orkin, M. D.

4/1, 1931 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rest — DATE OF BURIAL 4/5 1931

20 UNDERTAKER Jack Levis — ADDRESS 1439 E Baltimore St

CAUTION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67445

HEALTH DEPARTMENT—CITY OF BALTIMORE

67445

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltim r City Hospitals

CITY OF BALTIMORE: (No 5-8 ST. WARD) 115

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Herbert Sommers

(a) RESIDENCE No. 1437 E. Monument ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER William

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Maggie Forrest

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 [illegible] 5-1931 C. HAMPSON JONES, M. D.
(Registrar)
Reg'l 11 K

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-3-31

17

I HEREBY CERTIFY, That I attended deceased from 3-31-31, 19..., to 4-3-31, 19...

that I last saw h im alive on 4-3-31, 19...

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Vincent's Angina

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget. M. D.

4-4-1931. (Address) B-lto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery — DATE OF BURIAL April 7, 1931

20 UNDERTAKER Edward Bryan — ADDRESS 1631 orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—60L

E 67446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67446

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1130 W Lafayette St. (WARD) 7-24

REGISTERED NO. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Bernard Chisley

(a) RESIDENCE NO. 739 N. Lafayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Bellman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John T. Chisley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Louisa Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Victoria Gaston

(Address) 739 Dolphin St

15 - 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 2 - 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to Res death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strep Infection

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Septicemic Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? — Date of —

Was there an autopsy? Yes

Was there any confirmation? as above

(Signed) G. E. Glader Asst Supt Health, M. D. Coroner

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	4/5 1931
20 UNDERTAKER Samuel Kinsley	ADDRESS 1128 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

51

Spec.—1-10-21—M&T—1500 Blks.

Gamberman

E 67447

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-00

E 67447

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4 S. Exeter ST. 3-5 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Gamberman

(a) RESIDENCE NO. 4 S. Exeter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69 —			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Lebenwitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hannah Sklar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Henry Gamberman (Address) 4 S. Exeter St

15 Filed . 19 M. BKB Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1931

17 I HEREBY CERTIFY, That I attended deceased from March 2 . 1931 . to April 2 . 1931 .

that I last saw her alive on April 3 . 1931 .

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) yrs. One mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. J. Friedman M. D.

4/4 . 1931 (Address) 918 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel Road	4/5 19 31
20 UNDERTAKER Sol Levinson & Bro	ADDRESS 1127 E Balto St

IMPORTANT—Answer questions carefully, supplying information required. Exact statement of OCCUPATION and CAUSE OF DEATH may be properly classified. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R. [illegible] 1921 C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

E 67448 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67448

CERTIFICATE OF DEATH. 46V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Eden St.) (WARD) 3-5

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rebecca Soden

(a) RESIDENCE No. 204 S. Eden St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Isaac

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Benj Caplan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs A. Rea
(Address) 204 S Eden St

15 Filed . 19 M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 4/31

17

I HEREBY CERTIFY, That I attended deceased from Mar. 1930, to Apr 4 1931

that I last saw her alive on Apr. 3rd 1931

and that death occurred, on the date stated above, at 6.55 a m.

The CAUSE OF DEATH* was as follows:

Malignant growth 2 lines
Cardiac Hypertrophy with Myocardial degeneration. Congestion all lobes.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY — (Secondary)

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) A. T. Rea M. D.

Apr 4. 1931 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hooring Park — DATE OF BURIAL 4/5 1931

20 UNDERTAKER Sol Levinson & Bro — ADDRESS 127 E Balto St

CAUSE OF DEATH to be plainly written, so that no doubt of any TION is very important. See instructions on back of certificates.

R. G. THOMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 67449

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67449

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 3-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Josephine Dacre

(a) RESIDENCE No. 1155 E Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND) of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 12, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Pete Dacre

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Pardo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs Mary Dacre

(Address) 1155 E Lombard St

15 Filed 1931, 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 29, 1931, to April 4, 1931,

that I last saw her alive on April 4, 1931,

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Facial Erysipelas

(Cause Unknown)

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron S. Tell, M. D.

4/4 1931 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 4/6 1931

20 UNDERTAKER Sol Levinson + Bro

ADDRESS 1127 E Balto St

CAUTION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67450

270-001

E 67450

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Balto. Gen. Hosp. St. 15-63 Ward)

2-FULL NAME Lida West

(a) RESIDENCE NO. 3910 Gamson Blvd St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur West

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years .67 Months Days IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town): Balto. Co

(State or country)

10 NAME OF FATHER: Richard Boulden

11 BIRTHPLACE OF FATHER (city or town): Balto City

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Ryan

13 BIRTHPLACE OF MOTHER (city or town): Balto City

(State or country)

PARENTS

14 Informant (Address): Mr. Ely Boulden 3911 Gamson Blvd

15 Filed APR 5 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Apr. 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Struck & Knocked down by moving auto.

(a) Duration ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis

Duration ..... yrs. ..... mos. ..... ds.

(Signed) C. Hampson Jones M. D.

(Coroner)

4/5, 1931 (Address) 1836 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..yrs.. mos.. ds. In the state ..yrs.. mos.. ds.

Where was disease contracted, if not at place of death? Living together 1 month

Former or usual residence .....

PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Date of Burial Apr 6 1931

UNDERTAKER: H. S. Marshall ADDRESS 3539 Fall Pky

Don should be carefully supplied. All IS should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 67451 HEALTH DEPARTMENT—CITY OF BALTIMORE 10 T 001 E 67451

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Home - REGISTERED NO. 24-34

CITY OF BALTIMORE: (No. 1641 Jackson ST. 24 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Borkman

(a) RESIDENCE No. 1641 Jackson ST., 24 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Frederick Borkman

6 DATE OF BIRTH (month, day, and year) Oct 27, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer) x 037

(c) Name of employer x

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fredrick Nikosky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Reich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Henry Schneider
(Address) 1641 Jackson ste

Filed APR 5 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1931, to Apr. 4, 1931, that I last saw HER alive on Apr. 4, 1931, and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. E. Campbell M. D.

4/4, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	April 7 1931
20 UNDERTAKER	ADDRESS
August Tasch	2406 Ashland Ave

CAUSE OF DEATH to be plainly written, so that it may be understood by clerks of certificates.
TION is very important. See instructions on back of c

Spec.—9-30—A. & Co.—250 Blks

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

67452 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108 E 67452

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1713 Brentwood Ave (WARD) 42-14

2 FULL NAME Pauline Moseley

(a) RESIDENCE NO. 1713 Brentwood Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C	Widowed

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harrison Moseley

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	90		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nelson Co Va

PARENTS

10 NAME OF FATHER ——— ———

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hannah Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ethel M Moseley
(Address) 1713 Brentwood

15 DATE RECEIVED APR 6 1931 REGISTRAR C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl 3, 31

17

I HEREBY CERTIFY, That I attended deceased from March 23, 1931, to Apl 2, 1931

that I last saw h[illegible] alive on Apl 2, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY .....
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? No

(Signed) Hugh Forsythe M. D.

4-4, 1931 (Address) 814 E. Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL Apr 5 1931

20 UNDERTAKER Byron Knight

ADDRESS 1218 McElderry St

Spec.—9-30—A. & Co.—250 Blks.

E 67453

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67453

CERTIFICATE OF DEATH

107-001

1 PLACE OF DEATH Baltimore City Hospitals 19-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward)

2 FULL NAME Robert Cochran

(a) RESIDENCE NO. 16 N. Calhoun st ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cochran

6 DATE OF BIRTH (month, day, and year) Jan 4, 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of Industry, business, or establishment in which employed (or employer) Church

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Andrew Cochran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Isabella Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Name) (Address) Balto City Hosp.

Filed ... 19 ... Registrar

R 5-1931

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-4-31

17

I HEREBY CERTIFY, That I attended deceased from 9-23- , 1930 , to 4-4- , 1931

that I last saw him alive on 4-4- , 1931,

and that death occurred, on the date stated above, at 8:45 A m.

The CAUSE OF DEATH* was as follows:

Osteitis deformans

Pathological fracture of femur with hemiplegia

(duration) yrs. 12½ mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of June 5, 1911

Was there an autopsy? no

What test confirmed diagnosis? X-ray & Clinical

(Signed) Fred M. Dorsett M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: April 6 1931

20 UNDERTAKER: Robert S. Sittler ADDRESS: 2900 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & Tr.—250 Blks 4706 Harford Rd.

E 67454

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67454

CERTIFICATE OF DEATH.

93

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Roland Ave ST., 27-53 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanchard Emory

(a) RESIDENCE NO. 4608 Roland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 30 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer) Springfield Hospital

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Centerville, Md.

PARENTS

10 NAME OF FATHER Blanchard Emory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Centerville Md.

12 MAIDEN NAME OF MOTHER Mary Kerr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington

14 Informant Mr. Edward B Emory

(Address) Centerville, Md.

Filed APR 6 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1931.

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to April 5, 1931, that I last saw h[illegible] alive on April 4, 1931, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Smith, M. D.

4/5/31 (Address) 4706 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mattapeake, Md.	April 7 1931
20 UNDERTAKER	ADDRESS
Henry W. Meamson	805 N. Calvert St.

CAUSE OF DEATH to be printed in plain terms, so that it may be properly coded. See instructions on back of certificates. TION is very important.

Spec.—1-30—M. & T.—250 Blks

E 67455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67455

CERTIFICATE OF DEATH.

12-50 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2725 St. Paul St. ST. ..... WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Capt. James Francis Russell.

(a) RESIDENCE No. 2735 St. Paul St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Alice Curran.

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pilot

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William T. Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rose Ann Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs. James F. Russell

(Address) 2735 St. Paul St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/27, 1931, to 4/3, 1931, that I last saw him alive on 4/3, 1931, and that death occurred, on the date stated above, at 6.58 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. ..... mos 8 ds.

CONTRIBUTORY (Secondary) Mitral regurgitation

(duration) 2 yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Edw. Gehrhost, M. D.

4/4, 1931 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL April 6 1931

20 UNDERTAKER Henry U. Mears & Son — ADDRESS 703 N. Calvert

CAUSE OF DEATH to plain terms, so that it may be properly Classified. Each question must be answered if possible. Physicians are required to report to the Health Department the cause of death of every person whose death occurs without medical attendance, and in such cases the Undertaker is required to report the facts to the Health Department. See instructions on back of certificates.

APR 6 1931

C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

E 67456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67456

16-695-002

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3028 Belmont Ave. St. WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Claude Ellsworth DeCorse

(a) RESIDENCE NO 3028 BElmont Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ola Balsley DeCorse

6 DATE OF BIRTH (month, day, and year) Sept. 21, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Wholesale Jobber

009

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William A. DeCorse

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah E. Hynes

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Miss Aileen B. DeCorse

(Address) 3028 Belmont Ave.

15 APR 5 1931 C. HAMPSON JONES, M. D

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1931

17

I HEREBY CERTIFY, That I attended deceased from , 1923 , to April 4 , 1931

that I last saw him alive on April 4 , 1931

and that death occurred, on the date stated above, at 1.05 A. m.

The CAUSE OF DEATH* was as follows:

Cardio vascular hypertension

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 5 mos. 23 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Geo. M. Little M. D.

4/4 1931 (Address) 2435 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Park Cem

DATE OF BURIAL April 6 1931

20 UNDERTAKER Jack H. Cook

ADDRESS 1003 West Baltimore St.

INFORMATION NEEDS TO BE CAREFULLY SUPPLIED. ALL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67457 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67457

CERTIFICATE OF DEATH.

9-4782-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1708 E. 33rd St. (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Frederick Knoblock

(a) RESIDENCE NO. 1708 E. 33rd St. ST. WARD

(Usual place of abode) (If non resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 19, 1877

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	24 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Chain Grocer

(b) General nature of industry, business, or establishment in which employed (or employer): 0-24

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: George Knoblock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Victoria Elizabeth Roth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Mr. C. Maynard Wagner

(Address): 2016 Kennedy Ave.

15 Filed APR 6 - 1931 19

C. HAMPSON JONES, M. D.

By ALEX. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 24 19 31, to April 3rd 19 31

that I last saw h im alive on April 3rd 19 31

and that death occurred, on the date stated above, at 3.58 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) † Frederick H Herrmann M. D.

(Address) 1710 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	April 6 19 31

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

Spec.-7-17-26—A Co.—200 Bks.

E 67458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67458

CERTIFICATE OF DEATH

1-PLACE OF DEATH Maryland General Hospital REGISTERED NO. 46

City of BALTIMORE: (No. Eutaw Madison St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth Pearce

(a) RESIDENCE NO. Edgewood Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) December 3, 1862

7 AGE	Years	Months	Days
	68	4	1

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co. Md

(State or country)

PARENTS

10 NAME OF FATHER Frederick Crider

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Babala Cook

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant Hospital Records

(Address)

15 [illegible] 19 [illegible] M. C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from March 25, 19 31, to April 4, 19 31,

that I last saw h She alive on April 4, 19 31,

and that death occurred, on the date stated above, at 11:40 P. m.

The CAUSE OF DEATH* was as follows: Cirrhosis of Liver

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of 3/28/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert E. Clements, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Lutheran Joppa Md — Date of Burial Apr 7 1931

20 UNDERTAKER Howard C. McComas — ADDRESS Abingdon Md

4-6-1931

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67459

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67459 93 E 67459

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2821 Kirk-ave 9-Ho ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John F. Ernst

(a) RESIDENCE NO 2821 Kirk Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Ernst

6 DATE OF BIRTH (month, day, and year): July 6-1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk. 009

(b) General nature of industry, business, or establishment in which employed (or employer): Shipyard Inc

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: John F. Ernst

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Annabella Sundermann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mary E. Ernst. 2821 Kirk Ave

15 [illegible] 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3/31

17

I HEREBY CERTIFY, That I attended deceased from June 27. 1929. to April 3. 1931

That I last saw him alive on April 3 1931

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 1 yrs. 9 mos. 7 ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis Sudden (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas W. Edwards M. D.

19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 4/6/31
Western Cemetery	
UNDERTAKER	ADDRESS
F. B. Wyglist	1305 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HARRISON JONES, M. D.

Spec.—1-30—M. & T.—250 Blks

E 67460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67460

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Minnie Schoenfelder

(a) RESIDENCE NO. 335 Furrow St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: Wm. C. Schoenfelder

6 DATE OF BIRTH (month, day, and year): Jan 1st 1868

7 AGE: Years 63 Months 3 Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Wm Bamme

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise A Hartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Carl W. Schoenfelder 22 E. Cumberland

15 Filed 1931 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-3-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 24 1931 to April 3 1931 that I last saw h[illegible] alive on 4-3- 1931 and that death occurred, on the date stated above, at 10 30 P m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. W. Peake M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: 4/7/31

20 UNDERTAKER: F. B. Wagner ADDRESS: 1850 W. Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 67461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67461

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 510 Edgewood St. 20-10 WARD) 16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Jones

(a) RESIDENCE NO 510 Edgewood ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ (or) ~~HUSBAND~~ of WIFE of Jeremiah Jones

6 DATE OF BIRTH (month, day, and year) June 13th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John E. Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF ~~MOTHER~~ Amanda E. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Howard E. Mills

(Address) 510 Edgewood St.

Filed APR 5 1931, 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 3rd 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1930, to Apr. 3 1931

that I last saw ~~her~~ alive on Apr. 3 1931

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Leftwich Ross M. D.

19 (Address) 1340 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	4/6 1931
20 UNDERTAKER Wm Cook	ADDRESS 1217 E. Read St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-6-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67462

CERTIFICATE OF DEATH.

92-001

E 67462

REGISTERED NO.

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. 17-53 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mable Alstrom

(a) RESIDENCE NO. 710 Wyndhurst St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ John T. Alstrom

6 DATE OF BIRTH (month, day, and year) July 22nd 1885

7 AGE: Years 45 Months 8 Days 12 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Trenton, N. J.

PARENTS

10 NAME OF FATHER Henry Brunt

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ellen Carpenail

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant John T. Alstrom

(Address) 710 Wyndhurst Ave

15 ~~Filed~~ C. HAMPSON JONES, M. D.

Registrar

MAR 5 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/4 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/1 1931, to 4/4, 1931, that I last saw h[er] alive on 4/4, 1931, and that death occurred, on the date stated above, at 1:35 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac decompensation Edema

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Mitral disease

(duration) 30 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) James L. Sharey, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — Date of Burial 4/6/1931

20 UNDERTAKER: Wm. Cook — ADDRESS 1217 E. Read St

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tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

2469 00

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X

B 67463

B 67463

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-4 WARD)

2 FULL NAME Matthew Dickinson

(a) RESIDENCE NO. 37 Morrison St. Morgantown W Va
(Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foundry Worker

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer D&G

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER John Dickinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Isabella High

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Records

15 [illegible] 5-1931 . 19 . M. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April-4-1931

17

I HEREBY CERTIFY, That I attended deceased from March 25, 1931, to April 4, 1931

that I last saw him alive on April 4, 1931

and that death occurred, on the date stated above, at 4.35 A m.

The CAUSE OF DEATH* was as follows:

Post operative cardiac failure

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cancer of tongue - inguinal glands. asthma (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 30 1931

Was there an autopsy? no.

What test confirmed diagnosis? Physical Examination

(Signed) David L Keller. M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Morgantown W Va	4/5/31
20 UNDERTAKER	ADDRESS
Joseph Ahrens	221 Ry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 67464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67464

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. | 1 | WARD)

2-FULL NAME Mary Nerwinski

(a) RESIDENCE NO 919 S. Curley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 24/1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	0	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Alexander Nerwinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Grabowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Alexander Nerwinski (Address) 919 St Curley St

15 Filed APR 6 - 1931 G. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 5/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Meningitis (Meningicoccic)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Exam) Spinal Fluid

(Signed) ..... Coroner, M. D.

4/5/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus | DATE OF BURIAL April 6 1931

UNDERTAKER P. O. Bogucki | ADDRESS 1936 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

R 67465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67465

CERTIFICATE OF DEATH.

93-003

1 PLACE OF DEATH Baltimore City Hospitals (If not in a hospital, give STREET AND NUMBER) 90-69 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME Charles a. Richter

(a) RESIDENCE NO. 2409 Calverton Heights Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Roberts

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer himself

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John C. Richter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliz. Thesing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed APR 6 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-3-31

17 I HEREBY CERTIFY, That I attended deceased from 10-15-30, 19, to 4-3-31, 19

that I last saw him alive on 4-3-31, 19

And that death occurred, on the date stated above, at 11:45 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Occlusion of Coronary artery (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & am

(Signed) Paul Padget. M. D.

4.4. 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL April 6 1931

20 UNDERTAKER J. Vernon Keehner

ADDRESS 1532 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 67466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67466

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 937 Brunswick ST. 25-72 WARD

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T. Bond

(a) RESIDENCE No. 937 Brunswick ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Nellie Bond

6 DATE OF BIRTH (month, day, and year) 6/19/1866.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none. 00

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. md.

PARENTS

10 NAME OF FATHER Minrod Bond.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md.

12 MAIDEN NAME OF MOTHER Margaret Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston Mass.

14 Informant Nellie Bond

(Address) 937 E. Brunswick St

APR 6 - 1931 HAMILTON JONES, M. D.

Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3/31

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to April 3, 1931,

that I last saw him alive on April 3, 1931,

and that death occurred, on the date stated above, at 10 40 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Endocarditis.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Carcinoma Edema

(duration) yrs. 1 mos. 1 da.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Norbert C. Kitchen M. D.

4/4/31 (Address) 2151 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	April 6, 1931
UNDERTAKER F. Vernon Keehner	ADDRESS 533 Hollins St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Every question must be answered. Write plainly with pen and ink. Use no abbreviations or ditto marks. Particular attention is directed to the items relating to Occupation and Cause of Death. ACCURACY IN THESE ITEMS IS VERY IMPORTANT. See Instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Bks.

E 67467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67467

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 503 N. Gilmor St. St. 19-27-57 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Smith Lipscomb

(a) RESIDENCE No 503 N. Gilmor St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sam Lipscomb

6 DATE OF BIRTH (month, day, and year) Jan. 22, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER John H. Smith

11 BIRTHPLACE OF FATHER (city or town) Howard Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Clara Davis

13 BIRTHPLACE OF MOTHER (city or town) Howard Co. (State or country) Md.

14 Informant John H. Smith
(Address) 831 W. Franklin Ct.

15 Filed APR 6 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1931, to April 2, 1931, that I last saw her alive on April 2, 1931, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of heart

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chrnic Arthritis of unknown origin. About 6 mos. ds.
(duration)

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter J. Jackson M. D.

19 (Address) 1631 E. Franklin St/

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western star cemetery Hyattsville Md	April 6 1931
20 UNDERTAKER	ADDRESS
Joseph A. Lively	409 N mount street

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—11-9-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67468

CERTIFICATE OF DEATH.

75

E 67468

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hospital St. 27-6 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Silas T. Watts

(a) RESIDENCE NO. 651 Light St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Md. Biscuit Co

(c) Name of employer

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER John Watts

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant (Address) Mr H. C. Watts 2233 Barclay

Filed APR 6 - 1931, 19

C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

Person and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) G C Hodges M. D.
(Coroner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the state yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

Date of Burial 4/6 1931

UNDERTAKER D. Fur McCully

ADDRESS 1306 E. Fort

NOTE—WRITE PLAINLY. All items must be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

B 67469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-1446

B 67469

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katie Ealton

(a) RESIDENCE No. 114 Greenmount Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry L. Alton

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1890

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Hazel Ogden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susanna Lindsay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Friends

(Address)

Filed APR 6 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 4 - 31

17

I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1931, to Apr. 7, 1931

that I last saw her alive on Apr. 4, 1931

and that death occurred, on the date stated above, at 330 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar, bilateral.

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Oesophageal obstruction (ulcer, with stricture) (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home of pt

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Jas. R. Brawner, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Prince Frederick Wesley Memorial Cemetery Calvert Co. Md.	April 7, 1931
20 UNDERTAKER	ADDRESS
Edmund W. Conklin	924 E. Eager St

1-30—M. & T.—100 B—50L

E 67470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-103

E 67470

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Providence Hosp St. 17-24 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James J. Foote

(a) RESIDENCE NO. 526 Lambert ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Foote

6 DATE OF BIRTH (month, day, and year) Feb-15-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) Apartments
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER John Foote

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Ellen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant William Foote (Son)

(Address) 530 Lambert St

15 Filed APR 6 1931 C. HAMPSON JONES, M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck & knocked down by a hit & run driver

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Fractured Skull

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Summerdale & Russelston Rd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin

(Signed) H. Frame, M. D. Coroner

6. 1931 (Address) 2939 Mt Elden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL April 6 1931

20 UNDERTAKER John M. Johnson

ADDRESS 2337 Wareham Av.

INFORMATION should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 67471

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 67471

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 N. Caroline ST. 7-13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Colburn Jr.

(a) RESIDENCE NO. 719 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Rebecca Colburn

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	appox 50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Dee Co Balto md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Daniel Colburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs Rebecca Colburn wife.

(Address) 719 N Caroline st.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/3/31

17 I HEREBY CERTIFY, That I attended deceased from March 25. 1931. to 4/3. 1931.

that I last saw him alive on 4/2/ . 1931.

and that death occurred, on the date stated above, at 8.30 A.m.

The CAUSE OF DEATH* was as follows:

~~Natural Causes~~ Coronary Thrombosis

(duration) — yrs. — mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency Bronchitis Chronic Hypertension

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

4/4. 1931 (Address) 1729 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel	April 6 1931
20 UNDERTAKER John W Henderson	ADDRESS 1502 E. Monument

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E. HARRISON JONES, M. D.

Spec.—7-17-26—A Co.—200 Bks.

67472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 67472

REGISTERED NO.

1-PLACE OF DEATH Md General Hospital

City of BALTIMORE: (No. 16-24 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Turner

(a) RESIDENCE NO. 1031 Booth st St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 19 - 1919

7 AGE — Years: 11 Months: 9 Days: 14 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER James Turner

11 BIRTHPLACE OF FATHER (City or town): Balto

(State or country): Md.

12 MAIDEN NAME OF MOTHER Emma Hammond

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md

14 Informant (Address): Hospital records.

15 Filed 6-1931 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1 1931, to April 3rd 1931.

that I last saw h[illegible] alive on April 3rd 1931.

and that death occurred, on the date stated above, at 3.37 p m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Pericarditis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute rheumatism

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Robert F Clements M. D.

19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Furnier Brance

20 UNDERTAKER: Lamb Easton

Date of Burial: 4-6 1931

ADDRESS 916 Park ave

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67473 — 82-001 — E 67473

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves ST. 13-52 WARD

2-FULL NAME Mrs. Beatrice Lippy

(a) RESIDENCE NO 3005 Keswick Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Edward Lippy

6 DATE OF BIRTH (month, day, and year) April 5th 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Chambersburg Pa.

PARENTS

10 NAME OF FATHER Leonard McLaughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fort Louden Pa

12 MAIDEN NAME OF MOTHER Grace Hoover

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fort Louden Pa

14 Informant Mrs. Dorothy E. Chaffman

(Address) 3005 Keswick Road

15 Filed , 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) 1 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3005 Keswick Road

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Guy N. Cromwell, M. D. Coroner

4/4 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. Chambersburg Pa

DATE OF BURIAL 4/7 1931

UNDERTAKER Robert Brooks & Son

ADDRESS Baltimore Md

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

APR 8 - 1931

Spec.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67474

82-001 E 67474

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balt. General Hosp (ST.) 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Snyder

(a) RESIDENCE NO. 1950 Walbrook Ave (ST.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W.	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Snyder

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 03

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Malkis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dunkelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Jack Lewis 1409 Eutaw Street

15 Filed APR 6 - 1931 by HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1931

17 I HEREBY CERTIFY, That I attended deceased from April 4 .1931. to April 5 .1931.

that I last saw her alive on April 5 .1931.

and that death occurred, on the date stated above, at 3:15 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Ackman, M. D.

4/5. 1931 (Address) West Balt. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodmen Circle Cem. DATE OF BURIAL 4/6 1931

20 UNDERTAKER Jack Lewis ADDRESS 1409 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 67475 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67475

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH St. Agnes Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Wilkens Ave. ST. 5-21 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Smith

(a) RESIDENCE NO. 2015 Ridgehill Ave ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 30 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
36 35		9 8	6 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bricklayer

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Jacob Stt - Deceased

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Jacob Stt

(Address) 1544 Baker St

15 Filed APR 6 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 31

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to April 4, 1931, that I last saw him alive on April 4, 1931, and that death occurred, on the date stated above, at 2 45 P m.

The CAUSE OF DEATH* was as follows:

1-Pneumonia-Lobar Bilateral

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death? 2015 Ridgehill Ave.

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Physical.

(Signed) Robt Stivers, M. D.

, 19 (Address) 1 E. Cold Spring

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Ridge — DATE OF BURIAL April 7 1931

20 UNDERTAKER Jarrett Leyfer — ADDRESS 1600 Monroe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 6 - 1931

Spec.—9-30—A. & Co.—250 Blks

E 67476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1315 67476

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 18-24 WARD

2 FULL NAME Viola Comsden

(a) RESIDENCE NO. 3230 W. Lombard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/17/69

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER David Medwff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Terrill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friend

(Address)

15 Filed APR 6 1931 19 C. HAMPTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4.5.31

17

I HEREBY CERTIFY, That I attended deceased from 2-15, 1930, to 4-5, 1931

that I last saw h[illegible] alive on 4/5, 1931

and that death occurred, on the date stated above, at 10[illegible] m.

The CAUSE OF DEATH* was as follows:

Chronic Vascular nephritis
Hypertension Gen.
Cardiac failure

Uraemia (duration) 15 days mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Blood chemistry etc.

(Signed) Benj. M. Baker Jr. M. D.

APR 5, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL April 6 1931

20 UNDERTAKER Jarrett Leger

ADDRESS Greenmount Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 67477 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67477

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 W. North Ave. ST.) 8-17 (WARD)

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles B. Maguire

(a) RESIDENCE NO. 1923 W. North Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen C. Maguire

6 DATE OF BIRTH (month, day, and year) Feb. 4 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Letter Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U. S. Post Office Dept.

9 BIRTHPLACE (city or town) (State or country) Troy N. Y.

PARENTS

10 NAME OF FATHER Chas. Maguire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Alderdice

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Canada

14 Informant Helen C. Maguire

(Address) 1923 W. North Ave

15 Filed Apr. 7 1931 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1931, to April 4, 1931, that I last saw h[illegible] alive on April 3, 1931, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 10 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. Ludwig Wheeler, M. D.

Apr. 6, 1931 (Address) 2129 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Apr. 7 1931

20 UNDERTAKER Harry W. Ehlen ADDRESS 1948 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PRESS

1-30—M & T—100 M—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67478

REGISTERED NO. E 67478

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 S. Dallas ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Markwordt

(a) RESIDENCE NO 529 S. Dallas ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 16, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	7	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Markwordt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Anna Fossman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mr. Henry Markwordt (Father)

(Address) 529 S. Dallas St.

15 Filed APR 6 - 1931 16 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Measles.

(duration) 6 yrs. mos. 12 da

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. da

18 Where was disease contracted if not at place of death?

Did operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? History

(Signed) W. C. Hadley, Coroner, M. D.

, 19 (Address) 143 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
First Evangelical Lutheran Ch. Cem.	Apr. 6 1931
20 UNDERTAKER Henry Sandor & Sons Inc.	ADDRESS Baltimore St & Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 57479 HEALTH DEPARTMENT—CITY OF BALTIMORE E 57479

CERTIFICATE OF DEATH. 8-17 48

1-PLACE OF DEATH Woman Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST.) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Margaret Sumption Mann

(a) RESIDENCE NO. 2016 N Washington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced (HUSBAND) of or) WIFE of Arthur Mann

6 DATE OF BIRTH (month, day, and year) April 18, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	13 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Winchester, Va.
(State or country)

PARENTS

10 NAME OF FATHER Geo. W. Sumption

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Susie Boxwell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Beryl M. Craig
(Address) 2016 N Washington St City

15 Filed APR 8 - 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5-31

17 I HEREBY CERTIFY, That I attended deceased from April, 1929 to April 5, 1931, that I last saw her alive on April 5, 1931, and that death occurred, on the date stated above, at 12 59 P m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction
with General Peritonitis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Carcinoma Uterus

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Apr. 5, 1931

Was there an autopsy? Yes.

What test confirmed diagnosis? Operation -

(Signed) Grant E. Ward. M. D.

, 19 (Address) 214-17 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Penn	4/7/31
20 UNDERTAKER	ADDRESS
Harry A Wilkes	410 Edmondson Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67480

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67480

CERTIFICATE OF DEATH.

V34

1 PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No 14-59 ST. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Pt His Hattie Bosswell

(a) RESIDENCE NO. 560 Gold St ST. WARD Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 3 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Colored	Single.

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1½ 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19 yrs	11	72	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk County Virginia

PARENTS

10 NAME OF FATHER Charles Bosswell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk County, Va.

12 MAIDEN NAME OF MOTHER Ruth White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norfolk County Virginia

14 Informant (Address) Mother Essex Ave Ext. Balto

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3, 31

17
I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to April 3, 1931
that I last saw her alive on April 3, 1931
and that death occurred, on the date stated above, at 4⁰⁰ P. m.

The CAUSE OF DEATH* was as follows:
Broncho-pneumonia
~~Secondary anemia~~
~~Pellagra~~

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Sec. anemia Tbc adenitis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy clinical findings

(Signed) Ed J Broome D M. D.

, 19 (Address) Univ Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL April 6 1931

UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

INFORMATION MUST BE CAREFULLY SUPPLIED. AGE, OCCUPATION AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PTC 1931

Spec.—9-30—A. & Co.—250 Blks.

74867

HEALTH DEPARTMENT—CITY OF BALTIMORE

7E 67481

CERTIFICATE OF DEATH.

13 1 E 67481

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St.) 8-17 WARD)

2. FULL NAME Lizzie Williams

(a) RESIDENCE NO. 1517 N Dallas St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 47 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. Car

PARENTS

10 NAME OF FATHER: Kidd Avie

11 BIRTHPLACE OF FATHER (city or town) (State or country): N Car.

12 MAIDEN NAME OF MOTHER: Suzie Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N Car

14 Informant: Records

(Address)

Filed APR 6 1931, 19 M. P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 3-1931

17

I HEREBY CERTIFY, That I attended deceased from March 25, 1931, to Apr 3, 1931

that I last saw h-r alive on Apr 3, 1931

and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertension

Chronic Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. 2 4 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood pressure, Kidneys

(Signed) John W Parsons M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Littleton N. C.

DATE OF BURIAL: Apr 6 1931

UNDERTAKER: Chas. H. Johnson + Co

ADDRESS: N. Carolina

CAUSE OF DEATH must be carefully supplied. All the blanks should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67482 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67482

CERTIFICATE OF DEATH. X 7145-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital W. ..... WARD)

REGISTERED NO .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Burch

(a) RESIDENCE NO. St. Mary's County Md. ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. mos. 18 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Burch

6 DATE OF BIRTH (month, day, and year) August 5, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Mary's County, Md.

PARENTS

10 NAME OF FATHER Richard Goode

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Mary's County, Md.

12 MAIDEN NAME OF MOTHER Mary Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Mary's County, Md

14 Informant (Address) Hospital Records

15 Filed ..... 19 ..... By ..... Registrar

C. H. WILSON JONES, M. D.

R 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/6/31

17
I HEREBY CERTIFY, That I attended deceased from 3/22, 1931, to 4/6, 1931

that I last saw h[illegible] alive on 4/6, 1931

and that death occurred, on the date stated above, at 12.40 P.M.

The CAUSE OF DEATH* was as follows:

Puerperal Sepsis

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Routine + Autopsy

(Signed) J. M. Goodman M. D.

..... 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Josephs Cemetery Maryanza, St Marys Co. Md.	April 8 1931
20 UNDERTAKER Stewart & Mowen Co	ADDRESS 1088 W. Fayette

INFORMATION HEREIN must be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 ✓ E 67483

REGISTERED NO.

E 67483

1-PLACE OF DEATH

City of Baltimore: (No. 1710 Brentwood Ave. St. 219 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Bassil.(C)

(a) RESIDENCE NO. 1710 Brentwood Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Married

5a If married, XXXXXXXXXXXX HUSBAND of XXXXXXXXXX Grace Bassil (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Virginia.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Grace Bassil.(wife)
(Address) 1710 Brentwood Ave.

15 Filed ... 19.. ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D.

4/6. 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Apr. 6, 1931
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1729 Ashland Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 8 1931 HAMPTON JONES M

Spec.—9 30—A. & Co.—200 Bks

E 67484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67434

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 459 Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rita D. Moody.

(a) RESIDENCE No. 537 Cumberland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward D. Moody.

6 DATE OF BIRTH (month, day, and year): January 20 1895

7 AGE: Years 36; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of Industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Flonnie Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hospital & Friends (Address)

15 Filed (by) CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 3, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to April 3, 1931

that I last saw h[illegible] alive on April 3, 1931

and that death occurred, on the date stated above, at 10.25 P. M.

The CAUSE OF DEATH* was as follows:

Cardio-vascular renal disease with hypertension.

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings & Laboratory data

(Signed) G. Bonno Mandelaro M. D.

4/3, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Apr. 6, 1931

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1115 Eastlander

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R. S. 1931

Spec.—1-30—M. & T.—250 Blks.

E 67435

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-0032 67435

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 823½ N. Lombard ST. 18-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily A. Hancock

(a) RESIDENCE No. 823½ N. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (HUSBAND of or) WIFE of John H. Hancock

6 DATE OF BIRTH (month, day, and year) June 4 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House 037

(b) General nature of industry, business, or establishment in which employed (or employer) House wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Francis Arnold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mitchells - Ireland

12 MAIDEN NAME OF MOTHER Sarah A. Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Frank A. Hancock

(Address) 823½ N. Lombard St.

15 Filed APR 6 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4/31

17

I HEREBY CERTIFY, That I attended deceased from May, 1925, to April 4, 1931, that I last saw her alive on April 4, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis collapse

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Complication of senility

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Respiration - Coma

(Signed) Herbert A. Foster, M. D.

, 19 (Address) 924 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL April 7th 1931

20 UNDERTAKER Wilbur W. Shriver

ADDRESS 430 Edmondson Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks.

STANISLAW MATUSZAK

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67486

CERTIFICATE OF DEATH

23 E 67486

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) ST. 173 WARD)

2 FULL NAME Stanley Matuszak

(a) RESIDENCE NO. 1710 Cambridge ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Antonina

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Sam Matuszak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Joseph ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Hospital Records

Filed APR 6 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5/31

17

I HEREBY CERTIFY, That I attended deceased from Oct 14, 1930, to Apr 5, 1931, that I last saw him alive on Apr 5, 1931, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) David Scanner M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross & Co.	April 8 1931
20 UNDERTAKER	ADDRESS
George A. Weber	205 E. Lanvale St.

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21 E 67487

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 46-37 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Otto Kuebler

(a) RESIDENCE NO. 403 S. Lehigh St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 4½ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Kuebler

6 DATE OF BIRTH (month, day, and year) Feb. 15, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tool maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Otto Kuebler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records of Balto. City Hosp.

13 Filed APR 6 1931 HAMPSON JONES M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-1-31

17

I HEREBY CERTIFY, That I attended deceased from 3-25-31, 19, to 4-1-31, 19

that I last saw h in live on 4-1-31, 19

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured gangrenous appendicitis.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Generalized peritonitis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of 3-25-31

Was there an autopsy? yes

What test confirmed diagnosis? clin. exam.

(Signed) Fred M. Dunkenell M. D.

4/2/1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 4/6/1931

20 UNDERTAKER: John J. Connelly — ADDRESS: Essex

Information Blanks must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67488 E 67488

CERTIFICATE OF DEATH.

160-002

1-PLACE OF DEATH 5426 Park Heights Av. 27-56
REGISTERED NO.....

CITY OF BALTIMORE: (No.) (St.) (Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Bleedsman

(a) RESIDENCE. No. as above 5426 Park Heights Av St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 5 1931

7 AGE Years Months Days If LESS than 1 day, hrs. or min. 5 hrs

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) as above Baltimore Md

PARENTS

10 NAME OF FATHER Merrill B. Steadman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Dorothy Rosenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Mrs Dorothy Steadman 5426 Park Heights Ave

15 Filed APR 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1931

17 I HEREBY CERTIFY, That I attended deceased from April 5 1931 to April 5 1931.

that I last saw her alive on April 5 1931.

and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Birth.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical appearance

(Signed) John Zueler, M. D.

4/7, 1931 (Address) 1128 Gladstone

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: April 6 1931

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

67489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 382 E 67489

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Patterson Park Ave ST. 3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Lt. Anderson

(a) RESIDENCE NO. 118 S. Patterson Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 Single, ~~Married~~, Widowed, ~~or Divorced~~, (write the word) Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred L. Anderson

6 DATE OF BIRTH (month, day, and year) May 11-1854

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bordentown N. J.

PARENTS

10 NAME OF FATHER Wm. L. Hilbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Anna L. Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant (Address) Mrs. Wm. H. Robertson 118 S. Patterson Park Ave

15 Filed ... 19 ... Registrar C. HAMPSON JONES, M. D.

APR 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5-1931

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1931, to April 5th, 1931

that I last saw her alive on April 5th, 1931

and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Endocarditis

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Resp. signs

(Signed) C. A. Greer M. D.

4/6/31 (Address) 408 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trenton Mem. Co. N. J.	April 7th 31
FUNERAL DIRECTOR AND EMBALMER	ADDRESS
Bertram B. Poe	1723 W. Lafayette Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-15-29—M&T—500 Blks.

Generieve

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67490

CERTIFICATE OF DEATH

E 67490

1-PLACE OF DEATH Mt St Agnes Convent

CITY OF BALTIMORE: (No.) Mt. Washington, Md (Street or Ave.) ST. 27 WARD 54

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leslie M Genevieve Redmond

(a) RESIDENCE NO. Mount St Agnes ST. 27 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced (a) HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1868 Nov. 6

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
63 yrs 4	5	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) English Channel

PARENTS

10 NAME OF FATHER James W. Redmond

11 BIRTHPLACE OF FATHER (city or town) Dublin (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary A

13 BIRTHPLACE OF MOTHER (city or town) Dublin (State or country) Ireland

14 Informant Sister M. Rosaria (Address) Mt St Vincent Ave. Mt. Washington

Filed APR 6-1931 Registrar C. HAMPSON JONES, M.D.

Date April 6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1931

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1931, to April 5, 1931, that I last saw h[illegible] alive on April 4, 1931, and that death occurred, on the date stated above, at 6 pm m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) about 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

April 6, 1931 (Address) 7117 Loud Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt St Agnes Cem. DATE OF BURIAL April 7 1931

20 UNDERTAKER Henry J. Watkins Sons ADDRESS Mt Auburn & Orchard

INFORMATION should be carefully supplied. Application should be stated PLAINLY. Professional terms may be used, but it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks.

E 6749 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 E 6749 1

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. ... McCay ... HOSPITAL ... WARD) 27-48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles J Buchanan

(a) RESIDENCE NO. 107 W. Melrose ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Carmen

6 DATE OF BIRTH (month, day, and year) Dec. 15- 1881 ~~1863~~

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~48~~ 49	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm Buchanan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia M. Gaff

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Friends -
(Address)

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1931

17

I HEREBY CERTIFY, That I attended deceased from April 4 - , 1931 , to April 6 , 1931

that I last saw him alive on April 6 , 1931

and that death occurred, on the date stated above, at 3 25A m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Meningitis

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Otitis Media

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Apr. 4 1931

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture

(Signed) G Murray Baker M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	April 7 1931
UNDERTAKER	ADDRESS
Henry J Gaulin & Co.	Greenmount Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should have CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

VOLZ

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 67492

CERTIFICATE OF DEATH.

B 67492

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital St. 97-5th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary A. Volz

(a) RESIDENCE NO. Smithdale Ave. Mt. Washington (Usual place of abode) Balt. ST. WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred Sixty-nine mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Volz

6. DATE OF BIRTH (month, day, and year): Nov 17-1886

7. AGE: Years: 44; Months: 4; Days: 21; If LESS than 1 day, hrs. or min.:

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10. NAME OF FATHER: John Linhart.

11. BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12. MAIDEN NAME OF MOTHER: Mary Leap.

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14. Interment: Sister Mother Linhart (Address) [illegible]

15. [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): April 5-1931

17.

I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to April 5, 1931

that I last saw her alive on April 5, 1931

and that death occurred, on the date stated above, at 5:16 A m.

The CAUSE OF DEATH* was as follows:

Rheumatic cardio-vascular disease (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Auricular fibrillation & Myocardial failure (duration) yrs. mos. 1, ds.

18. Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & History

(Signed) G. W. Baumgardner, M. D.

, 19 (Address) Mercy Hospital Balt

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion, Frulands (Baltimore) DATE OF BURIAL: April 8, 1931

UNDERTAKER: Horace F. Burgee ADDRESS: 3631 Falls Rd.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

67193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67193

82-00

12-50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3106 Abell Avenue ST. 12 (WARD)

2 FULL NAME CATHERINE JENKINS

(a) RESIDENCE No 3106 Abell Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William T. Jenkins

6 DATE OF BIRTH (month, day, and year) March 4, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Lawrence Bartler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Walker,
(Address) 3106 Abell Ave.

15 C. H. MASON JONES, M. D. Registrar

R 6 1931

C. W. SAMPSON, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb-1-, 1931, to April-5-, 1931,

that I last saw her alive on April-5-, 1931,

and that death occurred, on the date stated above, at 2:55 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cirrhosis Bronchitis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Marion L. Shoch M. D.

4-6-31 (Address) 806 N Fenton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Orem M. E. Cemetery	19
20 UNDERTAKER	ADDRESS
Frederick Lasahn, Inc	7401 Belair Rd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67494

93-001 ✓ E 67494

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1534 N Gilmor ST. 15-21 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virginia Lee

(a) RESIDENCE NO. 1534 N Gilmor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE C | 5 Single, Married, Widowed, or Divorced. (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Lee

6 DATE OF BIRTH (month, day, and year) Sept 25-1896

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
34	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS
10 NAME OF FATHER John Barrett
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Mary Jackson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

11 Interment Robert Lee
(Address) 1534 N. Gilmor

15 Filed ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5/31

17 I HEREBY CERTIFY, That I attended deceased from Mar 19, 1931, to Apr 5, 1931, that I last saw h[illegible] alive on Apr 5, 1931 and that death occurred, on the date stated above, at 4 45 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hatcher M. D.
4/6, 1931 (Address) Irvington Va

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Tappahannock Va	Apr 7, 1931
20 UNDERTAKER Sam'l N Chase & Son	ADDRESS 638 N Gilmor

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 67495 — 107-001 E 67495

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1222 Penn. Ave ST. 7-23 (WARD)

2-FULL NAME Thomas M Donaldson

(a) RESIDENCE NO 1222 Penn. Ave ST. ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Victoria Donaldson

6 DATE OF BIRTH (month, day, and year) March 23-73

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	057		11/12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Herbalist
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wills Donaldson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Antonnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Victoria Donaldson

(Address) 1222 Penn Ave

15 Filed ..... 192.. Registrar

APR 5 1931 G. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchs Pneumonia (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Alcoholism (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) G. C. Hamilton Bladen, M. D. Coroner

4-6 1931 (Address) 1430 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL April 7 1931

20 UNDERTAKER Saml W Chase Son — ADDRESS 638 N Gilmor

N.B.—WRITE PLAINLY. WITH UNFADING INK. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 67496

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 67496

CERTIFICATE OF DEATH

1-PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No 16-22 ST. WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: Sadie Briscoe

(a) RESIDENCE NO. 1126 Gilmore ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

67

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Hop Briscoe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Hattie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Records of Balto. City Hosp.

PR 6 1931 Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-4-31

17

I HEREBY CERTIFY, That I attended deceased from 3-24-31, 19 , to 4-4-31, 19

that I last saw her alive on 4-4-31, 19

and that death occurred, on the date stated above, at 3:25 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis of aorta with aortic insufficiency

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical exam; Lab.

(Signed) Paul Padgett M. D.

4-6, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: April 7 1931

20 UNDERTAKER: Saml. W. Chase & Son — ADDRESS: 638 N. Gilmor

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 67497 ✓ 67497

HEALTH DEPARTMENT—CITY OF BALTIMORE E 67[illegible]

CERTIFICATE OF DEATH.

15

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1720 Aisquith St. 9-18 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Viola Albaugh

(a) RESIDENCE NO. 1720 Aisquith ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ... none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Albaugh

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore Co. Md.

12 MAIDEN NAME OF MOTHER Viola Hale

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore Co. Md.

14 Informant George Lincoln Albaugh

(Address) 1720 Aisquith St.

15 C. HAMPSON JONES, M. D. Registrar

R 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 18, 1931, to Apr 4, 1931, that I last saw h[illegible] alive on Apr 4, 1931, and that death occurred, on the date stated above, at 11. A.M.

The CAUSE OF DEATH* was as follows: Erysipelas (Proxemal)

(duration) yrs. / mos. 17 ds.

CONTRIBUTORY (Secondary) Cardiac malfunction

(duration) yrs. mos. / ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Roscoe R. Cross, M. D.

4-5 1931 (Address) 2468 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest, Balto. County — DATE OF BURIAL: April 7, 1931

20 UNDERTAKER: E. Leroy Stoffler, Inc. — ADDRESS: 1252 North Ave.

CAUSE OF DEATH—WRITE PLAINLY, WITH SPELLING—THIS information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 67498 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67498

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital 108 REGISTERED NO.

CITY OF BALTIMORE: (No. Fayette & Calhoun ST. 19-51 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Grace B. Jones

(a) RESIDENCE NO. 2630 Hampden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Jones

6 DATE OF BIRTH (month, day, and year) June 28 1908.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
22	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 023

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Frank N. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Flowne V. Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Frank N. Jones

(Address) 2630 Hampden Bal.

15 Filed ....., 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-5-31

17 I HEREBY CERTIFY, That I attended deceased from 4-2-, 1931, to 4-5-, 1931, that I last saw him alive on 4-5, 1931, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia right lung.

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) M. B. Schreiber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Crescent Hill Towson	April 7 19 31
19 UNDERTAKER H. Lowenwirth & Son	ADDRESS 3615 Eastern Ave

R 6-1931

Before signing be sure all entries are correctly supplied. Note that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

67499

HEALTH DEPARTMENT—CITY OF BALTIMORE

67499

CERTIFICATE OF DEATH.

92-001

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) Union Memorial Hospital (St.) (Ward) 12-51

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Keefer

(a) RESIDENCE No. 4190 26th (Usual place of abode) St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): S

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 20 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	1/20	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer): Ed

(c) Name of employer: Ood

9 BIRTHPLACE (city or town) (State or country): Alberton, Md.

PARENTS

10 NAME OF FATHER: John Keefer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Earhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant (Address): U. U. Hospital

15 C. HAMPSON JONES, M. D., Registrar

Per

R 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 5, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 4, 1931, to April 5, 1931

that I last saw her alive on April 6, 1931

and that death occurred, on the date stated above, at 8:55 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Heart Disease & Endocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical findings

(Signed) Francis W. Clark M. D.

4/5/1931 (Address) Union Memorial Hos.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden

DATE OF BURIAL: April 8 1931

20 UNDERTAKER: Thurnwald & Son

ADDRESS: 3615 Hunt Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blc

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67500

CERTIFICATE OF DEATH.

12-49

gt E 67500

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3429 Guilford Terrace ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Turner Ashby Wilkinson

(a) RESIDENCE NO. 3429 Guilford Terrace ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise B. Helwig

6 DATE OF BIRTH (month, day, and year) Feb. 26, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas S. Wilkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not obtainable

12 MAIDEN NAME OF MOTHER Frances Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mrs. Louise B. Wilkinson

(Address) 3429 Guilford Terrace

15 Filed APR 6 1931, 19 ... M. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6-1931

17 I HEREBY CERTIFY, That I attended deceased from ... 19 20. to April 6 ... 19 31.

that I last saw h... alive on April 6 ... 19 31.

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ... yrs. ... mos 1 ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Usual signs & symptoms

(Signed) Stanley McClelland, M. D.

, 19 (Address) 1609 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 4/8 19 31

20 UNDERTAKER Henry W. Mears & Son

ADDRESS Fox & Calvert

R 6 - 1931

C. HAMILTON JONES, M. D.

mation should be carefully supplied. Age, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 67501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67501

CERTIFICATE OF DEATH.

47

REGISTERED NO. 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 John ST. WARD)

2-FULL NAME Emma Duffus Daugherty

(a) RESIDENCE NO. 1216 John ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Dec. 29, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Wright Daugherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Priscilla A. Jessop

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Maryland

14 Informant (Address) Mr. W. G. D. Morrison 1216 John Street

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5/31

17 I HEREBY CERTIFY, That I attended deceased from August 15, 1930, to April 5, 1931, that I last saw h Alive on April 5, 1931, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows: Cancer of Lung and mediastinal glands.

(duration) yrs. 8 mos ... ds.

CONTRIBUTORY (Secondary) Diabetes Insipidus

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) Henry E. Wilson, M. D.

19 (Address) 3 W. Biddle.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 4/7 19 31

20 UNDERTAKER Henry U. Mears Son

ADDRESS 703 N Calvert

TION is very important See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 67502

E 67502

CERTIFICATE OF DEATH

REGISTERED NO.

12-44

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 N. Charles ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard C. Wells

(a) RESIDENCE NO. 3333 N. Charles ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Nash Wells

6 DATE OF BIRTH (month, day and year) Apr. 8, 1862,

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grain Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Nathaniel B. Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Leonora Lauderman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Emma L. Wells

(Address) 3333 N. Charles St.

15 Filed APR 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4-31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1929, to April 4, 1931, that I last saw him alive on April 4, 1931, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows:

arterio-sclerosis + myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of /

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) I Frederick Lentz, M. D.

April 5 1931 (Address) Temple Garden Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	Apr. 7 1931

20 UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67503 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

E 67503

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1721 Lamont Av (St.) (WARD) 9-15

2-FULL NAME Frederick Barnett

(a) RESIDENCE No. 1721 Lamont Av St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Barnett

6 DATE OF BIRTH (month, day, and year) Nov 4th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Agent of

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance

(c) Name of employer Sun Life Ins Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Barnett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Emma Haines

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Ida M. Barnett

(Address) 1721 Lamont Ave

15 [illegible] 6-1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4th 1931

17

I HEREBY CERTIFY, That I attended deceased from March 1st, 1931, to April 4, 1931

that I last saw h[illegible] alive on April 2, 1931

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Hypopharynx
Metastasis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) A. J. [illegible] M. D.

, 19 (Address) Medical Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL 4/7/1931

20 UNDERTAKER W3 Cook

ADDRESS 1217 St Paul St

INFORMATION SHOULD be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67504

CERTIFICATE OF DEATH.

108 E 67504

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 814 N. Fulton Ave ST. 16-33 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elijah F. Miller

(a) RESIDENCE NO 814 N. Fulton Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 5th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Husbandry
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: Frederick Miller
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Elizabeth Johnson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Blanche Barnett 814 N. Fulton Ave

15 Filed APR 6 - 1931, 19 [illegible] M. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 4th 1931

17
I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1931, to Apr. 4, 1931
that I last saw h[illegible] alive on Apr. 4, 1931
and that death occurred, on the date stated above, at 6 5m P. M.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? C. E.
(Signed) Homer L. Dodd M. D.
4, 1931 (Address) 735 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Roslyn Md
DATE OF BURIAL: 4/7/1931

20 UNDERTAKER: Wm Cook
ADDRESS: 1217 St Paul St

CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Stem.—2-29-25—L. F. S.—500 Blks.

(ahl)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67505 51 E 67505

REGISTERED NO.

E 67505

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 6025 Old Harford Road) (ST.) (WARD 24 + 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Roma L. Hill

(a) RESIDENCE NO. 6025 Old Harford Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hill

6 DATE OF BIRTH (month, day, and year) Dec 31-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (Retired) Gdo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mr George L. Dorsey

(Address) 6025 Old Harford Rd

16 Filed ..... 19.. M. C. HAMPSON JONES, M. D. Registrar

APR 6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4-1931

17 I HEREBY CERTIFY, That I attended deceased from March 18, 1931, to April 4, 1931

that I last saw h[illegible] alive on April 4, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

CONTRIBUTORY (Secondary) Toxic absorption (duration) yrs. 6 mos. ds.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed Edward J. Wood M. D.

4/6, 1931 (Address) 403 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 4/7 1931

ADDRESS 1217 St Paul

20 UNDERTAKER Workman Cook

Perly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Blks.

27506 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67506

Ped.

CERTIFICATE OF DEATH. X 72-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St 7-4 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edith Zimmerman

(a) RESIDENCE NO Sylvan Franklin Co. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) — do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Floyd L. Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Gertrude Brust

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Interment
(Address) Sylvan

15 [illegible] C. HAMPSON JONES, M. D. Registrar
R 6-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-6-31

17
I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to 4-6-, 1931
that I last saw h[illegible] alive on 4-6-, 1931
and that death occurred, on the date stated above, at 5-50 P. m.
The CAUSE OF DEATH* was as follows:

Leukemia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Sylvan, Pa.
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis?

(Signed) Robert O. Y. Warren M. D.
, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sylvan Pa	4/6/31
20 UNDERTAKER	ADDRESS
Joseph Ahern	224 Berg

CAUSE OF DEATH in plain terms. AGE should be stated EXACTLY. PHYSICIANS should state it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67507

CERTIFICATE OF DEATH.

E 67507

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1016 Arlington ave St. 16-23 (Ward)

2-FULL NAME Benjamin J. Gassaway

(a) RESIDENCE NO. 1016 Arlington ave St., or WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dead

6 DATE OF BIRTH (month, day, and year) Jan 4 - 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Longshoreman

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Dora Gassaway

(Address) 1016 Arlington ave

15 Filed 6-1931 C. HAMPSON JONES, M. D. C. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3 1931

17 I HEREBY CERTIFY, That I attended deceased from April 17 . 1930 . to April 3 . 1931 .

That I last saw h in alive on April 3 . 1931 .

and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Thomas Tilson, M. D.

, 19 (Address) 1501 W Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Sta

DATE OF BURIAL 4/6 1931

20 UNDERTAKER W. A. Geo. H. Holland

ADDRESS 1 Dix

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67508

53 E 67508
REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1017 S. Binney ST 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Pauline Kurcaps

(a) RESIDENCE NO. 1017 S Binney St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of widowed

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS
10 NAME OF FATHER Casimir Marek.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland
12 MAIDEN NAME OF MOTHER unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Katherine Kostkowski
(Address) 1017 S. Binney St

15 Filed APR 7-1931 C. HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1931

17
I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to April 4 1931
that I last saw h alive on April 4 1931
and that death occurred, on the date stated above, at 7.15a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder
Metast to Lung
Acute Cardiac Dilatation

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Urbin

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. Rudzynski M. D.

(Address) 1000 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: April 7 1931

ADDRESS: Stephen J. Fratkowski 1000 S. Kenwood Ave

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67509

CERTIFICATE OF DEATH.

84-001

E 67509

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home and Inf's 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Master Henry Schuster

(a) RESIDENCE NO. 101 W. 39th St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) January-15-1918

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	13	2	22 21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer) McDonogh
(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pa

PARENTS

10 NAME OF FATHER Geo. J. Schuster
11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md
12 MAIDEN NAME OF MOTHER Mabel Faulkner
13 BIRTHPLACE OF MOTHER (city or town) Philadelphia
(State or country) Pa.

14 Informant Geo. J. Schuster
(Address) 101 W. 39th St.

Filed APR 7 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931
April 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to April 6, 1931, that I last saw him alive on April 6, 1931, and that death occurred, on the date stated above, at 10:05 p.m.

The CAUSE OF DEATH* was as follows:
Cerebro spinal Meningitis - Etiology
Hemolytic Streptococcus

(duration) 0 yrs. 0 mos. 9 ds. Approx.

CONTRIBUTORY (Secondary) Mastoiditis - Right 26 days
Pt. Petrositis - Left
(duration) - yrs. 1 mos. 0 ds.

18 Where was disease contracted
If not at place of death? Unknown
Did an operation precede death? yes Date of operation 3/30
Was there an autopsy? yes
What test confirmed diagnosis? autopsy Bacterial Spinal Fluid

(Signed) Oscar E. Ballard, M. D.
, 19 (Address) Church Home and Infirm

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial April 8 1931

20 UNDERTAKER Lorraine Cemetery ADDRESS Baltimore.
Stewart & Co.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67510 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67510

CERTIFICATE OF DEATH

1 PLACE OF DEATH Union Memorial Hospital — REGISTERED NO. 27-54 108

CITY OF BALTIMORE: (No. Emma Graham ST. WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. ~~Henry L.~~ Chipman

(a) RESIDENCE No. 5712 Cross Country Blvd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry C. Chipman.

6 DATE OF BIRTH (month, day, and year) June 27, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

PARENTS
10 NAME OF FATHER John H. Graham
11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia
12 MAIDEN NAME OF MOTHER Jennetta Warner
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia Pa.

14 Informant (Address) Hospital Records.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1931

17
I HEREBY CERTIFY, That I attended deceased from April 3, 1931 to April 7 1931
That I last saw h[illegible] alive on April 7 1931
and that death occurred, on the date stated above, at 1:28 A. M.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home. Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical & Laboratory Home
(Signed) Francis N. Gluck M. D.
4/7/1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL Apr 8 1931
20 UNDERTAKER — ADDRESS
Philadelphia Penna Stewart Mercer & Beale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 7-1931 HAMPSON JONES M. D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 6751 1

106 E 6751 1

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1203 Glyndon Ave (WARD) 21-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estella Furbush

(a) RESIDENCE NO. 1203 Glyndon ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced (or) WIFE of Nathanial H. Furbush

6 DATE OF BIRTH (month, day, and year) Feb 18. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 37

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Queens Anne County Maryland

PARENTS

10 NAME OF FATHER Mr Lucky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Queen Anne County Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Ans County Maryland

14 Informant (Address) Nathan H. Furbush 1203 Glyndon Ave

15 Filed APR 7 - 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4 1931

17 I HEREBY CERTIFY, That I attended deceased from April 3 1931 to April 4 1931.

that I last saw h[illegible] alive on April 4 1931,

and that death occurred, on the date stated above, at 5:30 A.M. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia + Pleurisy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Thomas S Boney Jr M. D.

, 19 (Address) 3634 Fredrick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 4/7 1931

UNDERTAKER: Fred R. Cole

ADDRESS: 1200 W. Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67512

CERTIFICATE OF DEATH.

46 E 67512

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Warden St. 16-15 WARD)

2-FULL NAME Alexander Weir

(a) RESIDENCE NO. 1031 Warden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda V. McCardell

6 DATE OF BIRTH (month, day, and year) Aug. 4, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 Yrs	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elect. General Electric

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer General Electric Co.

9 BIRTHPLACE (city or town) (State or country) Mt. Royal Penn.

PARENTS

10 NAME OF FATHER Samuel Weir

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mt Royal Penn.

12 MAIDEN NAME OF MOTHER Elizabeth Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Wife Matilda V. Weir

(Address) 1031 Warden St.

Filed APR 7 1931 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1931 to 4/6 1931

that I last saw him alive on 4/6 1931

and that death occurred, on the date stated above, at 3P-m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 9

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hyla W. Foley, M. D.

, 19 (Address) 5103 Walbrook

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cemetery DATE OF BURIAL April 9, 1931

20 UNDERTAKER Elmer W. Conklin ADDRESS 624 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 lbks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67513

CERTIFICATE OF DEATH.

81 E 67513

REGISTERED NO.

1. PLACE OF DEATH Baltimore City Hospitals 20-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2. FULL NAME Charles A. Stroh

(a) RESIDENCE NO. 2519 Frederick Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6 DATE OF BIRTH (month, day, and year) July 11, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Samuel Kirk & Son

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Daniel Stroh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Justina Unkel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 1931 J. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-4-31

17 I HEREBY CERTIFY, That I attended deceased from 3-7-31, 19, to 4-4-31, 19

that I last saw h im alive on 4-4-31, 19

and that death occurred, on the date stated above, at 7:55 A.m.

The CAUSE OF DEATH* was as follows:

Progressive muscular atrophy

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

4-4-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 4/7/1931

20 UNDERTAKER Chas. Huber & Son ADDRESS 2503 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R

Spec.—8-16-29—L. F. S.—100 Blks.

E 67514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67514

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH

REGISTERED NO. 1623

CITY OF BALTIMORE: (No. 804 N. Carrollton ave ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eugene Mason

(a) RESIDENCE NO. 804 N. Carrollton ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mason

6 DATE OF BIRTH (month, day, and year): 10-7-1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	27	

8 OCCUPATION OF DECEASED: Common
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm H. A. Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Julia Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Elizabeth Mason
(Address): 804 N. Carrollton ave

15 Filed APR 7 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/4/31

17 I HEREBY CERTIFY, That I attended deceased from Apl. 2, 1931, to Apl. 4, 1931, that I last saw him alive on Apl. 4, 1931 and that death occurred, on the date stated above, at 8:45 P m.

The CAUSE OF DEATH* was as follows:

I Acute Toxemia

(duration) 2 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins, M. D.

19 (Address) 1012 W. Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: 4-7-31

20 UNDERTAKER: Chas G. Cooper

ADDRESS: 514 N. Eutaw St

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

B 45-247

B 67515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 B 67515

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Johns Hopkins Hospital St 7-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anton Laskowicz

(a) RESIDENCE NO. Wash'n Blvd & Sulphur Spring Rd St. Dalethorpe Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 8C

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Fabian

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Sidonia Podzurska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Records.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6-1931

17

I HEREBY CERTIFY, That I attended deceased from Feb 1- , 1931 , to April 6 , 1931

that I last saw him alive on April 6 , 1931

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Tumor of Rectum (?) Malignant

Exploratory Laparotomy

Secondary Gastric Carcinoma — with

Intestinal Obstruction (duration) 2 yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary) Septicemia, Uraemia & Hypostasis (duration) 1-2 yrs.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ——

Was there an autopsy? Yes.

What test confirmed diagnosis? Cytology + B.T. x Rays stained sections + Blood culture

(Signed) Lloyd F. Hughes M. D.

4/16, 1931 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary's Cem. DATE OF BURIAL: April 8, 1931

20 UNDERTAKER: John Grebliauckas ADDRESS: 423 S. Paca St

APR 7 1931 HOPKINS HOSPITAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

2-4 161-001 E 67516

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1917 E. Pratt St. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Yoos

(a) RESIDENCE NO 1917 E. Pratt St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 2. 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Albert F. Yoos

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Lillian Hertlove.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Mr. Albert F. Yoos
(Address) 1917 E. Pratt Sts

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 6. 1931

17

I HEREBY CERTIFY, That I attended, deceased from 4-2- 1931 to 4-6- 1931

that I last saw h[illegible] alive on 4-5- 1931

and that death occurred, on the date stated above, at 5:20 A. m.

The CAUSE OF DEATH* was as follows:

Congenital debility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Date of

Was there an autopsy? No 4-7-31

What test confirmed diagnosis? Gerdy

(Signed) Fred Ruzicka M.D.

(Address) 606 Mallory Bldg

* State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Apr. 7 1931

20 UNDERTAKER Henry Sander & Son Inc.

ADDRESS Baltimore St & Broadway

CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 67517

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2024 E. North Ave. ST 8-17 WARD)

2 FULL NAME Mary Amelia Sonntag

(a) RESIDENCE NO 2024 E. North Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Sonntag

6 DATE OF BIRTH (month, day, and year) October 13, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER George Oberender

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Margaret Diez

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Mr. Gustav Sonntag

(Address) 2024 E. North Ave.

15 Filed APR 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4. 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to Apr 4, 1931

that I last saw h[illegible] alive on Apr 4, 1931

and that death occurred, on the date stated above, at 7.[illegible] p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. Kadry M. D.

, 19 (Address) 2306 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Apr. 7, 1931

20 UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: Baltimore St. & Broadway.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spur—9-31—A. & Co.—250 Blks

E 67518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-02 67518

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2526 E. Madison St 1-12 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Infant of Marie & James B. League

(a) RESIDENCE NO 2526 E. Madison ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: B.

4 COLOR OR RACE: B.

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 6/31

7 AGE: Years | Months | Days: 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ———

(b) General nature of industry, business, or establishment in which employed (or employer): ———

(c) Name of employer: ———

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: James B. League

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Marie Leitzinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): James B. League 2526 E. Madison St.

15 Filed [illegible] 19 [illegible] Registrar

C. PEARSON JONES, M. D.

7-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4. 6. 31

17

I HEREBY CERTIFY, That I attended deceased from ——— 19 ——— to ——— 19 ———

that I last saw h— alive on ——— 19 ———

and that death occurred, on the date stated above, at ——— m.

The CAUSE OF DEATH* was as follows: Congenital Cardiac Deformity. Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. A. Anderson M. D.

(Address) ——— 19

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: April 7 1931

20 UNDERTAKER: Wm. C. Miller & Son

ADDRESS: 2334 Jefferson Pl.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67519 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

13/E 67519

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1640 N Caroline St. 9-17 (Ward)

2 FULL NAME Amelia Gellenmuller

(a) RESIDENCE NO. 1640 N Caroline St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry J. Gellenmuller

6 DATE OF BIRTH (month, day, and year) Jun 14-1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ooo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Herman Gellenmuller (Address) Hanford Road

R 7 1931 by C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 5 /31

17

I HEREBY CERTIFY, That I attended deceased from Apr 1 1931 to Apr 5 1931

that I last saw h alive on Apr 4 1931

and that death occurred, on the date stated above, at 1 Am

The CAUSE OF DEATH* was as follows:

Diabetes of Heart

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardio vascular renal

Chron (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John L Sanderson M. D.

4/6 1931 (Address) 1714 N Broadway.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	April 7 1931
20 UNDERTAKER H. J. Tickner & Sons	ADDRESS Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 67520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 67520

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2752 Alameda Boulevard St.) (9-46 WARD)

2 FULL NAME James E. Aleshire

(a) RESIDENCE NO. 2752 Alameda Boulevard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie H. Knight

6 DATE OF BIRTH (month, day, and year) Dec. 18, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 015

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER James I. Aleshire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary S. Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. D. F. Aleshire (Address) Luray, Va.

15 Filed APR 7-1931 19 C. HAMPSON JONES, M. D. Registrar

APR 7 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 6-31.

17

I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1931, to Apr 6, 1931

that I last saw him alive on Apr 5th, 1931

and that death occurred, on the date stated above, at 12 30 P. m.

The CAUSE OF DEATH* was as follows:

Arteria-sclerosis & chronic nephritis.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral softening.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [signature] M. D.

4/7 1931 (Address) 846 W 36th St. Balto

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	April 8, 31

20 UNDERTAKER John O. Mitchell & Sons, ADDRESS 1900 Eutaw Place

John O. Mitchell & Sons

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

246108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 117-002

No. 67521 No. 67521

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St 7-9 Ward)

2-FULL NAME Timothy Le Quatte

(a) RESIDENCE NO. 420 Lexington ave ST. WARD New York City
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise

6 DATE OF BIRTH (month, day, and year) Mch 11-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58	-	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Executive

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Ill

PARENTS

10 NAME OF FATHER Hiram

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ill

12 MAIDEN NAME OF MOTHER Mary Head

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Records
(Address)

15 Filed ____ 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) apr 5 1931

17

I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to April 5, 1931

that I last saw him alive on April 5, 1931

and that death occurred, on the date stated above, at 8.50 p m.

The CAUSE OF DEATH* was as follows:

Duodenal Ulcer.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Embolism, Pulmonary.

a few minutes (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes. Date of March 7, 1931.

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Charles H. Peach Jr. M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Milwaukee Wis. DATE OF BURIAL: Apr 9 1931

20 UNDERTAKER: John D. Mitchell ADDRESS: Johns Hopkins Hospital

APR 7 1931 HARRISON JONES, M.D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67522

CERTIFICATE OF DEATH.

46 E 67522

1-PLACE OF DEATH West Balt. Gen. Hosp.

CITY OF BALTIMORE: (No. 15-58 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Kramer

(a) RESIDENCE NO. 2621 Loyola Northway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Kramer

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Romania

PARENTS

10 NAME OF FATHER Samuel Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Rosa Kahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Rose Kramer (Address) 2621 Loyola Northway

15 Filed APR 7 1931, 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1931

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to April 7, 1931, that I last saw him alive on April 7, 1931, and that death occurred, on the date stated above, at 4:20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Secondary Anemia

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical but confirmed

(Signed) H. Cohen, M. D.

, 19 (Address) Cor. Druid Park & Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodef Shalom — DATE OF BURIAL 4/7 1931

20 UNDERTAKER Jack Lauris — ADDRESS 1435 E. Balt

CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIAN should state DISEASE. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R. HAMPSON JONES, C. P.

Spec.—9-30—A. & Co.—250 Blks

E 67523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 67523

27-56

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2817 Woodland ave ST. WARD)

2-FULL NAME William S Langford

(a) RESIDENCE NO 2817 Woodland ave ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 78 yrs. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dora Langford

6 DATE OF BIRTH (month, day, and year) Dec 5 52

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	4	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer) Belting Goods
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER W. S Langford.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Webster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Dora Langford
(Address) 2817 Woodland Ave

15 Filed ... 19... T. JACKSON JONES, M. D. Registrar

R 7-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APRIL 5, 1931.

17
I HEREBY CERTIFY, That I attended deceased from MARCH 13, 1931 to APRIL 5, 1931

that I last saw h[illegible] alive on APRIL 5, 1931

and that death occurred, on the date stated above, at 9.20 p. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Test

(Signed) C. H. Hoffman M. D.

. 19 (Address) 1826 East Read St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Ridge Burial	Sept 18 1931
20 UNDERTAKER	ADDRESS
H M Routson	2238 N Arch

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67524 E 67524

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 837-South Bond Street St. 2-4 82-001 Ward)

2-FULL NAME Katherine Bielaczyk

(a) RESIDENCE NO. 837 S.Bond Sreeet St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. da. How long in U. S., if of foreign birth? UNKNOWN yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of WIFE of John Bielaczyk

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
53	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Cleaning
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Austria
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country)

14 Informant Mrs. Julliannna Buczkowski
(Address) 837 South Bond Street

15 Filed PR 7- 1931 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/6/31 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

Exhaustion (duration) yrs. 2 mos. hrs.

CONTRIBUTORY (Secondary) (duration) yrs. 1 mos. hr. da.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? History

What test confirmed diagnosis?

(Signed) G C Stadel, M. D.

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	April 8 1931
20 UNDERTAKER	ADDRESS
George A Weber	705 S Ann St

Filed

Reg. No. 82

Cor.—10-10-29—A Co.—100 Bks.

IMPORTANT. See instructions on back of certificate. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 67525

CERTIFICATE OF DEATH.

B 67525

1-PLACE OF DEATH 6 S. Castle St

CITY OF BALTIMORE. (No ... ST. 7-4 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Taylor

(a) RESIDENCE NO. 6 S. Castle St ST. 2 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

8a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Taylor

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget McEnduff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Sarah Taylor Wife 6 S. Castle St

15 Filed 4-5-1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 3rd, 1931, to April 5th, 1931

that I last saw him alive on April 5th, 1931

and that death occurred, on the date stated above, at 4:20 P.M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis with uremia

(duration) 2+ yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Arteriosclerosis, General

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lewis P. Tinsley M. D.

Apr 5 1931 (Address) 301 E 31st St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery — DATE OF BURIAL April 8 1931

20 UNDERTAKER Lilly & Geier Inc — ADDRESS 403 S. Wolfe St

CHAS. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R 7-1931

C. HAMILTON JONES, M. D.

Spec.—4-30—A. & Co.—250 Blks.

E 67526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67526

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No 76-37 ST ..... WARD) REGISTERED No 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Maletesta

(a) RESIDENCE No 500 S. Newkirk ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of ~~the late~~ of Matilda Maletesta

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith Iron Works

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Maletesta.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Lucia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Wards of (Address)

15 Filed APR 7 - 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4. 1931.

17 I HEREBY CERTIFY, That I attended deceased from March 13 . 1931 . to April 4 . 1931

that I last saw him alive on April 4 . 1931

and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

More than (duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) ... Gangrene, diabetic

(duration) yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical: lab.

(Signed) Paul Padget. M. D.

4-5. 1931. (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL April 7 1931

20 UNDERTAKER Lilly & Zeiler Inc. — ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

B 67527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 67527

1-PLACE OF DEATH St Joseph Hospital

CITY OF BALTIMORE: (No. Laurens V 6616) (STATE WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Petersen

(a) RESIDENCE NO. 603 N Augusta WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Elizabeth Petersen

6 DATE OF BIRTH (month, day, and year) Oct. 4th 1851

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
79	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Peter Petersen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Miss Mary Petersen 603 Augusta Ave Balto

15 Filed ____, 19__ H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-6-31

17 I HEREBY CERTIFY, That I attended deceased from 4-2-31, 19__, to 4-6-31, 19__

that I last saw h- alive on 4-6-31, 19__

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) H. M. Wheeler M. D.

, 19__ (Address) Jos. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL April 9th 1931

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 408 S. Wolfe St

Be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67528 ✓ 131 E 67528

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Southern Hospital ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie E. Wills

(a) RESIDENCE NO. 2510 Fremont Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank L. Wills

6 DATE OF BIRTH (month, day, and year): Jan 1/1863

7 AGE — Years: 68 — Months: 0 — Days: 3 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): " Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " Unknown

14 Informant: Mrs Ida Whaley

(Address): 2510 Fremont Ave.

15 Filed 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 7 31

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1930, to April 7, 1931, that I last saw h[illegible] alive on April 7, 1931 and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chron Interstitial Nephritis

History more than (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Jacobs M.D., M. D.

4-6, 1931 (Address) 5700 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem — DATE OF BURIAL: 4/7/31 19

20 UNDERTAKER: Philip Herwig — ADDRESS: 2016 Orleans St.

Important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 67529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 E 67529

1-PLACE OF DEATH Baltimore, Md.

CITY OF BALTIMORE: (No. 2662 - Flora St. 1359 Ward) Travers

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

2-FULL NAME Baby boy

(a) RESIDENCE NO. 2662 Flora ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 7th 1931

7 AGE: Years | Months | 1½ Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Theodore Roosevelt Travers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Ruth McKeever

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant (Address)

15 Filed PR 7 - 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 31 1931

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to March 31, 1931, that I last saw him alive on Mar. 30, 1931, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity (28 wks)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

April 1, 1931 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Destroyed by burning — DATE OF BURIAL: April 1 1931

20 UNDERTAKER — ADDRESS

G. H. HARRISON-JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 67530

REGISTERED NO. E 67530

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 204 Montford Ave ST. 6-10 WARD)

2-FULL NAME Estella Middleton

(a) RESIDENCE NO. 204 Montford Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	2	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Virginia

PARENTS

10 NAME OF FATHER James Middleton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Virginia

12 MAIDEN NAME OF MOTHER Ida Bantum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Virginia

14 Informant Ida Middleton

(Address) 204 Montford Ave

15 Filed APR 7 1931 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Haines, M. D. Coroner

4/7/31 (Address) 509 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary and.	Apr 7 1931
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1726 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67531

CERTIFICATE OF DEATH.

82 001 E 67531

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 St. Paul St. ST. 12-50 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emily Pauline Rogers

(a) RESIDENCE NO. 2614 St. Paul St. ST., 12 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Wm Rogers

6 DATE OF BIRTH (month, day, and year): May 8, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11 10	17 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Chas Fuller

11 BIRTHPLACE OF FATHER (City or town) (State or country): Mass

12 MAIDEN NAME OF MOTHER: Melissa Fiske

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Mass

14 Informant: Wm M. Rogers (Address) 2614 St Paul St

Filed Apr 7-1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6 1931

17

I HEREBY CERTIFY, That I attended deceased from March 23 1915 to April 6 1931,

that I last saw her alive on April 5 1931,

and that death occurred, on the date stated above, at 11 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George M Settle M. D.

4/6. 1931 (Address) 6435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Apr 8 1931

20 UNDERTAKER: George J Smith — ADDRESS 1532 Hollins

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-20-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67532

CERTIFICATE OF DEATH

23 ✓ E 67532

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1753-Brady Ave ST. 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Daisy Brown

(a) RESIDENCE NO. 1753-Brady ave ST. 25 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 24-1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17 18	11	13 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Mary Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina.

14 Informant Charlie Brown
(Address) 1753-Brady Ave.

15 Filed 7-1931 L. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 5-1931

17 I HEREBY CERTIFY, That I attended deceased from Apr. 4, 1931, to Apr. 5-, 1931, that I last saw h[illegible] alive on Apr. 4, 1931 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis.

(duration) N yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. S. Scott M. D.

Apr. 6, 1931 (Address) 48[illegible]-Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	4/8 1931
20 UNDERTAKER Isaiah L Brownson	ADDRESS 105 N Montgomery

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 67533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 67533

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1130 Mc Culloh St.) (Ward)

2-FULL NAME Ruth Thompson

(a) RESIDENCE NO. 1430 Mc Culloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem | 4 Color or Race: Col | 5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): 1913-

7 AGE: Years 17 | Months | Days | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Danville Va
(State or country)

PARENTS

10 NAME OF FATHER Marcus Thurston

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Mary Emma Francis

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant (Address) Benjamin Jackson 1430 Mc Culloh St

15 Filed OCT 1 - 1931 HERMAN JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry, thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriology

(Signed) Thos. J. Riley M. D.
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Danville Va — DATE OF BURIAL: 9/7 1931

20 UNDERTAKER: Samuel B. Beasley — ADDRESS: 578 N. Bridge

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

E 67534

E 67534

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1640 E. Monument ST. 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Levi Fellman

(a) RESIDENCE NO. 1640 E Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Fellman

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Ross Fellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

14 Informant Violet E Garner

(Address) 1640 E Monument

15 Filed ....19.... C. HARRISON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to April 5, 1931.

that I last saw h alive on April 4, 1931

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

Cerebral (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

4-6-19 31 (Address) 612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	April 9 1931
20 UNDERTAKER	ADDRESS
Samuel T Hemsley	578 N Middle

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH.

E 67535

REGISTERED NO. E 67535

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 N. Mount St. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry L. Boyer

(a) RESIDENCE No. 1822 N. Mount St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. J. Boyer

6 DATE OF BIRTH (month, day, and year) 9-20-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	77	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tinner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Big Woods Md.

PARENTS

10 NAME OF FATHER Perry Boyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Maggie E. Williams (Address) 1802 N. Mount St.

15 Filed . 19 Per Registrar

C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-4- 1931

17 I HEREBY CERTIFY, That I attended deceased from 4-1- , 1931 , to 4-4- , 1931 , that I last saw h— alive on 4-4- , 1931 , and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart

Personal Knowledge 1 year

History (duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Geo. C. Page M. D.

(Address) 1816 N. Mount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	April 8 1931

20 UNDERTAKER Samuel T. Kemsley ADDRESS 578 N. Biddle St.

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67536 HEALTH DEPARTMENT—CITY OF BALTIMORE 108 E 67536

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Mercy Hospital (ST.) 27-43 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Myra Swift.

(a) RESIDENCE NO. 6209 Baltimore Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 19 1871

7 AGE: Years 60 | Months 1 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home. Gd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore County

PARENTS

10 NAME OF FATHER: Wm H. Swift.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford County.

12 MAIDEN NAME OF MOTHER: Slade.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore County

14 Informant (Address): Hospital Records.

Filed APR 7 - 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6-1931

17

I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 6, 1931

that I last saw h[illegible] alive on April 6, 1931

and that death occurred, on the date stated above, at 10 30 a m

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) E. Bowers Hollandsworth M. D.

4/6 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. Broncho Pneumonia

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Methodist Church Cem DATE OF BURIAL: April 8 31

UNDERTAKER: W S Marshall ADDRESS: 3539 Falls Rd

TION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67537.

CERTIFICATE OF DEATH

108 E 67537

REGISTERED NO.

1-PLACE OF DEATH City of BALTIMORE: (No. Md. General Hospital St. 27-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Griffin

(a) RESIDENCE NO. 5302 Ethelbert ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13- 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
		8 mos	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General natore of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Eugene Griffin Sr

11 BIRTHPLACE OF FATHER (City or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Rosa Hess

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Hospital records.

(Address)

15 Filed 7-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-6 1931

17 I HEREBY CERTIFY, That I attended deceased from 3-4, 1931, to 4-6, 1931,

that I last saw h.. alive on 4-6, 1931,

and that death occurred, on the date stated above, at 7 10 A.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Robert V. Emmett, M. D.

, 19 (Address) Md. General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park	April 8/31
20 UNDERTAKER	ADDRESS
Jos. Sch & Son	1600 W. Bway

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67538

CERTIFICATE OF DEATH

108 E 67538

1-PLACE OF DEATH Marine Hotel.

City of Baltimore: (No. 500 E. Pratt St. St. 4-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Vergilia or Bergilia.
Marine Hotel.

(a) RESIDENCE NO. 500 E. Pratt St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ---- How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	55	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Naples, Italy.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant (Address) Police Report. C.D.

15 3-7 1931 G. HAMPSON JONES M.D. Registrar.

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 18, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Enquiry

(Signed) Otto A. Reinhardt, M. D.

3/31. 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	19
20 UNDERTAKER Commissioner Health.	ADDRESS APR 7 - 1931

Par. Wm. E. WOODALL

Spec.—9-30—A. & Co.—250 Bks.

67539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 67539

REGISTERED No.

1. PLACE OF DEATH Baltimore City Hospitals (T.B. 77-30 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2. FULL NAME Thomas Womack

(a) RESIDENCE No. 611 Warner st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

040

9 BIRTHPLACE (city or town) (State or country): Roanoke Virginia

PARENTS

10 NAME OF FATHER Arthur Womack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Cora Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Records

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1931 to Mch. 31, 1931

that I last saw him alive on Mch. 31, 1931

and that death occurred, on the date stated above, at 4.30 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Seaver M. D.

33-31 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: 19 ...

20 UNDERTAKER: Commissioner Health.

ADDRESS

Apr. 7 1931

C. HAMPSON JONES, M. D.

Pvt. Wm. E. Wessell

THE MORGUE.

IMPORTANT. See instructions on back of certificates.

Spec.—9-30—A. & Co.—200 Blks

E 67540 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82-009 67540

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 21-28 REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

2 FULL NAME James Heath

(a) RESIDENCE NO. Bayard St. near Wicomico ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) ?
(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-30-31

17
I HEREBY CERTIFY, That I attended deceased from 2-15-30, 19..., to 3-30-31, 19...
that I last saw h im alive on 3-30-31, 19...
and that death occurred, on the date stated above, at 7:45 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhages into cerebrum, multiple
(duration) yrs. 14 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? clinical Exam.

(Signed) Paul Padget M. D.
4-2-19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER Jas. Meissner Health. — ADDRESS APR 7 - 1931

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67541 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 93-003 E 67541

1 PLACE OF DEATH Baltimore City Hospitals 26-27 REGISTERED NO.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Bradshaw

(a) RESIDENCE NO. none St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Krude

6 DATE OF BIRTH (month, day, and year) Jan. 15, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) ? Va.

PARENTS

10 NAME OF FATHER Carter Bradshaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Martha Snipe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed APR 7 - 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-3-31

17 I HEREBY CERTIFY, That I attended deceased from 8-22-21, 19, to 4-3-31, 19, that I last saw him alive on 4-3-31, 19, and that death occurred, on the date stated above, at 10:27 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and hypertension (duration) without yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget, M. D.

4-6-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health.

ADDRESS APR 7 - 1931

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 24715 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67542

CERTIFICATE OF DEATH

1931 16-22 159 E 67542

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. 16-22 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Irene Gray

(a) RESIDENCE NO. 817 N Bond ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-2-31

7 AGE Years	Months	~~Days~~	If LESS than 1 day, ... hrs. or ... min.
		14 hrs	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Robert Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y

12 MAIDEN NAME OF MOTHER Naa Wasley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-3-31

17

I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 3, 1931

that I last saw her alive on April 3, 1931

and that death occurred, on the date stated above, at 10 20 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ... yrs. ... mos. 13 hrs ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Asa F. Kuttner M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL ... 19

20 UNDERTAKER

ADDRESS

APR 7 - 1931

Per. Wm. H. Rogers

7-1931 C. HAMPSON JONES, M. D. Registrar

TION is very important. See instructions on back of certificate. ... property examined. Exact statement of OCCUPA-

Spec.—9-30—A. & Co.—250 Blks.

D47177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 67543

9 B 67543

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 7-4 WARD)

2 FULL NAME Willie Hazel

(a) RESIDENCE NO. 1515 Monument St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word):

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/25/30

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Richard Hazel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Inez Summerville

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records

(Address)

15 1931 C. HAMPSON JONES, M. D.

16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/7/31

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to April 7, 1931

that I last saw her alive on April 7, 1931

and that death occurred, on the date stated above, at 1.55 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia, Pertussis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): undernutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Dan C. Kellar M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health.

ADDRESS

APR 7 - 1931

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67514 X 106 E 67514

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp ST. 16-68 WARD)

2-FULL NAME John Hansen.

(a) RESIDENCE NO. 4 August Ave., Catonsville ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M.Hansen(nee Ruth)

6 DATE OF BIRTH (month, day, and year) Nov. 9,1896.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pharmacist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Amandus C. F. Hansen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holstein , Germany

12 MAIDEN NAME OF MOTHER Anna Gerken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna M. Hansen (Address) 4 August Ave., Catonsville

15 Filed [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/7/1931

17 I HEREBY CERTIFY, That I attended deceased from 4/2/31, 19 , to 4/7, 19 31, that I last saw h[illegible] alive on 4/7, 19 31, and that death occurred, on the date stated above, at 6.18 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Eschman M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk.	4/9/31. 19

20 UNDERTAKER Harry H. Deutzler ADDRESS 4101 Edmondson Ave.

C. HAMPSON JONES, M. D.

7-1931

THAT if may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 67545 HEALTH DEPARTMENT—CITY OF BALTIMORE 45 E 67545

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. Laynor & Lakeland ST., (Ward 26) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Alvina Jendrek.

(a) RESIDENCE NO. 779 Leonard St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Edward Jendrek.

6 DATE OF BIRTH (month, day, and year) Dec. 21, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	32	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) — 37

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Peter E. Swain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Carrie E. Center

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio.

14 Informant Peter E. Swain (Address) Windsor Mill apts

15 Filed 7-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/6 1931

17 I HEREBY CERTIFY, That I attended deceased from 4-4-31, 19, to 4-6-31, 19,

that I last saw her alive on 4-5-31, 19,

and that death occurred, on the date stated above, at 6 59 A m.

The CAUSE OF DEATH* was as follows:

Puerperal sepsis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Typical Symptoms

(Signed) W. Ashman, M. D.

4/6, 1931 (Address) West Baltimore Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Pk

DATE OF BURIAL 4/8 1931

20 UNDERTAKER Harry V. Wittstadt

ADDRESS 4101 Edmondson Ave.

THION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67546

CERTIFICATE OF DEATH.

1003
157 R 67546

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 403 Gotterdamerung Lane (St.) 27-48 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Allen

(a) RESIDENCE No. 403 Gotterdamerung Lane St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 29 1931

7 AGE: Years — Months: 2 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): 403 Gotterdamerung Lane Md.

PARENTS

10 NAME OF FATHER: Herman Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Matilda Cruse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mr. Herman Allen 403 Gotterdamerung Lane.

15 ..., 19..., C. HARRISON JONES, M. D. Registrar

7-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6 1931

17

I HEREBY CERTIFY, That I attended deceased from March 23, 1931, to April 6, 1931, that I last saw he alive on April 6, 1931 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Bronchia Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Congenital Cardiac Insufficiency

(duration) yrs. 2 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A Avery, M. D.

, 19 (Address) 1603 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: April 8, 1931

20 UNDERTAKER: E. Leroy Stiffler, Inc. — ADDRESS: 125 E. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 E 67547

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. 28-64 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alex. P. Bayliss

(a) RESIDENCE NO. 4501 Wentworth Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Olivia S Bayliss

6 DATE OF BIRTH (month, day, and year) Sept 22nd 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer): Court

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Alexander J. Bayliss

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Mary Cable

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Interment (Address): Hospital Friends

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-7-31

17 I HEREBY CERTIFY, That I attended deceased from 4-6, 1931 to 4-7, 1931

that I last saw him alive on 4-7, 1931

and that death occurred, on the date stated above, at 12 20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Bladder

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Non.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Leyko M. D.

4/7 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetary — DATE OF BURIAL: 4/10/1931

20 UNDERTAKER: Mrs Cook — ADDRESS: 1217 St Paul St

...TION is very important. See instructions on back of certificate. ...property of the State. Exact statement of OCCUPA-

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67548

CERTIFICATE OF DEATH.

106 001

E 67548

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 433 Retreat ave ST. 1325 WARD 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Bell Faul-

(a) RESIDENCE NO. 433 Retreat ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 5 193

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			30 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Faul-

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Zula Hardgrove

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Charles Faul-
(Address) 433 Retreat ave

15 Filed 4-8 1931 Registrar C. HAMPSON JONES, M.D.

Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1931

17 I HEREBY CERTIFY, That I attended deceased (from April 6th, 1931, to April 7th, 1931, that I last saw h-e alive on April 6th, 1931, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis and malnutrition

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Weiskotten M. D.

4/7, 1931 (Address) 2024 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill April 9 1931

DATE OF BURIAL

20 UNDERTAKER Wm Carter 1512 Eutaw

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7-1931

Spec.—1-12-23—31&T—500 Blks.

E 67549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67549

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital ST., 25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Disney

(a) RESIDENCE NO. 622 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~ widowed, of ~~the~~ HUSBAND of Late Elizabeth Disney

6 DATE OF BIRTH (month, day, and year) May 22nd 1859

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) Meat 0/3

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Lawrence T. Disney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Amelia T. Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mary E. Penn

(Address) 2405 Hamilton Ave

15 Filed 7-1-1931 19 C. HAMPSON JONES, M. D. Registrar

No. ATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 - 6 1931

17 I HEREBY CERTIFY, That I attended deceased from 1 - 9, 1931, to 4 - 6, 1931

that I last saw him alive on 4 - 6, 1931

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy (2nd attack)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) A. J. Conway, M. D.

24, 19 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pimlico Chapel Md — DATE OF BURIAL 7/1/ 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67550 — 108 — E 67550

1-PLACE OF DEATH Maryland General Hosp — REGISTERED NO.

City of BALTIMORE: (No. Linden & Madison St., Ward) 26-37 MARCANTONIO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Patsy Marcantonio

(a) RESIDENCE NO. 3713 E. Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Josephine [illegible]

6 DATE OF BIRTH (month, day, and year): Jan 10, 1887

7 AGE — Years: 44 — Months: 2 — Days: 26 — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 40

(c) Name of employer: 0

9 BIRTHPLACE (city or town): Italy

(State or country)

PARENTS

10 NAME OF FATHER: Nadeo Marcantio

11 BIRTHPLACE OF FATHER (City or town): Italy

(State or country)

12 MAIDEN NAME OF MOTHER: Granda

13 BIRTHPLACE OF MOTHER (city or town): Italy

(State or country)

14 Informant: Hospital Records

(Address)

15 Filed 7-1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6. 1931 — 19

17 I HEREBY CERTIFY, That I attended deceased from 3/18/31, 19 to 4/6/31, 19, that I last saw him alive on 4/6/31, 19, and that death occurred, on the date stated above, at 9.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis Hypertension

(duration) yrs. mos 4 ds.

18 Where was disease contracted: Home

If not at place of death?

Did an operation precede death? yes Date of 4/1/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert [illegible] M. D.

. 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem — Date of Burial 4/9/31

20 UNDERTAKER: George J. Roth Inc — ADDRESS 173 S. Howard

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67551 — CERTIFICATE OF DEATH. — 1085 E 67551

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3912-Claremont St. St 56-37 WARD)

REGISTERED No ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eleno Belcastro

(a) RESIDENCE No 3912-Claremont St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) 5-16-1930

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
--	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER Frank Belcastro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosa Ferreri

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frank Belcastro
(Address) 3912-Claremont St.

15 Filed 7-1931 (19) G. HAMPSON JONES, M. D. Registrar
By ---

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 31

17

I HEREBY CERTIFY, That I attended deceased from April 4, 1931, to April 6, 1931

that I last saw her alive on April 6, 1931

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY ...
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms & Signs

(Signed) Allen C. Bartlam M. D.

4-7. 1931 (Address) 3134 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL 4/8/31

20 UNDERTAKER George J. Roth Inc ADDRESS 1731 Fleet W

TION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67552

CERTIFICATE OF DEATH

15-54

$1 E 67552

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2227-N.Fulton Ave. St. 15 Ward)

2 FULL NAME Cosimo DiVincenzo

(a) RESIDENCE NO. 2227-N.Fulton Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Francesca (Citrano)

6 DATE OF BIRTH (month, day, and year) 4/3/1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or XXXX
	51	-	4 3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Franke Di. Vincenzo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Salvatora (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Angelo Citrano
(Address) 423-Rosecroft Rd.

15 Filed 7-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from September, 1930, to April 6, 1931

that I last saw h[illegible] alive on April 6, 1931

and that death occurred, on the date stated above, at 7 30 A.m.

The CAUSE OF DEATH* was as follows:

Amiotrophic lateral Sclerosis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bulbar Paralysis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. D. Tommasello M. D.

19 (Address) 306 N. Greene St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 4/9/31

20 UNDERTAKER George J. Butler Inc. ADDRESS 1033 Hanford

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

67553 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67553

CERTIFICATE OF DEATH. 97-001

REGISTERED NO. 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 W. 29th ST. (WARD)

2-FULL NAME annie J. griffin

(a) RESIDENCE NO. 205 W. 29th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 26. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	56	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mary griffin 205 W. 29th St.

15 Filed 7-1931 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7/31

17 I HEREBY CERTIFY, That I attended deceased from Mar 10/30, 19 ___, to April 7/31, 19 ___

that I last saw h[illegible] alive on April 7/31, 19 ___

and that death occurred, on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency Acute Dilatation

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Right Hemiplegia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Irving Bloch M. D.

April 7/31 (Address) 12 W. Lex.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL April 9 1931

UNDERTAKER Margaret J. Flynn

ADDRESS 1422 N. Eutaw St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67554 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67554

CERTIFICATE OF DEATH. (107-00)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 8 E. Randall ST. 7334 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles D. Eder

(a) RESIDENCE NO. 8 E. Randall ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Eder

6 DATE OF BIRTH (month, day and year) Feb. 1 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor 040
(b) General nature of industry, business, or establishment in which employed (or employer) Raymond Concrete Pile Const. Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Francis J. Eder
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.
12 MAIDEN NAME OF MOTHER Catherine C. Cook
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment (Address) Mary E. Eder 8 E. Randall St.

15 Filed 7-1931 Reg. No. 6655

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1931

17
I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to April 5, 1931
that I last saw h[illegible] alive on April 5, 1931
and that death occurred, on the date stated above, at 6 P. M.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) C. Wilson M. D.
Apr. 8 1931 (Address) 1279 Williams St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Apr 8-1931

20 UNDERTAKER Margaret E. Flynn ADDRESS 1422 Light St.

IMPORTANT. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67555 HEALTH DEPARTMENT—CITY OF BALTIMORE #67555

CERTIFICATE OF DEATH. 107-001 E 67555

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Robert Flynn

(a) RESIDENCE NO. 28 E. Lanvale St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single 2.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74 2			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Horse trainer 0 6

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bloomfield, N.J.

PARENTS

10 NAME OF FATHER Robert Flynn

11 BIRTHPLACE OF FATHER (city or town) (state or country) Ireland

12 MAIDEN NAME OF MOTHER Anne Cottle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records
(Address)

8-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5/31

17

I HEREBY CERTIFY, That I attended deceased from 4/5, 1931, to 4/5, 1931

that I last saw him alive on 4/5, 1931

and that death occurred, on the date stated above, at 11 20 A.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 6 ds. 4

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Routine

(Signed) J. [illegible] Gordon M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mear Cathedral

DATE OF BURIAL. 4/8/31

20 UNDERTAKER Eva E Farley Phar Fayette
ADDRESS

IMPORTANT—This certificate is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 67556

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67556

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 97 WARD)

2-FULL NAME James Connelly

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ann E. Stones

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Little Sisters of the Poor Preston & Patterson Pk

15 Filed 4/8 1931 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/1, 1931 to 4/6, 1931, that I last saw h alive on 4/5, 1931, and that death occurred, on the date stated above, at 8. p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

4/8 1931 (Signed) Dr Bernard Wyss M. D.

(Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters	Apr. 9 1931
20 UNDERTAKER	ADDRESS
Rita Wakefield	914 Greenmount Ave

Fold here very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67557

CERTIFICATE OF DEATH

11-001 E 67557

1—PLACE OF DEATH Gorsuch Ave

CITY OF BALTIMORE: (No. 406 Gorsuch Ave WARD) 40-70

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert B. Wood

(a) RESIDENCE NO. 406 Gorsuch ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 1 da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Wood

6 DATE OF BIRTH (month, day, and year) May 5 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 0 31

(b) General nature of industry, business, or establishment in which employed (or employer) Auto Accessories

(c) Name of employer Bartlett-Hayward

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER A B Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Margaret Wood

(Address) 406 Gorsuch Ave

15 Filed APR 8-1931 . 19 . [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 - 31

17 I HEREBY CERTIFY, That I attended deceased from April 2 . 1931 . to April 6 . 1931 .

that I last saw h - alive on April 6 . 1931

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Influenza
Chronic Nephritis.
Uremia

(duration) yrs. mos. ✓ ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. G. Barr M. D.

4. 6. . 1931 (Address) 516 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	4/8/31

UNDERTAKER ADDRESS

J. B. Hilgert Son Eutaw Place

Spec.—1-30—M. & T.—250 Bks.

E 67558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67558

94-002

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Latrobe Apts. Bed'l Charles 1145 ST., (WARD)

2-FULL NAME Burnard Ashby

(a) RESIDENCE NO. Latrobe Apts ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Caroline B. Ashby.

6 DATE OF BIRTH (month, day, and year) Dec. 21. 1855.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 073

(b) General nature of industry, business, or establishment in which employed (or employer) Passenger Dept. B. & O. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Samuel J. Ashby.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha C. Thom.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Caroline B. Ashby.
(Address) The Latrobe Apts.

15 [illegible] 8 - 1931 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 31

17 I HEREBY CERTIFY, That I attended deceased from January 25 . 1931 . to April 7th . 1931 .

that I last saw h[illegible] alive on April 6th . 1931 .

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Lungs (Chronic) Rheumatism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Cor Pulmonale (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) C. B. Tandler, M. D.

(Address) Spencerville Apts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cem. West Chester — DATE OF BURIAL Feb 4-9-1931

20 UNDERTAKER Henry W. Flentkins Sons Co — ADDRESS Orchard & McCulloh

E. Hyman Adams, M. D.

Spec.—9-30—A. & Co.—250 Blks

E 67559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 E 67559

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1358 Homestead St. 9-46 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William M Goodwin

(a) RESIDENCE NO. 1358 Homestead ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Almira E Goodwin

6 DATE OF BIRTH (month, day, and year) Aug 7 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Yeager

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant (Address) Mrs Almira E Goodwin 1359 Homestead st

15 Filed APR 9 1931 19 C. HAWKINS JONES, M. D. Registrar

R 8 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-6-31

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to Apr. 6, 1931.

that I last saw h[illegible] alive on Apr. 6, 1931.

and that death occurred, on the date stated above, at 3 40 p m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteri Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Janet Fisher M. D.

4/7, 1931 (Address) 1823 N. Wash St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	Apl 10 1931
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

TION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 67560

E 67560

REGISTERED NO.

1 PLACE OF DEATH

City of BALTIMORE: (No. Maryland General Hosp. Ward) 12-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Miss Sarah McFarland

(a) RESIDENCE NO. 2806 Maryland Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 6, 1859

7 AGE: Years 72 Months 1 Days 1

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jas. L. McFarland.

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mannie Carr.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Informant Hospital Records

(Address)

Filed APR 8 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to April 7, 1931, that I last saw her alive on April 7, 1931, and that death occurred, on the date stated above, at 7:30 A.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Gangrene of both legs.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted

If not at place of death? 2806 Md. Ave.

Did an operation precede death? Yes Date of 3/14/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) [illegible] M. D.

, 19 (Address) 2806 Md. Ave. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — Date of Burial April 9th 1931

20 UNDERTAKER: Chas. H. Maus & Son — ADDRESS 1184 W. Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-20—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67561 E 67561

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Jurisdiction

City of Baltimore: (No. Pratt St. & Broadway St. 16-27 Ward)

2-FULL NAME John Henry Weber.

(a) RESIDENCE NO. 1816 Edmondson Ave. St. Ward

(Usual place of abode) Lifetime (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mabel B. Weber,

6 DATE OF BIRTH (month, day, and year) March 3rd. 1881

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50	1	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk, Court Common Pleas.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John H. Weber

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Barbara Richter

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto.

14 Informant Mabel B. Weber
(Address) 1816 Edmondson Ave.

15 Filed ... 19 ... M. ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6th, 1931. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pratt & Bway

Did operation precede death? — Date of —

Was there autopsy? —

What test confirmed diagnosis? History

(Signed) F. G. Wades, M. D.

19 (Address) 143 No Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery.	April 9, 31
20 UNDERTAKER	ADDRESS
Chas. B. Dawson & Son	112 W. Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 67562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO. E 67562

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3 Kelly Court ST. 4-25 (WARD)

2-FULL NAME William H. Watson

(a) RESIDENCE NO 658 W. Fairmount Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer C+D

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant

(Address)

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemoptysis probably due to Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller M. D. Coroner

H.S. 1931 (Address) 259 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Army	4-8 1931
20 UNDERTAKER David Carter	ADDRESS 916 Pg ave

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67563 — CERTIFICATE OF DEATH. — 121 — 67563

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (St.) 19-28 (Ward)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude Johnson

(a) RESIDENCE No. 526 Colhoun St. (St.) ..... (Ward) .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman Johnson

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	30	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS
10 NAME OF FATHER unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Herman Johnson
(Address) 526 Colhoun St.

APR 8 1931 — [illegible] JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-7-31

17
I HEREBY CERTIFY, That I attended deceased from 2-24-31, 19..., to 4-7, 19 31
that I last saw he alive on 4-7, 19 31
and that death occurred, on the date stated above, at 1.50 a. m.

The CAUSE OF DEATH* was as follows:
Ruptured Abscess
Appendix Abscess

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Pelvic Peritonitis

(duration) ... yrs. ... mos. 17 ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? yes Date of 4/3/31
Was there an autopsy? no
What test confirmed diagnosis? Clinical - operation

(Signed) B Harris M. D.
4/7 19 31 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 4-8 1931

20 UNDERTAKER D. Davis Easton

ADDRESS 916 Pine

IMPORTANT is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67564 ✓ 93-003 93 E 67564

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 E Lanvale St. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Oliver Miller, Jr.

(a) RESIDENCE NO. 1507 E. Lanvale ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Katherine E. Miller

6 DATE OF BIRTH (month, day, and year) Sept. 23 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	16	13

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Officer of Police

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George O. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louisa Voge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Katherine E. Miller. (Address) 1507 E. Lanvale St.

15 Filed APR 6 - 1931 19 ~~Mar~~ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/2 .19 31. to 4/6 .19 31.

that I last saw him alive on 4/6 .19 31.

and that death occurred, on the date stated above, at 9.45 a.m.

The CAUSE OF DEATH* was as follows:

Pleurisy & effusion

Myocarditis.

(duration) yrs. 2 mos 4 ds.

CONTRIBUTORY (Secondary) Acute cardiac decompensation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Paracentesis Date of 3/28/31 4/4/31.

Was there an autopsy? No

What test confirmed diagnosis? Paracentesis thoracis.

(Signed) Montgomery Barnes, M. D.

4/7. 1931 (Address) 1517 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	April 9 31
20 UNDERTAKER Josiah Syfer	ADDRESS 1600 N. Ave

21 THOMPSON JONES, Inc.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 67565 — 181 E 67565

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital St. Ward) 24-34

2-FULL NAME Amelia F. Kramme.

(a) RESIDENCE NO. 1729 Patapsco St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married.

5a If married, widowed or divorced (or) WIFE of Walter Kramme.

6 DATE OF BIRTH (month, day, and year) April 5, 1891

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	40	0	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Womberger.

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Minna Kroening.

13 BIRTHPLACE OF MOTHER (city or town) Germany.
(State or country)

14 Informant Minna Womberger. (mother.
(Address) 1729 Patapsco St.

15 Filed ____, 19__ C. HAMPSON JONES M. D. Registrar

APR 8 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Extensive burns of the face and body.
from coal stove.
Occidental Death.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted If not at place of death? 1729 Patapsco St April 6, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

4/7, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 4/9 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E. Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67566

CERTIFICATE OF DEATH.

1 E 67566

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital ST. 1-3 WARD)

2-FULL NAME Mrs Mary Graves

(a) RESIDENCE NO. 216 S. Duncan St. ST. 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James

6 DATE OF BIRTH (month, day, and year) April 14 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos Cusick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Interment Hospital Woods.

(Address)

13 Given 3-1931

C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7/31

17

I HEREBY CERTIFY, That I attended deceased from 3/22, 1931, to 4/7, 1931

that I last saw h[illegible] alive on 4/7, 1931

and that death occurred, on the date stated above, at 8 15 A. M.

The CAUSE OF DEATH* was as follows:

Encephalitis Lethargica

(duration) yrs. mos 17 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No - Date of

Was there an autopsy? Yes -

What test confirmed diagnosis? Clinical + autop

(Signed) J Leyko M. D.

4/7 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL April 10 1931

20 UNDERTAKER Lilly + Zeiler Inc.

ADDRESS 403 S. Wolfe St

TION IS very important. See instructions on back of certificate. ... statement of OCCUPA-

Spec.—9-30—A. & Co.—250 Blks

E 67567 ✓ E 67567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 26 N. East Ave (St.) 6211 (Ward)

2 FULL NAME Lucy T. Brandt.

(a) RESIDENCE NO. 26 N. East Ave ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late August M. Brandt

6 DATE OF BIRTH (month, day, and year) June 13th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Henry Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ella Stockdale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frieda Edburn (Daughter)

(Address) 26 N. East ave.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6th/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7 . 1930 , to April 6 . 1931

that I last saw h[er] alive on April 6 . 1931

and that death occurred, on the date stated above, at 7[55] P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? no. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel B. Wolfe M. D.

. 19 (Address) 1331 E. North ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL Apr. 9th 1931

20 UNDERTAKER Lilly + Zeiler Inc. — ADDRESS 403 S. Wolfe St

FROM A very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Bks.

E 67568 — E 67568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Union Memorial Hospital 82-00 — 12-19 WARD

CITY OF BALTIMORE: (No. ... ST.)

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Stevenson Baer.

(a) RESIDENCE NO. Eden Hall Apts. Chas. ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
~~HUSBAND~~ AND of ~~Name of~~ Mrs Wm. S. Baer.

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5 8	12 13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Surgeon
(b) General nature of industry, business, or establishment in which employed (or employer) 054
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Robert V Baer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Conner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Records.
(Address)

15 ... 19 ... C. HANSON JONES, M. D. Registrar

8 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 31

17
I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to April 7, 1931
that I last saw h in alive on April 7, 1931
and that death occurred, on the date stated above, at 10:40A
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage.

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY ... (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Elsobeth Del.
Did an operation precede death? no Date of ...
Was there an autopsy? no
What (est confirmed) diagnosis? clinical course.
(Signed) Francis W. Gluck M. D.
... 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	April 9th 1931
20 UNDERTAKER: Henry H. Jenkins Sons Co	ADDRESS: McCulloh & Richard Sts.

FOR IS very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

(Street)

E 67569 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 108 E 67569

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1704 Webster St. 24-34 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eunice D Street

(a) RESIDENCE NO 1704 Webster, St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~ yrs. ~ mos. ~ ds. How long in U. S., if of foreign birth? ~ yrs. ~ mos. ~ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daughter

6 DATE OF BIRTH (month, day, and year) Jan 19-30

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2 1	28 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work } none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Welford P. Street

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sussex Co. Del

12 MAIDEN NAME OF MOTHER Grace Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sussex Co Del

14 Informant Mr Grace Street
(Address) 1704 Webster St

15 Filed ..... 19 ..... Registrar

8-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to April 7, 1931

that I last saw h-e alive on April 7, 1931

and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar) Left
Bronchopneumonia - Right
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) S H Barranco M. D.

19 (Address) 436 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Harmony Chapel Sussex Co Del — DATE OF BURIAL April 9 1931

20 UNDERTAKER Charles L. Stevens — ADDRESS 1 E Fort Ave

Key to Index of certificates. See instructions on back of certificate. Items in bold are very important.

Spec.—9-30—A. & Co.—250 Bks.

S. 67570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-62 67570

1-PLACE OF DEATH

CITY OF BALTIMORE: (No St. Joseph's Hospital St. 9-17 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Delcher

(a) RESIDENCE NO. 1528 N. Caroline ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret J. Boyd

6 DATE OF BIRTH (month, day, and year) June 11, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst. Vice President

(b) General nature of industry, business, or establishment in which employed (or employer) Bank

(c) Name of employer Union Trust Company

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William J. Delcher

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Barbara A. Lowry

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant M. Stanley Delcher
(Address) 1528 N. Caroline Street

15 Filed 8-1931, 19.. C. HAMPSON JONES, M. D. Registrar
By ..... A.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from 4-5-31, 19.., to 4-7-, 19 31

That I last saw h.. alive on 4-7-31, 19..

and that death occurred, on the date stated above, at 8.10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Lawrence M. Sena M. D.

.. 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 4/8 19 31

20 UNDERTAKER Henry W. Myers & Son

ADDRESS 845 W. Calvert

Instructions on back of certificates. Typewriter suggested. See

Spec.—9-30—A. & Co.—250 Blks

247040
Ped.

E 67571

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67571

CERTIFICATE OF DEATH

2-4 107-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL 2-4 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Josefik Kondeke

(a) RESIDENCE NO. 2052 Banks St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/5/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Lee Kondeke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Josephine Meyerhauke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 (Informant) Records
(Address)

15 FILED 8-1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 7 - 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1931, to Apr. 7, 1931

That I last saw him alive on Apr. 7, 1931

and that death occurred, on the date stated above, at 11.50 P. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Edward O. Y. Warren M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus Cem	April 9 1931

20 UNDERTAKER ADDRESS

John M Weber 401 Chester

1-30—M. & T.—300 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67572

186-001 ✓ E 67572

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimpre City Hospital ST., 121 WARD)

2-FULL NAME Maria Sullivan

(a) RESIDENCE NO 3131 Dillon Street ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W, Sullivan

6 DATE OF BIRTH (month, day, and year) UNKOWN About 87 yrs

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 87				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unkown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unkown

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unkown

14 Informant William F Sullivan
(Address) 3131 Dillon Street

15 Filed 8-1931 By C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Femur & Rectus
acc fall on Curb Stone
(duration) Hrs. mos 2 ds
Bronchs (Pneumonia)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3131 Dillon St

Did an operation precede death? — Date of —

Was there an autopsy? Apr 9 31

What test confirmed diagnosis? Autopsy

(Signed) J C Cades, M. D.
Coroner

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL WESTERN CEMETERY

DATE OF BURIAL Apr, 11 1931

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67573

93-2 67573

CERTIFICATE OF DEATH

1 PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No Catalina & Aliceana Sts. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Molly Marshall

(a) RESIDENCE NO. 1222 N. Fay St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced: Husband of (or) WIFE of Samuel J. Marshall

6 DATE OF BIRTH (month, day, and year): Nov 10-1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	4	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Ecton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Violet Hoey

(Address): 1407 Webster St

15 [illegible] 8 - 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8/31

17

I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1931, to Apr. 8, 1931

that I last saw her alive on Apr. 8, 1931

and that death occurred, on the date stated above, at 1:55 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 4 yrs. mos. 33 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Dilatation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Lawrence M. Serra M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: April 11 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul

Instructions: Use typewriter or pen and ink. Do not use pencil. Be sure to answer all questions. Where there is no entry to be made, write "None." Sign certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67574

CERTIFICATE OF DEATH

131 E 67574

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1567 Abottston St. (WARD) 9-Hb

2 FULL NAME Emma Adelaide Arnett

(a) RESIDENCE NO. 1567 Abottston St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles L. Arnett

6 DATE OF BIRTH (month, day, and year): May 11, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles L. Arnett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Elizabeth Maines

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Ernest L. Goose 1567 Abottston St.

15 Filed APR 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to April 2, 1931

that I last saw her alive on April 7, 1931

and that death occurred, on the date stated above, at 4:30 A.M.

The CAUSE OF DEATH* was as follows:

Carbuncle on face
acute urinary depression

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Brights Disease

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Eric J. Guttenberger M.D.

4/6/31 (Address) 1858 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: April 11 1931

20 UNDERTAKER: J. M. Cook — ADDRESS: 1217 E. Fayette St

(Sec. 5, Ordinance 1908, Approved April 15, 1908. See instructions on back of certificate.)

Spec.—9-30—A. & Co.—250 Blks.

E 67575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67575

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 15-67 ST. 82-00 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Gertrude Grantlin

(a) RESIDENCE NO. 2933 Walbrook Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Grantlin

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	20 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? W. Va.

PARENTS

10 NAME OF FATHER Unknown John Leighsier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Va

14 Informant (Address) Records of Balto. City Hosp.

15 APR 8 1931 C. HAMPSON JONES, M. D. Registrar

BY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-7-31

17

I HEREBY CERTIFY, That I attended deceased from 4-7-31, 19, to 4-7-31, 19

that I last saw her alive on 4-7-31, 19

and that death occurred, on the date stated above, at 10:50 A.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam

(Signed) Paul Padget. M. D.

4-8-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL April 8 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul

Check of certificates. See instructions on back of certificate. This item is very important.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67576

Grave # 67576

CERTIFICATE OF DEATH

1-PLACE OF DEATH Found floating in the water at 183

City of Baltimore: (No. Pier 5 Pratt St. St. 4-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(a) RESIDENCE NO. Do not know. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	35	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Do not know.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant (Address) Police Report. C.D.

15 APR 3 - 1931 C. HAMPSON JONES, M. D. Registrar

THE MORGUE.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Found March 26, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably accidental drowning.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto B. Bernhardt, M. D.

4/6, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health. APR 3 - 1931

Form 8 W NOV 11

Cause of death is very important. See instructions on back of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Exact statement of OCCUPATION

Cor.—10-10-29—A Co.—100 Bks.

E 67577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓ E 67577

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp St. 1-13 Ward)

2-FULL NAME Boyd Robinson

(a) RESIDENCE NO. 615 Abbott St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residenre in rity or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Senora Robinson

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
54	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Matthews Co
(State or country) Va

PARENTS

10 NAME OF FATHER Lewis Robinson

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Edotius Smith

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Senora Robinson
(Address) 615 Abbott St

15 Filed 3-1931, 19 . M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. B. [illegible] M. D.

(Address) 1218 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Crem.	4-9 1931
20 UNDERTAKER	ADDRESS
Byrnes & Wright	1218 McCulloh St

important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 67578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓ E 67578

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 McCulloh St. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Sample

(a) RESIDENCE NO. 1408 McCulloh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE: Years 42 | Months | Days | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Isaiah Sample

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ida E. Elliott

(Address) 1408 Mc Culloh St

15 Filed APR 9 1937 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1937

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937, to April 6, 1937, that I last saw her alive on April 6, 1937 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arthritis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Characteristic symptoms

(Signed) A. H. Howell, M. D.

April 8 1937 (Address) 712 S. Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 4/9/1937

20 UNDERTAKER: Mrs. Lu. E. Holland — ADDRESS: 1631 N mid Ave

Read carefully the instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 67579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67579

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard & Green ST. (or WARD) 4-20

2-FULL NAME Marie Hoffler

(a) RESIDENCE NO. Severn, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced (HUSBAND) or (or) WIFE of Wm Hugo Hoffler

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day.. hrs. or.... min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ballinger

PARENTS

10 NAME OF FATHER John Zalaski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Zofia Filimska

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Poland

14 Informant Wm. Hoffler

(Address) Severn, Anne Arundel Co. Md.

15 Filed Apr 9 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 7-31

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to April 7, 1931, that I last saw her alive on April, 7, 1931, and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Pregnancy

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of April 3, 1931.

Was there an autopsy? NO

What test confirmed diagnosis? Laboratory & physical signs

(Signed) C. F. Kanne, M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	April 10 1931
20 UNDERTAKER	ADDRESS
F W Bagenski 1930	Eastern Av

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67580

CERTIFICATE OF DEATH.

2-4 23

E 67580

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 104 S. Wolf St. St. Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Antoni Snesko

(a) Residence No. 104 S. Wolf St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Snesko

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Antoni Snesko

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Walter Snesko

(Address) 104 S. Wolf St.

15 Filed APR 9 - 1931, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8, 1931.

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1930 to April 8, 1931

that I last saw h im alive on April 8, 1931

and that death occurred, on the date stated above, at 8 30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary TB.

(Duration) 2- yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insuff

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Israel J. Feinglass M. D.

4/9, 1931. (Address) 700 E Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Apr. 11 DATE OF BURIAL 19 31

20 UNDERTAKER J. W. Bazewski 1930 Eastern Av ADDRESS

GEO. HAMPSON JONES, M.D.

Health Officer.

Back of certificate. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67581 — 108 — E 67581

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 30 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mamie Edgar

(a) RESIDENCE NO. Delta, Pa ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Wht. | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Hugh Edgar

11 BIRTHPLACE OF FATHER (city or town) (State or country): U. S. A.

12 MAIDEN NAME OF MOTHER: Catherine Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant (Address): Mr. Nathan Edgar Delta, Pa

15 Filed 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8/31

17

I HEREBY CERTIFY, That I attended deceased from April 7, 19 31, to April 8, 19 31

that I last saw her alive on April 8, 19 31

and that death occurred, on the date stated above, at 1 30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) ... Pneumococcus Meningitis

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) George J. Droop, Jr. M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Delta, Pa	April 19 31
20 UNDERTAKER: H. J. Tucker, Jones	ADDRESS: Delta, Pa

Spec.—9-30—A. & Co.—250 Blks.

E 67582

HEALTH DEPARTMENT—CITY OF BALTIMORE

67582

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 5270 Park Heights Ave (St.) 27-56 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Florence Agnes Haddaway

(a) RESIDENCE No. 5270 Park Heights Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 7 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 26-1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Douglas Haddaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co. Md

12 MAIDEN NAME OF MOTHER Rosa Christ Bottagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Douglas Haddaway
(Address) 5270 Park Heights Ave

15 Filed ... 19... THOMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8-1931

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1931, to April 8, 1931

that I last saw her alive on April 7, 1931

and that death occurred, on the date stated above, at 2.30 a m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever and Acute Nephritis

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Fred C Jewett M. D.

(Address) 2516 Pennsa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Catholic Cemetery	April 9 1931
20 UNDERTAKER H. J. Tucker & Sons	ADDRESS Park

Filed ... 19...

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67583

CERTIFICATE OF DEATH

131 E 67583

1 PLACE OF DEATH Provident Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 1514 Div. St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie C. Johnson

(a) RESIDENCE NO. 1503 Grant St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 26 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Elizabeth Starks (Address) 1522 Druid Hill Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-7-31

17

I HEREBY CERTIFY, That I attended deceased from 2-13-, 1931, to 4-7-, 1931

that I last saw h[illegible] alive on 4-8-, 1931

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio renal-vascular disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) H. Lee McDonald M. D.

4-7, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF INTERMENT, CREMATION OR REMOVAL Mt Lebanon DATE OF BURIAL 4-8-31

20 UNDERTAKER Hanna & Schafer ADDRESS 910 N Carrollton Ave

9-1931 HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

E 67584 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 131 E 67534

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 222 N. Collington Ave. WARD 6-10)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah J. Greene

(a) RESIDENCE NO. 222 N. Collington Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: John J. Greene

6 DATE OF BIRTH (month, day, and year): Mar 8/68

7 AGE — Years: 63 — Months: 0 1 — Days: 28 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Brookfield Miss.

PARENTS
10 NAME OF FATHER: Peter Daykoff
11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna
12 MAIDEN NAME OF MOTHER: Mary J.
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Mrs Nellie Shetter
(Address) 222 N. Collington Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 6/31

17 I HEREBY CERTIFY, That I attended deceased from March 1 19 31 to Apr 6 19 31
that I last saw h[er] alive on Apr 6 19 31
and that death occurred, on the date stated above, at 11 15 P. m.
The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
Chronic Nephritis (Duration) Indefinite mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Wells M. D.

4 7 1931 (Address) 3532 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. St. Mary's Cem. — DATE OF BURIAL: 4/10 1931

20 UNDERTAKER: Frederick Co. Md. — ADDRESS: 2016 Orleans St

Philip Herring

Cor.—10-10-29—A Co.—100 Blks.

E 67585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 67585

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. President Hosp. St. 16-22 Ward)

2-FULL NAME Wm Henry Thomas.

(a) RESIDENCE NO. 1207 Whatcoat St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced. (Write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day and year): Dec 2-1903

7 AGE — Years: 27 | Months: 6 | Days: 5 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: O"D

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Westley Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sallie Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Rachel Robinson [illegible]

15 Filed [illegible] 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): March 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: 4/9 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1503 Pennsylvania Ave

Cor. 10-10-29—A Co.—100 Blks. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67586 E 67586

CERTIFICATE OF DEATH.

57

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1369 N. Calhoun St. WARD 15-23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elijah Brown

(a) RESIDENCE No. 1369 N. Calhoun ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Sharney Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Minnie Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lena Lusa
(Address) 1369 Calhoun

15 Filed ....., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April-7-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb-15-1931 to April-7-1931, that I last saw him alive on April-6-1931, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows: Chronic Rheumatism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

(Address) 2537 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	April 9 1931
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	1303 Pennsylvania Ave

Spec.—1-30—M. & T.—250 Bks

E 67587 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 E 67587

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 E Monument ST. 7-13 WARD)

2-FULL NAME Daniel J. Jones

(a) RESIDENCE NO. 1526 E Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Josephine Jones

6 DATE OF BIRTH (month, day, and year) apx 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister 018

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Israel Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Josephine Jones (Address) 1526 E Monument St

15 Filed ____, 19__ C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1931, to April 7, 1931, that I last saw him alive on April 6, 1931, and that death occurred, on the date stated above, at 10 20 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage with Paralysis of tongue and throat muscles (duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Chr Pancreatitis Nephritis and Myocarditis (duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. T. Young, M. D.

4/8, 1931 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pat. Auburn Cemetery DATE OF BURIAL Apr. 11 1931

UNDERTAKER Chas. H. Johnson ADDRESS 416 N. Caroline St.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67588

CERTIFICATE OF DEATH.

107-A 67588

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1221 St. James St 10-14 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Simeon Washington

(a) RESIDENCE NO. 1221 St. James ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paddy Washington

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister O/B

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Methodist Co.

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Augustus Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tuckahoe Miss

14 Informant Daisy Wheeler (Address) 1221 St. James St

Filed 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 8-1931

17

I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to April 4, 1931

that I last saw him alive on April 4, 1931

and that death occurred, on the date stated above, at 10:35 A. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Hornstein M. D.

4/8, 1931 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery DATE OF BURIAL: Apr. 11 1931

20 UNDERTAKER: Chas. H. Johnson ADDRESS: 416 N. Caylan St.

Spec.—9-30—A & Co—250 Blks

245448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120 B 67589

REGISTERED NO. 67589

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 17-24 ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Stevenson.

(a) RESIDENCE NO. 562 Oxford ST. ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Black	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna Stevenson

6 DATE OF BIRTH (month, day, and year) March 15-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36		22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): S. Car

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country): S Car

12 MAIDEN NAME OF MOTHER Lucy Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S Car

14 Informant (Address): Records. C. HARRISON JONES, M. D.

15 Filed ... 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) apr 6-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 12 ... 1931 ... to apr 6 ... 1931

that I last saw him alive on apr 6 ... 1931

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Proctitis, Colitis

(duration) 1 yrs. ... mos. ...

CONTRIBUTORY (Secondary) Anemia, Uremia

(duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Apr 5/31.

Was there an autopsy? Yes Pathology

What test confirmed diagnosis? Biopsy

(Signed) Harold Finkelstein M. D.

(Address) Johns Hopkins Hospital Apr 6. 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary

DATE OF BURIAL: Apr. 9 1931

20 UNDERTAKER: Mrs. R. A. Elliott

ADDRESS 1925 Ashland Ave

Spec.—9-30—A. & Co.—250 Blks

E 67590 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 67590

CERTIFICATE OF DEATH

1 PLACE OF DEATH Albin Hotel
CITY OF BALTIMORE, (No.) Cathedral & Read (Ward) 11-24 97 REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Steele

(a) RESIDENCE NO. Cathedral & Read ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 19th 1851

7 AGE — Years: 80 — Months: 2 — Days: 20 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): South America

PARENTS
10 NAME OF FATHER: J. H. Steele
11 BIRTHPLACE OF FATHER (city or town) (State or country): Cumberland Md.
12 MAIDEN NAME OF MOTHER: Rosa L Wilson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Md

14 Informant (Address): Rosa Steele 11 E. Edmondson Ave

15 Registrar: C. HAMPTON JONES, M. D.

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9th 1931

17
I HEREBY CERTIFY, That I attended deceased from October 30, 1930, to April 9, 1931
that I last saw h W alive on April 8-1, 1931
and that death occurred, on the date stated above, at 3. A. m.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis — Many

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) Chas W. Linthicum M. D.
April 9 1931 (Address) 1327 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem
DATE OF BURIAL: April 10 1931
UNDERTAKER: Henry Hankins & Son
ADDRESS: Oakland

Spec.—9-30—A. & Co.—250 Blks

E 67591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 E 67591

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1511 Madeson Ave. WARD 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ezzie Johnson

(a) RESIDENCE NO. 511 Madison Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Petersburg Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Hallie Randall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Petersburg Virginia

14 Informant: Willie Stewart

(Address) 1511 Madeson Ave

15 Filed ___, 19___ Registrar

9 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 5 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 5, 1930, to April 5, 1931

that I last saw h alive on April 5, 1931

and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) ?. yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Rhentley M. D.

4/8 1931 (Address) 1230 Saint Paul

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	4/9/31
20 UNDERTAKER	ADDRESS
Samuel B Kennedy	578 N Eutaw

Spec.—1-12 23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67592

CERTIFICATE OF DEATH.

1422 67592

1-PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 15-C ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude E. Filbert

(a) RESIDENCE NO. 2449 Forest Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Filbert

6 DATE OF BIRTH (month, day, and year) January 7, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundry - Employee

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Richard Struder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Rollie Barr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Indiana

14 Informant Mr. Richard Struder
(Address) 2449 Forest Park Avenue

15 Filed 9-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/7 1931

17 I HEREBY CERTIFY, That I attended deceased from 3-30, 1931, to 4/7/, 1931, that I last saw her alive on April 7, 1931, and that death occurred, on the date stated above, at 10P m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure.
Aortic Regurgitation &
Chr. Myocarditis.

(duration) between mos ds.

CONTRIBUTORY (Secondary) Ruptured Ectopic Pregnancy (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? YES Date of 4/4/31

Was there an autopsy? Tube taken out

What test confirmed diagnosis? Operative & Clinical

(Signed) H. Ashman, M. D.

4/7, 1931 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Apr. 10 1931

20 UNDERTAKER Robt H. Cook ADDRESS 1005 West Baltimore St.

(See instructions on back of certificates.)

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

67593

CERTIFICATE OF DEATH

67593

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, St. 21-29 WARD)

REGISTERED NO. 1085

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Laura M. Emmons.

(a) RESIDENCE NO. 1162 Sargent St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence S Emmons

6 DATE OF BIRTH (month, day, and year) Apr. 2nd. 1884

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer): /

(c) Name of employer: 037

9 BIRTHPLACE (city or town) (State or country): New Jersey

PARENTS

10 NAME OF FATHER Benj Freeman.

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Jersey

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Jersey.

14 Informant (Address): Mrs. Laura S Emmons 1162 Sargent St.

15 Filed 4-9-1931, 19 C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 1931

17

I HEREBY CERTIFY, That I attended deceased from March 29, 1931, to April 1, 1931

That I last saw her alive on April 1, 1931

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Left lobar pneumonia.

Left emfysema.

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Tony - 7/2/31

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Wylie M Law M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	4/10/1931
20 UNDERTAKER: John J. Cowan & Son.	ADDRESS: 901 Hollins St.

Spec.—9-30—A. & Co.—250 Blks

E 67594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67594

CERTIFICATE OF DEATH.

11-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 W Bare ST. 27-30 WARD)

2 FULL NAME Cologero Scardina

(a) RESIDENCE NO. 413 W Bare ST. .....WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Scardina

6 DATE OF BIRTH (month, day, and year) Aug 9th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER August Scardina

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Tanesa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Mr. Geo Scardina 4135 W Lombard St

15 Filed 4-9-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/7/1931

17 I HEREBY CERTIFY, That I attended deceased from 3/28, 1931, to 4/7, 1931

that I last saw h[illegible] alive on 4/7, 1931

and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) — yrs. 2 mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Geo. Scardina M. D.

4/8, 1931 (Address) 1111 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 4/10, 1931

20 UNDERTAKER Wm J Conner & Son

ADDRESS [illegible]

Spec.—9-30—A. & Co.—250 Blks

67595

HEALTH DEPARTMENT—CITY OF BALTIMORE

67595

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST. 2100-37 WARD)

2. FULL NAME Mrs. Elizabeth Walsh

(a) RESIDENCE NO. 814 W. Franklin St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel L Walsh.

6 DATE OF BIRTH (month, day, and year) Jan 14th 1869

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	3524	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Richard Barton

11 BIRTHPLACE OF FATHER (City or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Maria Killen

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland.

14 Interment Mt Samuel L Walsh
(Address) Loudon Park Cem

15 Filed 9-1931 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) apr 8 1931

17 I HEREBY CERTIFY, That I attended deceased from apr 1, 1931, to apr 8, 1931

That I last saw her alive on apr 8, 1931

and that death occurred, on the date stated above, at 4.28 P.M.

The CAUSE OF DEATH* was as follows:

Cor Sclerosis,
Cor Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? At Home

Did no operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Laboratory

(Signed) Chas D Stitch M. D.

19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral Cem

DATE OF BURIAL. 4/11/1931

20 UNDERTAKER John J. Cowan & Son

ADDRESS 911 Hollins

Spec—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

67596

CERTIFICATE OF DEATH. 108 C 67596

1 PLACE OF DEATH President Hosp. 1750

CITY OF BALTIMORE: (No. 51st Division (ST.) (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Carter

(a) RESIDENCE NO. 112 W. 23rd St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer 023

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Aberdeen, So. Carolina.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. L. Carter
(Address) 112 W. 23rd St.

15 Filed APR 9 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-7-31

17

I HEREBY CERTIFY, That I attended deceased from 4-3-, 1931, to 4-7-, 1931

that I last saw him alive on 4-7-, 1931

and that death occurred, on the date stated above, at 11.45 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Geo. McDonald M. D.

4-7. 1931 (Address) President Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL April 9, 1930

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 3227 Schroeder St

Spec.—9-30—A. & Co.—250 Blks

E 67537 — HEALTH DEPARTMENT—CITY OF BALTIMORE — E 67597

CERTIFICATE OF DEATH.

34

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. I250 Mc Eldery St ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William R Mason

(a) RESIDENCE NO. I250 Mc Eldery st ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Peoples Court

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Philip Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Harvey

13 BIRTHPLACE OF MOTHER (State or country) Baltimore

14 Informant Geo F Harvey
(Address) I250 Mc Eldery St

APR 9 - 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) 4/9/ 1931

16 I HEREBY CERTIFY, That I attended deceased from June 4, 1930, to April 9, 1931, that I last saw h im alive on April 8, 1931, and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

CONTRIBUTORY (Secondary) Syphilis (duration) 30 yrs. mos. ds.

16 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John [illegible] M. D.

4/9 1931 (Address) 9362 Monument St

*State the Disease Causing Death, or In Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet

DATE OF BURIAL April 11 1931

20 UNDERTAKER [illegible]

ADDRESS 208 Edmondson

Form of certificate. See instructions on back of this very important.

Spec.—9-30—A. & Co.—250 Blks.

67598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67598

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 330 E 33rd St (St.) 12-Hosp (Ward) 31

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Schoenhals

(a) RESIDENCE NO. 330 E 33rd St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

74

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Schoenhals

7 DATE OF BIRTH (month, day, and year): Dec 19 th 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	19 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant 045

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles Schoenhals

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Horst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: C W Schoenhals

(Address): Hillen rd & 33rd St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/7/1931

17 I HEREBY CERTIFY, That I attended deceased from April 6 — 1931, to April 7 1931

that I last saw h[im] alive on April 7 1931

and that death occurred, on the date stated above, at 2.30 PM

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(Duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? Yes Date of c

Was there an autopsy? Yes

What test confirmed diagnosis? physical signs

(Signed) Leonhardt M. D.

4-8 1931 (Address) 1927 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

20 UNDERTAKER: John Ulrich

DATE OF BURIAL: Apr 10 1931

ADDRESS: 2908 Orleans

Rec'd Apr 9 1931 C. H. Hyde JENKS M. Registrar

Please do not write above this line

Please be very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks

E 67599

67599 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-17/22-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 E Preston St (Ward)

2 FULL NAME Frederick W Lieder Sr

(a) RESIDENCE NO. 1602 E Preston St (Usual place of abode) St. Ward

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Lieder

6 DATE OF BIRTH (month, day, and year) Dec 17 th1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	26 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 yrs

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER William Lieder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant: Fredk W Lieder Jr

(Address) 1602 E Preston St

15 C. HAMPSON JONES, M. D. Registrar

9-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/7/1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, to 4/7/31, that I last saw h[illegible] alive on 4/7/31, and that death occurred, on the date stated above, at 7.30 P M.

The CAUSE OF DEATH* was as follows: Strangulated Hernia. (Inguinal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wayland Foley M. D.

, 19 (Address) 5703 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

20 UNDERTAKER Ullrich

DATE OF BURIAL Apr 11 1931

ADDRESS 2008 Aliceanna

Certificate is very important; see instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks.

E 67600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 67600

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 2827 Pennington Ave. WARD 51)

2 FULL NAME Virginia M. Brown

(a) RESIDENCE NO. 2827 Pennington Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 26, 1920

7 AGE — Years: 11 — Months: 2 — Days: 12 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm. C. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D. C.

12 MAIDEN NAME OF MOTHER: Cordelia Gilroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Wm. C. Brown 2827 Pennington Ave.

15 Filed Jan 9 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 7. 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1931, to Jan. 6, 1931

that I last saw her alive on Jan. 6, 1931

and that death occurred, on the date stated above, at 9:15 hrs. a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) G. Gabriel Grenell M. D.

Jan 8 1931 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Jan. 9 1931

UNDERTAKER: Mrs. R. A. Elliott

ADDRESS: 1220 Eastern Ave

Spec.—9-30—A. & Co.—250 Blks.

Dr Linton
3921 Edmondson

E 67601

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-083 67601

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1409 Hisquith St 9-18 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Vance Brown

(a) RESIDENCE NO. 1409 Hisquith ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Dr John Wesley Brown

6 DATE OF BIRTH (month, day, and year): May-18-1845

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Joseph Gray

11 BIRTHPLACE OF FATHER (City or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Ellen

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Virginia

14 Interment (Address): Sidney Goldsmith 3717 Windsor Ave

15 Filed ..., 30 C. HAMPSON JONES, M. D. Registrar

M - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9 1931

17

I HEREBY CERTIFY, That I attended deceased from Apr 6, 1931, to Apr 8, 1931

that I last saw ... alive on Apr 8, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Suicide -
Suicide Gunpowder ? Apr 7 or 8
Chronic myocarditis + sclerosis -

sclerosis (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) H. R. Linton M. D.

4/9 1931 (Address) 3921 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: April 10 1931

20 UNDERTAKER: Williams Cook

ADDRESS: 121 S Eutaw

Spec.—9-30—A. & Co.—250 Blks

E 67602 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67602

97-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Southern Hospital 17-50 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas V Wyllsey

(a) RESIDENCE NO. Southern Hospital ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: About 71 Months: Days: If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wood Engraver

(b) General nature of industry, business, or establishment in which employed (or employer): Obo

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Williamsport Pa

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or (town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or (town) (State or country): Unknown

14 Informant: John H. Snyder

(Address): 2006 Kennedy Ave

15 4-9-1931. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 9, 31

17

I HEREBY CERTIFY, That I attended deceased from Mch. 30 to Apr. 9 1931

that I last saw h[illegible] alive on Apr. 8th 1931

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Valvular heart dis

Dropsy, Edema of Lungs.

Duration: yrs. mos. ds.

CONTRIBUTORY (secondary): Hydrothorax

Duration: yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) E. L. Smith M. D.

4-9 1931 (Address) 1605 N. Mark Ave.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Williamsport Pa

DATE OF BURIAL: 4/9 1931

20 UNDERTAKER: William Cook

ADDRESS: 1217 St Paul

G. HANSEN JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 67603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67603

CERTIFICATE OF DEATH.

REGISTERED NO. ✓ × 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for the Women of Maryland ST. Eastern Hospital WARD 14-20)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edith Wilma Bradshaw

(a) RESIDENCE NO. Church Creek, Dorchester County ST., Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? 6 yrs. 6 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec 20, 1909

7 AGE	Years	Months	Days.	If LESS than 1 day, ✓ hrs. or ✓ min.
	21	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher 068

(b) General nature of Industry, business, or establishment in which employed (or employer) Essex School, Belle County

(c) Name of employer Miss Leadley (municipal)

9 BIRTHPLACE (city or town) (State or country) Golden Hill, Dorchester Co. Maryland

PARENTS

10 NAME OF FATHER Joseph William Bradshaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Golden Hill, Maryland.

12 MAIDEN NAME OF MOTHER Josephine E. Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Grabham Church

(Address) Golden Hill, Dorchester Co. Md.

15 Filed 4-9-1931 O. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1931 to April 8, 1931, that I last saw her alive on April 8, 1931, and that death occurred, on the date stated above, at 5:50 P. m.

The CAUSE OF DEATH* was as follows:

Edema pneumonia - entire right side

(duration) ✓ yrs. ✓ mos. 7 ds.

CONTRIBUTORY (Secondary) ✓

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence

(Signed) Lilian Arnold Gilbert, M. D.

, 19 (Address) Hospital for the Women of Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Church Creek, Dorchester Co. Maryland

DATE OF BURIAL 4/9/1931

20 UNDERTAKER Harry Sandheim & Son

ADDRESS 902 Eutaw Place

Spec—9 30—A. & Co.—250 Blks.

Russum ✓

E 67604 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34 E 67604

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No 1 Balto Md St 10-14 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maggie R Russum

(a) RESIDENCE NO 919 N. Central Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Cook 0 21

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Rosa Griffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Interment Records (Address) Balto City Hospitals

15 Filed APR 9 1931 C. HAMPSON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-7-31

17

I HEREBY CERTIFY, That I attended deceased from 3-12, 1931, to 4-7, 1931

that I last saw h[illegible] alive on 4-6, 1931

and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of the insane.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Luetic infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Harry J. Goldsmith M. D.

4/7, 1931 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health. — ADDRESS APR 9 - 1931

P. F. W. — E. WOODALL

Spec.—9-30—A. & Co.—250 Blks.

E 67605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67605

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 3-4 ST. (WARD)

REGISTERED NO 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Williams

(a) RESIDENCE NO. 213 S. Dallas ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Williams

6 DATE OF BIRTH (month, day, and year) Feb. 19 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Eastern Shore
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) ?

12 MAIDEN NAME OF MOTHER Sarah Walters

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Interment
(Address) Records of Balto. City Hosp.

15 APR 9 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-6-31

17

I HEREBY CERTIFY, That I attended deceased from 2-26-31, 19, to 4-6-31, 19

that I last saw her alive on 4-5-31, 19

and that death occurred, on the date stated above, at 7:35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left breast with met stases to lungs.

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? unk own

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Fred M. Dorsch M.D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS APR 9 - 1931

For Wm. H. Woods

1-20—M. & T.—100 B—50L.

E 67606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67606

CERTIFICATE OF DEATH

181

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 6-11 WARD)

2-FULL NAME Thersa Belfe

(a) RESIDENCE NO 139 N. Streeper ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	~~Single~~

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 25/1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	13 14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Belfe

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Nellie Hall

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md.
(State or country)

14 Informant Joseph Belfe
(Address) 139 N. Streeper St

15 Filed 5-1931, 192 . . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopay or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopay or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia- Burnsover body and thighs
Accidently fell in tub of hot water
at her home Mar 12/31

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopay? no

What test confirmed diagnosis? .....

(Signed) [signature] Coroner, M. D.

4/8/31, 19 (Address) 306 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Apr 10 19 31

20 UNDERTAKER Ernest Crockett

ADDRESS Bond n

See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67607

CERTIFICATE OF DEATH.

E 67607

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. Maryland General Hospital Ward) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Glenn

(a) RESIDENCE NO. Round Bay A. A. Co. Md. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma D. Glenn

6 DATE OF BIRTH (month, day, and year) Aug. 22 1885

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	45	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Antique Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER George W. Glenn

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mollie Taylor

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant (Address) Mrs. George R. Glenn Round Bay A. A. Co.

15 [illegible] 1931

C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk. Date of Burial 4/9 1931

20 UNDERTAKER J. F. McCully ADDRESS 130 E. Fayette

very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

67608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97-2 67608

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 Wilmington Ave ST. 25-W WARD)

2 FULL NAME Charlotta Stein

(a) RESIDENCE NO. 1725 Wilmington Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, ~~or divorced~~ ~~DIVORCED~~ of (or) WIFE of Adam Stein

6 DATE OF BIRTH (month, day, and year) Sept 11-1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Adam Preister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mot Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Paul Loose 1725 Wilmington ave

9 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 1 1930 to April 8 1931

that I last saw h alive on April 7 1931

and that death occurred, on the date stated above, at 1-30 a m.

The CAUSE OF DEATH* was as follows:

Chronic tubular heart disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Geo Jos Kieffer M. D.

4/8 1931 (Address) 854 Madison

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	4/11/31

20 UNDERTAKER Geo Leimbach & Co. ADDRESS M. Lyndhurst

Cor.—12-9-25—A Co.—200 Rbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67609

CERTIFICATE OF DEATH.

210-103 ✓

E 67609

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Joseph Hospital) 10-14 (Ward)

2-FULL NAME Mary E. Sisselberger

(a) RESIDENCE NO. 829 E. Eager st. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): April 16 1925

7 AGE: Years 5 Yrs. Months 11 Days 24

IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Harry E. Sisselberger

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Margaret E. Kelly

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore Md.

14 Informant: Mrs. Margaret E. Sisselberger

(Address): 829 E. Eager st.

15 Filed_____ 19_____ Registrar

9 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8/31 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck Knocked Down by a moving auto truck

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Fract Skull Fract Clav. C C Fract L. Tibia & Fib.

(Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

4/9 1931 (Address) 2939 W. Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the state ... yrs. ... mos. ... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery Date of Burial: April 31

20 UNDERTAKER: Edmund W. Conklin ADDRESS: 824 E. Eager St

very important. See instructions on back of certificate. EXACT statement of OCCUPATION is

E 67610

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-00 E 676

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2235 Aisquith ST., 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Elizabeth Boyd

(a) RESIDENCE NO. 2235 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- d

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jere L. Boyd

6 DATE OF BIRTH (month, day, and year) March 15, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	86	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Norfolk
(State or country) Virginia

PARENTS

10 NAME OF FATHER William Betz

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Not obtainable

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Jere L. Boyd Jr.
(Address) Pinehurst, Md.

15 Filed 9-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 8 [illegible]

17 I HEREBY CERTIFY, That I attended deceased from Jan. 0 [illegible] to Apr. 8 [illegible]

that I last saw h[illegible] alive on Mar. 10[illegible]

and that death occurred, on the date stated above, at 10[illegible]

The CAUSE OF DEATH* was as follows:

Senile Bronchitis

Septicemia (duration) ... yrs. ... mos

CONTRIBUTORY
(Secondary) (duration) ... yrs. ... mos.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) C. H. Mayer M. D.

4/9. 1931 (Address) 1510 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 4/10 19[illegible]

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 805 N. C[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

R 9-1931 RPH

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

for Death Registration Purposes

E 67611

CERTIFICATE OF DEATH

164-001 Lyle 67611

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1422 Poplar Grove ST. 16 WARD

2-FULL NAME Ruth A. Mallhan

(a) RESIDENCE NO. 1422 Poplar Grove ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Mallhan

6 DATE OF BIRTH (month, day, and year) April 14-1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	11	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James Roulston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Maryland

12 MAIDEN NAME OF MOTHER Emma Seipold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Maryland

14 Informant Mrs Mary Taylor

(Address) 3903 Greenmount

15 Filed 9-1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Asphyxia Illuminating Gas
(duration) yrs. Sudden

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1422 Poplar Grove

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Leslie Pollitzer, M. D.
Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Silverbrook Cem. Mc Mungton Ont.

DATE OF BURIAL: 4/11 1931.

20 UNDERTAKER: Julian Cook.

ADDRESS: 1217 St Paul

Filed ... 1931 Registrar HAMPSON JONES, M. D.

Keep this space free from writing. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

67612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 67612

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2512 W. Fayette St. 90-69 (WARD)

2 FULL NAME Annie M. Yeager

(a) RESIDENCE NO. 2512 W. Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word): Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of: Georg F. Yeager

6 DATE OF BIRTH (month, day, and year): 8/15/1864

7 AGE: Years 66 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Albion Hathaway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maine

12 MAIDEN NAME OF MOTHER: Edmonia Cooley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Geo. F. Yeager 2512 W. Fayette St.

15 FILED 9-1931, 19 . . M. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9/31

17 I HEREBY CERTIFY, That I attended deceased from March 1, 19 31, to April 9, 19 31, that I last saw h~~e~~r alive on April 8, 19 31, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach (duration) yrs. ? mos. ds.

CONTRIBUTORY (secondary) Myocardial degeneration (duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Geo. W. Liefler M. D.

4/9, 19 31 (Address) 3405 Madison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 4/11/1931

20 UNDERTAKER: W. H. Cook ADDRESS: 1217 E. Fayette St.

Spec.—9-30—A & Co.—250 Bks.

B 67613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 67613

REGISTERED NO. 34

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospt. (St.) 13-57 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Edgar McDaniel

(a) RESIDENCE NO. 1428 Mill Race Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 23 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	0	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James McDaniel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Gwendolyn Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mother. (Address) 1428 Mill Race Rd.

15 Filed JUN 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1931.

17

I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1931, to Apr. 9, 1931

that I last saw him alive on Apr. 9, 1931

and that death occurred, on the date stated above, at 9:20 A.M.

The CAUSE OF DEATH* was as follows:

Prematurity

(over)

(duration) yrs. 2 mos. 17 ds.

CONTRIBUTORY (Secondary) Multiple Abscess

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Jesse S Tyler M. D.

4/9, 1931 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Hampden	4/10 1931.

20 UNDERTAKER Walter Davis 3418

ADDRESS Chestnut ave

Spec.—9-30—A. & Co.—250 Bks.

E 67614

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67614

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) Mercy Hosp. (St.) 13-59 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby Boy Stevenson

(a) RESIDENCE NO. Mercy Hospital (St.) 7-22 Lemmon St. (Ward) Balto. Md.
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~Male~~ Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 8 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mercy Hospital Balto. Md.

PARENTS

10 NAME OF FATHER George M. Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Alma Becker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Interment (Address) Hospital Records

15 Filed 4-9-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1931

17

I HEREBY CERTIFY, That I attended deceased from 1 PM 4/8, 1931, to 3.30 P.M 4/9, 1931

that I last saw him alive on 4/9/31

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Prematurity - 5 mo. intrauterine

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. Leyko M. D.

4/9, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: April 10 1931

20 UNDERTAKER: Wm. J. Tuckerman Son ADDRESS: N. Paca.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 ✓ E 67615

E 67615

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. 5-8 (WARD)

2-FULL NAME Alexander Lewis

(a) RESIDENCE NO 431 Aisquith St ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Willebell Lewis

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Second hand
(b) General nature of industry, business, or establishment in which employed (or employer) Furniture Dealer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Church Hill Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER Sarah ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) xxxxxxx Md

14 Informant Willebell Lewis
(Address) 431 Aisquith St

15 Filed 10 1931 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 8/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Failure- Occlusion rt Coronary Artery- Syphillitic Aortitis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? _____

(Signed) C. H. Jones, Coroner, M. D.

4/9/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson's Cem.

DATE OF BURIAL 4-11 1931

20 UNDERTAKER Byron Wright 1218 E. Eldersley St

ADDRESS

1-30—M. & T.—100 B—50L

E 67616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 67616

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 728 Aisquith ST. 5-8 (WARD)

2-FULL NAME Mattie Sample

(a) RESIDENCE NO. 222 Colvin ST., _____ WARD _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Sample

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maeyland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Cordinia Anderson (Address) 728 Aisquith St

15 Filed APR 19 1931 HAMPSON JONES M. D. Registrar By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 8/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Joseph Carey, M. D. Coroner

419/31 (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson's Com.

DATE OF BURIAL 4/10 19 31

20 UNDERTAKER Byron Knight ADDRESS 218 McElderry St

Spec.—9-30—A & Co.—250 Bks.

Wagner

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67617

CERTIFICATE OF DEATH

8-1 93-004 F 67617

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1621 N. Broadway ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alexander Wagner

(a) RESIDENCE NO. 1621 N. Broadway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Wagner

6 DATE OF BIRTH (month, day, and year) June 23, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	9	16 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Bertha Fonshill
(Address) 1621 N. Broadway

15 [illegible] H. [illegible] JONES, M. D.
APR 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 8, 1931.

17

I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to April 7, 1931

that I last saw him alive on April 7, 1931

and that death occurred, on the date stated above, at 9.20a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C W Kenney M. D.

4/9, 1931 (Address) 1812 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	April 13
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Spec.—1-30—M. & T.—250 Bks.

E 67618

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

E 67618

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 732 E 20th St

CITY OF BALTIMORE: (No. ____ St., 9-18 Ward)

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Lee Armiger

(a) RESIDENCE NO. 732 E. 20th ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Armiger

6 DATE OF BIRTH (month, day, and year) Feb 14th 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	39	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance 086

(b) General nature of industry, business, or establishment in which employed (or employer) Mgr Balto. Office

(c) Name of employer Commercial Casualty Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Lee Armiger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jones Rumbl County, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Gannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Mrs Armiger (Wife)
(Address) 732 E. 20th Street

15 APR 16 1931 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9th 1931

17 I HEREBY CERTIFY, That I attended deceased from March 23rd 1931 to April 9th 1931.

that I last saw h~~im~~ alive on April 9th 1931,

and that death occurred, on the date stated above, at 3:52 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 1 yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary) Terminal bronchio-pneumonia

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? X-rays.

(Signed) Lewis P. Tousley, M. D.

4-9-1931 (Address) 3005 31st St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Apr 11/31
20 UNDERTAKER	ADDRESS
J Stewart & Mowen Company	Balto. Md.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67619

CERTIFICATE OF DEATH.

E 67619

1 PLACE OF DEATH Baltimore City Hospitals

18-28 2-00

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. ..... Ward .....

2 FULL NAME Thomas Carter

(a) RESIDENCE No. 1111 Sarah Ann St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Carter

6 DATE OF BIRTH (month, day, and year) Aug. 10, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cement finisher

(b) General nature of industry, business, or establishment in which employed (or employer) 083

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Montgomery Ala.

PARENTS

10 NAME OF FATHER Wm. Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala.

12 MAIDEN NAME OF MOTHER Eliz. Stenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ala.

14 Informant (Address) Records of Balto. City Hosp.

Filed APR 10 1931 H. HAMPTON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-7-31

17

I HEREBY CERTIFY, That I attended deceased from 4-2-31, 19..., to 4-7-31, 19...

that I last saw him alive on 4-7-31, 19...

and that death occurred, on the date stated above, at 5:05 A m.

The CAUSE OF DEATH* was as follows:

Thromboses, Cerebral (Multiple)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Cerebral (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

4-8, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 4-10 1931

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pa Ave.

Spec.—9-30—A. & Co.—250 Blks.

E 67620

HEALTH DEPARTMENT—CITY OF BALTIMORE

V

V-0067620

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-22-27 Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Wilson

(a) RESIDENCE NO. 820 Shroeder St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-9-87

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Cook.

(c) Name of employer Agnes Gallery Tearoom

9 BIRTHPLACE (City or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Alfred Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md

12 MAIDEN NAME OF MOTHER Anna Wilson

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Co Md.

14 Informant (Address) Emma Phoenix 701 Winchester St

15 APR 10 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/7/31

17

I HEREBY CERTIFY, That I attended deceased from 3/31, 1931, to 4/7, 1931

That I last saw h[illegible] alive on 4/7, 1931

and that death occurred, on the date stated above, at 5:30 P. M.

The CAUSE OF DEATH* was as follows:

Mechanical Intestinal Obstruction, from old post operative adhesions.

(duration) yrs. mos. 10 hrs.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4/1/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Henry F. Ulrich. M. D.

. 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pt. Auburn	Apr. 11 1931
20 UNDERTAKER	ADDRESS
Benjamin A Brooks	1463 Cary

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67621

CERTIFICATE OF DEATH

E 67621

1776

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hosp. St.) 15-21 (WARD)

2 FULL NAME Mordecai Kallins

(a) RESIDENCE NO. 1608 N. Payson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Kallins

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retailer of dry goods

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Bertha Kallins
(Address) 1608 N. Payson

15 Filed APR 10 1931 G. HERMAN JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/9/31

17

I HEREBY CERTIFY, That I attended deceased from 3-20, 1931, to 4-8, 1931

that I last saw h— alive on 4-8, 1931

and that death occurred, on the date stated above, at 2:15 P.M.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Anemia - Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Non-Venereal

Did an operation precede death? Yes Date of 4-2-31.

Was there an autopsy? No. Pathological Laboratory

What test confirmed diagnosis? None. Clinical

(Signed) [illegible] M. D.

4/7, 1931 (Address) Leonard Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hebrew Rem

DATE OF BURIAL 4/10 1931

20 UNDERTAKER Jack Lewis ADDRESS 1439 Eutaw St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67622

CERTIFICATE OF DEATH.

95 1902

E 67622

REGISTERED NO.

1 PLACE OF DEATH Hebrew Home for Aged & Infirm

(If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No Belvedere & Greenspring Aves.

2 FULL NAME Sarah Minnie Levine

(a) RESIDENCE NO. Hebrew Home for Aged & Infirm.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	W.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Latvia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sigmund Hubbard
(Address) Belvedere Towers, Balto.

Filed 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-9-31

17

I HEREBY CERTIFY. That I attended deceased from 4-6, 1931, to 4-9, 1931

That I last saw h[illegible] alive on 4-8, 1931

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Ch. card. vascular disease

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Edmund Beers M. D.

4/9 1931 (Address) Lauraldale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Ave

DATE OF BURIAL 4/10 1931

(a) UNDERTAKER Jack Louis 1439 E Balto St

ADDRESS

Spec.—1-10-21 MAT 1500 Blks.

E 67623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 67623

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3614 Hickory Ave (St.) (Ward) 12-52

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles A. J. Campbell

(a) RESIDENCE NO. 3614 Hickory Ave. (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Campbell

6 DATE OF BIRTH (month, day, and year) Aug. 8, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mt. Vernon Missouri

PARENTS

10 NAME OF FATHER Wm H. Campbell

11 BIRTHPLACE OF FATHER (city or town) Manchester (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sallie McKee

13 BIRTHPLACE OF MOTHER (city or town) Vernon Co. (State or country) Missouri

14 Informant Annie E. Campbell (Address) 3614 Hickory Ave.

15 Filed APR 10 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6 1931

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 6, 1931, that I last saw him alive on April 6, 1931, and that death occurred, on the date stated above, at 6:08 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) W. A. Campbell M. D.

4/6, 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	April 10, 1931
20 UNDERTAKER	ADDRESS
Horace F. Burgee	3631 Falls Rd.

HOW to fill out certificates. See instructions on back of certificates. Very important

Spec.—9-30—A. & Co.—250 Bks.

E 67624

HEALTH DEPARTMENT—CITY OF BALTIMORE

67624

CERTIFICATE OF DEATH.

24 V

REGISTERED NO. 13-57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Herbert L. Madairy

(a) RESIDENCE NO. 3462 Seneca ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Feb. 14, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(2)	Two	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Alva C. Madairy

11 BIRTHPLACE OF FATHER (city or town) Balt (State or country) Md.

12 MAIDEN NAME OF MOTHER Minnie Coffett

13 BIRTHPLACE OF MOTHER (city or town) Balt (State or country) Md.

14 Informant (Address) Alva C. Madairy 3462 Seneca St.

15 Filed [illegible], 19[illegible] C. HARPSON JONES, M. D. Registrar

APR 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1931

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to April 10, 1931, that I last saw h/[illegible] alive on April 10, 1931, and that death occurred, on the date stated above, at 1:35 A.M.

The CAUSE OF DEATH* was as follows:

Meningitis, Tuberculous

(duration) — yrs. — mos. 11 ds.?

CONTRIBUTORY (Secondary) — (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Irene S. Frost M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt. Manus Hampden Bal. 13 1931

20 UNDERTAKER — ADDRESS

Horace H. Burgee 363 Falls Rd

Spec.-7-17-26—A Co.—200 Blks.

67625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr Reland. 82-02 Edmondson ave.

REGISTERED NO. E 67625

1-PLACE OF DEATH

City of BALTIMORE: (No. 3818 Penhurst ave St.) (Ward) 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edsie Iona Wantz

(a) RESIDENCE NO. 3818 Penhurst ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Earl Wantz

6 DATE OF BIRTH (month, day, and year) Nov 27 1895

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	35	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Henry W Webster

11 BIRTHPLACE OF FATHER (City or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Anna Reitz

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.

(State or country)

14 Informant Earl Wantz

(Address) 3818 Penhurst ave

15 Filed APR 10 1931 16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-9-1931

17 I HEREBY CERTIFY, That I attended deceased from 4-2, 1931, to 4-9, 1931,

that I last saw h[illegible] alive on 4-9, 1931,

and that death occurred, on the date stated above, at 3:15 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 8 da.

CONTRIBUTORY (Secondary) Hypertension.

(duration) unknown yrs. mos da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & Symptoms

(Signed) Chester Reland M. D.

4-9-1931 (Address) 2532 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Western Cemetery	4/11 1931
20 UNDERTAKER Richard Thrower	ADDRESS 1420 Ashburton

very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 67626 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67626

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Avenues) ST. 20-10 WARD

REGISTERED No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Peter Andrew

(a) RESIDENCE No. 49 Monastery Ave ST., _____ WARD _____
(Usual place of abode)
Length of residence in city or town where death occurred Lifetime yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs. Mary Andrew

6 DATE OF BIRTH (month, day, and year) July 1-1883

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	47	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Supt of Furniture House
(b) General nature of industry, business, or establishment in which employed (or employer) $80
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Charles H. Anders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Hetherson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Mary L Andrew
(Address) 49 S Monastery Av.

15 Filed _____ 19 _____ Registrar

E. [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 / 31

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1931 to April 9, 1931, that I last saw he alive on April 9, 1931, and that death occurred, on the date stated above, at 5 15 a m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Myocard. Deg C

decomp* (duration) yrs. 1/2 mos. ds.

18 Where was disease contracted if not at place of death? 49 Monastery Ave

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Physical

(Signed) H. [illegible] Jones, M. D.

4-9-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Apl 11, 1931
20 UNDERTAKER	ADDRESS
Chas J Krause & Son	1810 Druid Hill Ave

APR 10 1931

Spec.—9-30—A. & Co.—250 Bks.

E 67627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 67627

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital 22-31 WARD

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fiede Jones

(a) RESIDENCE NO. 800 Scadenhall ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Jones

6 DATE OF BIRTH (month, day, and year) Dec 20 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Thomas Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama

12 MAIDEN NAME OF MOTHER Lena (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant Hospital Records
(Address)

15 APR 16 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8/31

17

I HEREBY CERTIFY, That I attended deceased from 4/6, 1931, to 4/8, 1931

that I last saw h[illegible] alive on 4/8, 1931

and that death occurred, on the date stated above, at 11 30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) yrs. 2 mos. 0 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) J. Leyko. M. D.

4/8 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
WS National Ct	4/11/31
20 UNDERTAKER	ADDRESS
Isaiah L Brown Son	108 W Montgomery

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67628

CERTIFICATE OF DEATH.

82-006 E 67628

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4718 Gunlico. St. 1 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rosa. Donna.

(a) RESIDENCE NO. 4718 Gunlico Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Donna,

6 DATE OF BIRTH (month, day, and year) Dec 13. 1877

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired — Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Thomas Donna.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Rose Scarpaglia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant M. Santa Maria
(Address) 1729 W. Lombard St.

15 [illegible] HARRISON JONES, M. D.
Registrar

R 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1931.

17

I HEREBY CERTIFY, That I attended deceased from April 4, 1931, to April 8, 1931

that I last saw him alive on April 8, 1931

and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert Scagnetti M. D.

, 19 (Address) 1729 W. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 4/11/1931

20 UNDERTAKER John J. Cowan & Son

ADDRESS 901 Hollins St

Spec.—9-30—A. & Co.—250 Bks.

E 67629

E 67629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

231

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 S. Burley St. 1-W WARD)

2 FULL NAME Amelia Norberg

(a) RESIDENCE No. 515 S. Burley St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Charles Norberg

6 DATE OF BIRTH (month, day, and year) Dec 25 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Frank Matson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Catharine Babl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Charles Norberg 515 S. Burley St

15 Filed ... 19... C. HAMPSON GONES, M. D. Registrar

PR 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8-31

17

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to April 8, 1931

that I last saw h[illegible] alive on April 8, 1931

and that death occurred, on the date stated above, at 9 [illegible]m,

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kurcewski M. D.

4/9 1931 (Address) 257 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz	April 11 1931

20 UNDERTAKER M. W. E. Dippel Inc ADDRESS 378 Amity

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67630

CERTIFICATE OF DEATH.

82-08 E 67630

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST. 24-33 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Harry Franz Harry Franz

(a) RESIDENCE NO. 1011 Light St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	7	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER Jacob Franz
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.
12 MAIDEN NAME OF MOTHER Emma Csing
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed R 10 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-8-31

17 I HEREBY CERTIFY, That I attended deceased from 3-26-31, 19..., to 4-8-31, 19...
that I last saw him alive on 4-8-31, 19...
and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage, Subduval

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Hypertension, Unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.
4-10 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL Apr. 10" 1931

20 UNDERTAKER Joseph B. Cook ADDRESS 1003 N. Balto St.

Spec.—9-30—A. & Co.—250 Blks.

E 67631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

16-22 59 E 67631

1 PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward)

2 FULL NAME Nellie Nevitt

(a) RESIDENCE NO. 1941 W. Lafayette Ave. St. ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of — Unknown

6 DATE OF BIRTH (month, day, and year) Jan. 1 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Factory work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): Fredrick Co. Md.

PARENTS

10 NAME OF FATHER: Amos Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Md.

12 MAIDEN NAME OF MOTHER: Harriett Sncuffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ... 19... HAMPSON JONES, M. D. Registrar

R TO 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-9-31

17 I HEREBY CERTIFY, That I attended deceased from 1-28-30, 19..., to 4-9-31, 19... that I last saw h... alive on 4-9-31, 19... and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 6 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? 1 Home 2. Hospital

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical: Lab

(Signed) Paul Padget M. D.

4-10 19 31. (Address) B Ltd. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Apr. 11 19 31

20 UNDERTAKER: Joseph B Cook — ADDRESS: 1003 N. Gilmor St.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67632

95-002 ✓ E 67632

CERTIFICATE OF DEATH

REGISTERED NO. 16-68

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 Annabel Ave ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katie E. Hilton, — — ———

(a) RESIDENCE NO. 2308 Annabel Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

a If married, widowed, or divorced, HUSBAND of (or) WIFE of Samuel A. Hilton

6 DATE OF BIRTH (month, day, and year) Nov. 27, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer) at home.

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER George M. Ermold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Catherine E. Bender

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Frederick E. Hilton

(Address) 2308 Annabel Ave

15 Filed ——— 19— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1931. to April 9, 1931.

that I last saw her alive on April 7, 1931

and that death occurred, on the date stated above, at 9:20 a.m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(duration) 4 yrs. mns. ds.

CONTRIBUTORY (Secondary) cardiac insufficiency

(duratinn) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? usual tests.

(Signed) George A. Kripp, M. D.

4/9, 1931 (Address) 3030 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Apr. 11 1931

20 UNDERTAKER A. B. Cook

ADDRESS 1003 West Baltimore St.

H. C. JONES, M. D.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67633

CERTIFICATE OF DEATH

E 67633

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Washington Boulevard ST., 23-31 WARD

2-FULL NAME Viola Rouser (Rouzzer)

(a) RESIDENCE NO 1007 Plum Alley ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) ?? 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) G. Gy Co. Md.

PARENTS

10 NAME OF FATHER John Childs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sadie Burley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Martha Thomas

(Address) 1114 Oline St.

15 Filed ... 192 ... Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry & autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(duration) yrs. mos ds.

CONTRIBUTORY — (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Stomach contents

(Signed) Guy F. Cromwell, M. D. Coroner

4/9, 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Furnace Branch	4/10 1931

20 UNDERTAKER Samuel Brumley & Son ADDRESS 578 N. Eutaw

(Instructions on back of certificates.)

Spec.—8-16-29—L. F. S.—100 Blks.

E 67634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-005 E 67634

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1933 Edmondson Ave. 15 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Lyden

(a) RESIDENCE NO. 1933 Edmondson Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Lyden

6 DATE OF BIRTH (month, day, and year) Feb 15, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	2*	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Lyden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Thomas W. Lyden

(Address) 1933 Edmondson Ave.

15 Filed —— 19— C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to April 7, 1931, that I last saw h alive on April 8, 1931, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Cellulitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & lab.

(Signed) Isidor L. Levy, M. D.

April 1931 (Address) 2324 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL 4/11 1931

20 UNDERTAKER L. Vernon Lemmon.

ADDRESS 4011 Park Heights

Spec.—9-30—A. A Co.—250 Blks

E 67635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67635

46

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 712 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Amend

(a) RESIDENCE NO. 839 N. Luzerne ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Male	White	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Orderly 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER ~~Deceased~~ Joseph Amend

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Deceased

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment Records (Address)

15 [illegible] 1931 C. H[illegible]SON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to April 8th, 1931

that I last saw him alive on April 8th, 1931

and that death occurred, on the date stated above, at 10:35 A.m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of March 30 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological report.

(Signed) David L Reese M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 11 1931

20 UNDERTAKER: Frank V. Petrone — ADDRESS: 2815 E. Baltimore St

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

E 67636

REGISTERED NO. E 67636

1.-PLACE OF DEATH

CITY OF BALTIMORE: No. 1131 Sharp. ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Erlin Dingle

(a) RESIDENCE NO. 1131 Sharp ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 5 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Erlin Dingle

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.

12 MAIDEN NAME OF MOTHER Classy Ballot

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D. C.

14 Informant Classy Ballot
(Address) 1131 S. Sharp Street

15 Filed . 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr. 9 . 1931 . to . 19 .

that I last saw him alive on Apr. 9 . 1931 .

and that death occurred, on the date stated above, at 6:00 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W. S. Taylor M. D.

. 19 (Address) 152 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cemetery	4/10 1931
UNDERTAKER Walter B. Sprigg	ADDRESS 184 W. Hamburg St.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67637

CERTIFICATE OF DEATH

50

E 67637

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 1425 Jackson - St. 24-33 WARD

2 FULL NAME Mary Elizabeth Hilditch

(a) RESIDENCE NO 1425 Jackson - St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard

6 DATE OF BIRTH (month, day, and year) Sept 24-1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER France & Farth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Kate Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Howard Hilditch

(Address) 425 Jackson St

15 Date received APR 10 1931 J. H. J. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 27.28. 1928 to Mch 28 1931

that I last saw her alive on Mch 28. 1931

and that death occurred, on the date stated above, at 7-35 P.M.

The CAUSE OF DEATH* was as follows:

Primary- Carcinoma of Breast Spreading Throughout system.

about (duration) 3 yrs. — mos. 12 ds.

CONTRIBUTORY (Secondary) Toxemia & Exhaustion.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In Country

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. P. Strang M. D.

, 19 (Address) 506 Hamburg St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL April 1 1931

20 UNDERTAKER H. W. Cook ADDRESS 121 E. Pratt

J. H. J. JONES, M. D.

Cor.—10-10-29—A Co.—100 Bks.

67638

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 67638

CERTIFICATE OF DEATH

93-004

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital St., 16-68 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Hughes Rowe.

(a) RESIDENCE NO. 2735 Winchester St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, XXXXXXXXXXX HUSBAND of XXXXXXXX Bessie Hoover Rowe.

6 DATE OF BIRTH (month, day, and year) October 13, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	64	5	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Expressman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia.
(State or country)

PARENTS

10 NAME OF FATHER William H. Rowe.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Virginia Stubblefield.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

14 Informant Bessie Hoover Rowe. (wife)
(Address) 2735 Winchester St.

15 [illegible] Registrar

APR 10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration)

18 Where was disease contracted If not at place of death? Camden & Charles St. April 9, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. A. Reinhardt, M. D.

4/10 1931 (Address) 1017 E. Chadles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL April 1931

20 UNDERTAKER Wm. J. Tschudy Sons

ADDRESS North & Pa

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67639

CERTIFICATE OF DEATH

131 E 67639

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S. Paca ST. 72-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Peter Piechaitis

(a) RESIDENCE NO. 521 S. Paca ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Unknown- Piechaitis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown- Lithuania

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: Catherine Cartavitch

(Address): 521 So. paca . St

15 Filed ... 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-9-31

17 I HEREBY CERTIFY, That I attended deceased from 3-24-31, 19, to 4-9-31, 19, that I last saw him alive on 4-9-31, 19, and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and Arterio-sclerosis.

(duration) No. of years mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical sings of death

(Signed) I. R. Bronushas, M. D.

(Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	4/11/31 19

20 UNDERTAKER: Chas B Kuchauskas

ADDRESS: 637 S Paca St

101931

1-30—M. & T.—100 B—50L

E 67640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67640

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3024 Brighton St. ST., 15-56 WARD)

2-FULL NAME James O. McGlone

(a) RESIDENCE NO 3119 Hyslie Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Estelle M. Gurry

6 DATE OF BIRTH (month, day, and year) Sept. 9, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	7	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman for florist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John McGlone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Maloney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Ellen McGlone
(Address) 3119 Hyslie Ave.

15 Filed ..... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ... yrs. Sudden mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ... M. D. (Coroner)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL April 11 1931

20 UNDERTAKER Martin Fahey & Sons

ADDRESS 1827 W. North Ave

0 1931

HENRY R. WILKINSON JONES, M. D.

Spec.—12-6-28—A Co.—200 Blks.

E 67641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67641

CERTIFICATE OF DEATH. 122-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home and Infirmary St. 6-11 Yard)

2-FULL NAME Mrs Mame Hearne

(a) RESIDENCE NO. 3942 E Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Georg Hearne

6 DATE OF BIRTH (month, day, and year): aug 28 - 1895

7 AGE: Years 35 Months 8 Days 11 10 — IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): City
(State or country): Frankfort Germany

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Tyrone Pa

12 MAIDEN NAME OF MOTHER: Stella Russman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Pennsylvania

14 Informant: John Geo. Hearne
(Address): 3942 E. Monument

15 Filed OCT 10 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-5-31, to 4-8-31, that I last saw her alive on 4-8-31, and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH* was as follows:
Multiple perforations of intestines with Subphrenic Abscess and General Peritonitis c Hemorrhage from into intestines the less death (duration) about 21 days.

CONTRIBUTORY (Secondary) Intestinal obstruction, Chronic adhesions (duration) unknown

18 Where was disease contracted if not at place of death? place unknown
Did an operation precede death? yes Date of 2-7-31
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy + Operation
(Signed) Asa E. Hillard, M. D.
19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial 4/13/31

20 UNDERTAKER: John A. Moran — ADDRESS 3000 E. Balto St.

very important. See instructions on back of certificates. Give Statement of OCCUPATION in

1-30—M & T.—100 B—50L

E 67642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-203

E 67642

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp ST. 16-37 WARD)

2-FULL NAME Wm L Vogler

(a) RESIDENCE NO. Middle River Rd. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ely R. Stickel

6 DATE OF BIRTH (month, day, and year) 12/28/1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clk
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Vogler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Marg. Lemupp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant William Vogler Jr. (Address) Middle River Md

15 Filed 10 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck by which he was riding in head on collision with another head on.

(H) CONTRIBUTORY (Secondary) (duration) Hack Strike Deprived yrs. mos. ds.

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Eastern Ave Rd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. D. Frame M. D.
Coroner

Jy 9 1931 (Address) 29 39th & Elderly Dr

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem.	4/11/1931
20 UNDERTAKER John G Connelly	ADDRESS Essex

FROM ANY important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67643 ✓ 159 67643

REGISTERED NO.

1-PLACE OF DEATH Johns Hopkins Hospital. ST. 5-E (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2-FULL NAME Baby Matteo

(a) RESIDENCE NO. 422 East St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 3/31.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. 9 min. 20
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Serafino Matteo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Tibinello

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Johns Hopkins Hospital.

15 Filed 1 0 1931 C. HAMPSON JONES, M. D., Registrar. Reg. No. 1923 AFR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 4/31.

17 I HEREBY CERTIFY, That I attended deceased from 1-3-, 1931, to 1-4-, 1931

that I last saw him alive on 1-4-, 1931

and that death occurred, on the date stated above, at 9 m. a m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ed. H. Harrison M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL.

DATE OF BURIAL: APR 10 1931

20 UNDERTAKER: Commissioner Health. per Wm. B. Woodall

ADDRESS

TION is very important. See instructions on back of certificates. Exact statement of OCCUPA- ...ay be properly classified.

1-30—M. & T.—100 B—50L

E 67644

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 67644

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 22-30 WARD

2-FULL NAME Lucian E. Slate

(a) RESIDENCE NO 209 W. Camden ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant U. S. A. Gp.

(Address) Fort McHenry

15 Filed ..... 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

4/10 1931 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. V. National Cem

DATE OF BURIAL 4/11/31

20 UNDERTAKER Barry & Wilson

ADDRESS 4101 Edmondson Ave

See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 67645 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67645

CERTIFICATE OF DEATH. 127

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1922 Wilkens Ave. ST. 20-28 WARD

2-FULL NAME Addie E. Gosnell

(a) RESIDENCE NO. 1922 Wilkens Ave. ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Wilfred C. Gosnell Sr.

6 DATE OF BIRTH (month, day, and year) July 27, 1876.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	12	11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Calvin B. Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louisa Rush

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mr. Wilfred C. Gosnell, Sr. 1922 Wilkens Ave.

15 Date 10/1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/8/31

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1929, to April 8, 1931, that I last saw h alive on April 8, 1931, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute cholecystitis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL April 11 19 31.

20 UNDERTAKER Harry J. Weikle, 410 Edmondson Ave.

ADDRESS

Spec.—9-30—A. & Co.—250 Blks

E 67646

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67646

CERTIFICATE OF DEATH

3-4 131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 720 S. Bond St. St. 3 WARD)

2. FULL NAME Joseph Zuchowski

(a) RESIDENCE NO 724 s. Bond St. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Labor 40

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Zuchowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Joseph Zuchowski
(Address) 1920 Gough St.

15 C. HAMPSON JONES, M. D. Registrar

APR 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1931

17

I HEREBY CERTIFY, That I attended deceased from 12/23, 1930, to 4/9, 1931

That I last saw h~~er~~ alive on ~~4/9~~ 4/9, 1931

and that death occurred, on the date stated above, at 12 30 am

The CAUSE OF DEATH* was as follows:

Mitral regurgitation, &
Chronic Cystitis Nephritis

(duration) yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia Heart failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jay D Ambrose M. D.

, 19 (Address) 1632 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	April 11 19 31
20 UNDERTAKER	ADDRESS
J. Lawrence Welsh	401 N Charles

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTMORE

CERTIFICATE OF DEATH.

13 1 E 67647

E 67647

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 745 Dolphin ST. 17-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Tucker

(a) RESIDENCE NO. 745 Dolphin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband of Rachel Tucker

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Cooking etc

(c) Name of employer: Hennrichs

9 BIRTHPLACE (city or town) (State or country): [redacted] Va

PARENTS

10 NAME OF FATHER: Daniel Tucker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Williamina Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Rachel Tucker 745 Dolphin St

15 Filed: R 1 1 1931 19 C. HILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8 1931

17 I HEREBY CERTIFY, That I attended deceased from April 7 .1931. to April 8 .1931. that I last saw him alive on April 8 .1931. and that death occurred, on the date stated above, at 9.20 p m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 0

Was there an autopsy? No

What test confirmed diagnosis? Albumen casts

(Signed) A C Stewart, M. D.

19 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 4-12 1931

UNDERTAKER: Edwin H Tradium

ADDRESS 1027 Druid Hill

FOR A FULL AND PROPER FILING of this certificate, see instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 67648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001 67648

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1801 N. Fulton Av ST.) 15 WARD.

2 FULL NAME Dorothy Graham

(a) RESIDENCE No. 1801 N. Fulton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 8 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word).
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thos E. Graham

6 DATE OF BIRTH (month, day, and year) Aug 9 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Albrecht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Theresa

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Thos E. Graham

(Address) 1801 N. Fulton Av

Filed 1 1 1931 C. HINCKLEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 9-1931

17

I HEREBY CERTIFY, That I attended deceased from 4/3/31, 19, to 4/9/31, 19

that I last saw her alive on 4/9/31, 19

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Hypertension & Arteriosclerosis.

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) W. E. Lee M. D. M. D.

4/9/31 (Address) 5912 Park Heights

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Apr. 11 1931

20 UNDERTAKER: W. J. Richardson Son — ADDRESS: Woodbury

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 67649

E 67649

1-PLACE OF DEATH — REGISTERED NO. 15761

City of BALTIMORE: (No. Maryland General Hospital) St. (If not in hospital) Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Murray Jr.

(a) RESIDENCE NO. 3501 Fairview Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Florence Murray

6 DATE OF BIRTH (month, day, and year): Dec. 1 1888

7 AGE — Years: 42 — Months: 4 — Days: 1 — IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Secretary

(b) General nature of industry, business, or establishment in which employed (or employer): Ins. Co.

(c) Name of employer

9 BIRTHPLACE (city or town): Martinsburg, W. Va.

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas A Murray

11 BIRTHPLACE OF FATHER (City or town): Phila.

(State or country): Penn.

12 MAIDEN NAME OF MOTHER: Florence Ayres

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country): Maryland.

14 Informant: Hospital Records

(Address)

15 Filed 11 1931 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 8 1931

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to April 8, 1931, that I last saw h[illegible] alive on April 8, 1931, and that death occurred, on the date stated above, at 12 midnight m.

The CAUSE OF DEATH* was as follows:

Hypertension ; cerebral hemorrhage

(duration) ? yrs. 4 mos. da.

CONTRIBUTORY (Secondary): Hemorrhage into brain, paralysis

(duration) 1 yrs. 7 mos. da.

18 Where was disease contracted

If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Findings

(Signed) Robert L. Clemmitt, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. — Date of Burial: Apr 11, 1931

20 UNDERTAKER: John O Mitchell & Sons — ADDRESS: 1900 Eutaw Place

very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 67650 B 67650 131 B 67650

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 1 Balto. Md ST. 9-Ho (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary A. Necker

(a) RESIDENCE NO. 1616 Chilton St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-14-80

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 004

(b) General nature of industry, business, or establishment in which employed (or employer) Bookkeeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER John Necker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records (Address) Balto City Hospt.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-10-31

17

I HEREBY CERTIFY, That I attended deceased from 4-4-, 1931, to 4-10-, 1931

that I last saw her alive on 4-9-, 1931

and that death occurred, on the date stated above, at 3.10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic. Hypertension (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Post mortem findings

(Signed) Wm. H. Hamill M. D.

4/10, 1931 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery | DATE OF BURIAL: Apr. 13 1931

20 UNDERTAKER: Henry Hoeck Sons Inc. | ADDRESS: 1301 E Eager St

Spec.—9-30—A. & Co.—250 Bks.

E 67651 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67651

CERTIFICATE OF DEATH.

46

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 N. Eden St. St. 10-14 WARD)

2 FULL NAME Matilda Fladung

(a) RESIDENCE NO. 1008 N. Eden St. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
(or) WIFE of The late Frederick Fladung

6 DATE OF BIRTH (month, day, and year) Feb.-4-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS
10 NAME OF FATHER: Ferdinand Mardaga
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Christina Preller
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. M. Wegner 1008 N. Eden St.

APR 11 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr.-9-1931

17
I HEREBY CERTIFY, That I attended deceased from March 19 31 to April 19 31
that I last saw h[illegible] alive on April 19 31
and that death occurred, on the date stated above, at 4.12 P. M.
The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix and Stomach ?

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? NC
Did an operation precede death? Date of
Was there an autopsy? Physical & X Ray
What test confirmed diagnosis?
(Signed) Walter E. Thomas M. D.
19 31 (Address) 1226 Mad Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer cemetery — DATE OF BURIAL: Apr.-13 1931

20 UNDERTAKER: Henry Koch & Sons Inc — ADDRESS: 1301 E Eager

1-30—M. & T.—160 B—50L

E 67652

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 67652

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 E. Biddle ST. 7-13 WARD)

2-FULL NAME Minnie Bromwell

(a) RESIDENCE NO 1528 E. Biddle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Bromwell

6 DATE OF BIRTH (month, day, and year) Oct 16/1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	25 24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Hiram Dewey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harrisburg, Pa.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Alfred Brownell (Address) 1528 E. Biddle St

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 10/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Carcinoma of Stomach

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Cotton Coroner, M. D.

4/10/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL April 13 1931

20 UNDERTAKER Henry Lutz — ADDRESS 120 N. Broadway

back of certificate.

1-30—M & T—100 3—50L

E 67653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157 003 E 67653

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 9-17 WARD)

2-FULL NAME Infant Weber

(a) RESIDENCE NO ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Parkville, Md

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 9/31

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER Carl F. Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Towson, Md.

12 MAIDEN NAME OF MOTHER Frances M. Reisz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Carl F. Weber
(Address) Parkville, Md.

APR 11 1931

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 9/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Congenital Heart & Lungs
(Imperforate Anus)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ..... Coroner, M. D.

4/10/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL April 11 1931

20 UNDERTAKER Fredrick Lassahn Sons

ADDRESS 2401 Eutaw

(Reverse side of certificate. See instructions on back)

Spec.—2-29-28—L. F. S.—500 Bks.

E 67654

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 67654

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 N. Bradford ST. 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francis M. Mannel

(a) RESIDENCE NO. 1508 N. Bradford ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence T. Mannel

6 DATE OF BIRTH (month, day, and year) April 10 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping

(b) General nature of industry, business, or establishment in which employed (or employer) Clerk

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Louis Mannel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary K. —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Florence T. Mannel

(Address) 1508 N. Bradford St.

15 Filed APR 11 1931 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10/31

17 I HEREBY CERTIFY, That I attended deceased from March 4, 1931, to April 10, 1931, that I last saw h[illegible] alive on April 10, 1931 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Victor Goldberg, M. D.

4/11, 1931 (Address) 152 W. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	4/13/31
20 UNDERTAKER Philip Herwig	ADDRESS 2016 Orleans St.

Spec.—1-30—M. & T.—250 Bks.

E 67655 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67655

CERTIFICATE OF DEATH. X 59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 1-13 ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Olga Lurio

(a) RESIDENCE NO. Lancaster Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Meyer Lurio

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	69	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Solomon Sinion

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Blanch Lurio

(Address) 2733 Madison Ave Baltimore, Md.

15 Filed 4 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-10-31

17 I HEREBY CERTIFY, That I attended deceased from 4-5-, 19 31, to 4-10, 19 31, that I last saw her alive on 4-1, 19 31, and that death occurred, on the date stated above, at 11:10 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Arteriosclerosis

Chr. Myocarditis

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary) Gangrene (rt. ft.)

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 4-7-31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. E. Goodman, M. D.

4/10 19 31 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster Pa — DATE OF BURIAL 4/12 19 31

UNDERTAKER Jack Lewis — ADDRESS 1439 E Baltimore

Spec.—1-30—M. & T.—250 Bks.

E 67656

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67656

CERTIFICATE OF DEATH.

176

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) So Balt Gen Hosp (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter J. Pitt

(a) RESIDENCE No. 6401 Banberry Road ST., Idlewylde WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Leona H. Pitt

6 DATE OF BIRTH (month, day, and year) December 2, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William D. Pitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Catherine Wortham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. Edward E. Scott

(Address) 6401 Banberry Rd., Idlewylde

15 Filed APR 1 1931 19 C. H. BROOKS JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to April 10, 1931.

that I last saw h. M alive on April 10, 1931,

and that death occurred, on the date stated above, at 12-25 a.m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Acute Cholecystitis with Stones (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 6, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. L. Sullivan M. D.

4/10, 19 31 (Address) So Baltimore Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harmony Village, Virginia

DATE OF BURIAL Apr. 12 19 31

20 UNDERTAKER H. H. Cook

ADDRESS 1003 West Baltimore St.

Stat.—2-29-28—L. F. S.—500 Blks.

E 67657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

E 67657

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Clifton Ave) (WARD) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E Myers

(a) RESIDENCE No. 2826 Clifton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John F D Myers

6 DATE OF BIRTH (month, day, and year): Jan 28 1857

7 AGE — Years: 74 — Months: 2 — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Ernest P. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Ben F Myers

(Address) 2826 Clif- Ave

15 Filed: 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 9-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1930, to April 9, 1931, that I last saw h[illegible] alive on April 8, 1931, and that death occurred, on the date stated above, at 10:50 A. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis

CONTRIBUTORY (Secondary) (duration) Angina Pectoris yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Kelly M. D.

4/9, 1931 (Address) 413 N. Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem April 11 1931

DATE OF BURIAL

20 UNDERTAKER: Wm J Stenson

ADDRESS: Lafayette

Spec.—1-12-23—M&I—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67658 — E 67658

CERTIFICATE OF DEATH.

REGISTERED NO. 108

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 931 N Duncan St. 7-12 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stanley McKay

(a) RESIDENCE NO. 931 N. Duncan ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 16-98

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
33	32	2	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stuckater

(b) General nature of industry, business, or establishment in which employed (or employer) 04 3

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Linden McKay

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co

12 MAIDEN NAME OF MOTHER Lena Bowens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Lena Bowens 931 N Duncan

15 Filed C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 10 1931

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to April 10, 1931, that I last saw him alive on April 10, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph Pokorny, M. D.

19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newbath April 13-31 — DATE OF BURIAL 19

20 UNDERTAKER for J. Wm. Son 156 — ADDRESS Fayette

Spec.—9-30—A. & Co.—250 Blks

67659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-00-2

E 67659

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2560 (St.) McCulloh (Ward) 23-54

2. FULL NAME Wm E Butler Jr

(a) RESIDENCE NO. 2560 (St.) McCulloh (Ward) .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 68 mos. 11 ds. 3 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	CR	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie E Butler

6 DATE OF BIRTH (month, day, and year) Apr 22, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm E. Butler Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Law

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant W. B. Butler (Son)
(Address) 425 N Carrollton Ave

15 Filed ..... 19 C. HILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-9-31.

17 I HEREBY CERTIFY, That I attended deceased from Oct 4, 1930, to April 9, 1931
That I last saw h... alive on April 8, 1931
and that death occurred, on the date stated above, at 4 30 a. m.
The CAUSE OF DEATH* was as follows: Cardio-Renal Disease

(duration) 6 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) B Barnes M. D.
(Address) 38 S Carrollton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery
UNDERTAKER: J. Wm. Gelsmann

DATE OF BURIAL: April 12 1931
ADDRESS 2338 Madison Ave

Spec.—9-30—A. & Co.—250 Blks

E 67660

HEALTH DEPARTMENT—CITY OF BALTIMORE

13/E 67660

CERTIFICATE OF DEATH.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. (St.) 19-27 (Ward)

2. FULL NAME Guy Lincoln

(a) RESIDENCE No. 109 W. Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steamfitter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Alfred Lincoln

11 BIRTHPLACE OF FATHER (city or town) Howard Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Seanna Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Seanna Bridges 517 W. Mulberry St

15 Filed [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-8-31

17

I HEREBY CERTIFY, That I attended deceased from 4-3-31, 19 , to 4-8-, 1931

that I last saw h alive on 4-8-31, 19

and that death occurred, on the date stated above, at 4:50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Laboratory & Clinical

(Signed) Lawrence H. Sena, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cemetery — DATE OF BURIAL: April 12 19 31

20 UNDERTAKER: Mrs. Kate R. Williams — ADDRESS 322 Schroeder St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67661

E 67661

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 1207 Bankertown Rd ST. 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank A. Tripp

(a) RESIDENCE NO. 1207 Bankertown Rd ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah K. Tripp

6 DATE OF BIRTH (month, day, and year): Aug 5 1877

7 AGE: Years 53 Months 8 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Jacob Tripp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany Md

12 MAIDEN NAME OF MOTHER: Barbara Clay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant

Address

Filed APR 11 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 10. 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1931, to Apr. 10, 1931, that I last saw him alive on Apr 10, 1931 and that death occurred, on the date stated above, at 2.20 A m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis

Bronchial Asthma (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms only

(Signed) Walter Tell, M. D.

, 19 (Address) 1701 Bennor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cemetery to cemetery	April 12, 1931
20 UNDERTAKER: Mrs Kate R. Williams	ADDRESS 322 N Schroeder St

Spec.-7-17-'6—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67662

97-001 E 67662

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 813½ W Lombard St. (Ward) 18-No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Winchester F Mason

(a) RESIDENCE NO. 813½ W Lombard St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida L Mason

6 DATE OF BIRTH (month, day, and year) Sept. 4, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	63	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Constable 8th

(b) General nature of industry, business, or establishment in which employed (or employer) Peoples' court

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Wallace

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md.

14 Informant Mrs. Ida L. Mason (Address) 813 W. Lombard St.

15 Filed APR 11 1931 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 9 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931, to Apr. 9, 1931, that I last saw him alive on April 9, 1931, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Hypostatic Pneumonia.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) C. Hampson Jones, M. D.

4/10. 1931 (Address) 888 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Loudon Park — Date of Burial April 13, 1931

20 UNDERTAKER Hurley & Co. Inc 2619 E Chase St. — ADDRESS

Properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Bks.

B 67663 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 67663

CERTIFICATE OF DEATH. 108

1 PLACE OF DEATH Provident Hosp. REGISTERED NO. 1735
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15 14 Division ST. WARD

2 FULL NAME John Henry Nathan

(a) RESIDENCE NO. 544 Pine Lee ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE — Years: 38 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): N C

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Grace Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N C

14 Informant: Henry Lee
(Address) 543 Pine Lee St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-8-31

17
I HEREBY CERTIFY, That I attended deceased from 4-7, 1931, to 4-8, 1931
that I last saw him alive on 4-8, 1931
and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Dr. George McDonald M. D.
4-9. 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W National Ct — DATE OF BURIAL: 4/13/31

20 UNDERTAKER: Isaiah L Brown — ADDRESS: 1014 Montgomery St

APR 11 19

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67664

CERTIFICATE OF DEATH.

161-001 E 67664

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital ST. W. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Girl Molter

(a) RESIDENCE NO. Glenburnie Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 hours & 5 min. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: None

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years — Months — Days — If LESS than 1 day, 4 hrs. & 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Nelson J. Molter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pikesville Md.

12 MAIDEN NAME OF MOTHER: Mary Rose Lord

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Nelson J. Molter Glenburnie Md

15 Filed 4-11-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 11, 1931.

17

I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1931, to Apr 11, 1931

that I last saw her alive on Apr. 11, 1931

and that death occurred, on the date stated above, at 2:00 a.m.

The CAUSE OF DEATH* was as follows:

Atelectasis

4 hours & 5 minutes
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mercy Hospital

Did an operation precede death? No Date of None

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Signs Only.

(Signed) Edward P. Smith M. D.

4/11, 1931 (Address) 920 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Apr. 13 1931

20 UNDERTAKER: John J. Henry — ADDRESS: 715 Light St

Cor.—10-10-29—A Co.—100 Bks.

E 67665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 67665

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hospital St. 4-20 Ward)

2-FULL NAME Wm Monroe Brown

(a) RESIDENCE NO. Harmon H A Colored St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred years mos. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: Lula

6 DATE OF BIRTH (month, day, and year): 1897

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: H A Colored

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Rueben Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emma Price

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Reuben Brown Harmon H A Colored

15 Filed 1929 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 21 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Hoffrich M. D.

(Address) Harmon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dr Martin Lee	April 24
20 UNDERTAKER	ADDRESS
Samuel Hunday	Dr Calhe

important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Spec.—1-12-23—M&T—500 Blks.

E 67666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 67666

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1313 W. Lanvale St. (Ward) 6-23

2-FULL NAME Wm. Clay

(a) RESIDENCE NO. 1313 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of: Ada

6 DATE OF BIRTH (month, day, and year): ? 1866

7 AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs. Ada Clay 1313 W. Lanvale St

15 Filed [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 8 1931

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to Apr. 8, 1931, that I last saw h— alive on Apr. 8, 1931, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

Indefinite

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Garland Greville M. D.

Apr. 10, 1931 (Address) 1534 - Dulaney Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 4/11/1931

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill Ave

11 1931

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67667 46 E 67667

CERTIFICATE OF DEATH.

REGISTERED NO. 8466

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lily Heacock

(a) RESIDENCE NO. 5211 Windsor Mill Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles L Heacock

6 DATE OF BIRTH (month, day, and year) Feb 19-1872.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Merrittsville Highland Md.

PARENTS

10 NAME OF FATHER John H. Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md.

12 MAIDEN NAME OF MOTHER Makalia W. Woodward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Charles L. Heacock
(Address) 5211 Windsor Mill Road

15 Filed 1931 C. HAMPSON JONES M.D. Registrar

11 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/11 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/3 1931, to 4/11 1931,

that I last saw h er alive on 4/11 1931,

and that death occurred, on the date stated above, at 4 9 m.

The CAUSE OF DEATH* was as follows:

Malignancy of Stomach (Carcinoma)

(duration) unknown mos ds.

CONTRIBUTORY (Secondary) Chronic Myocardial degeneration & failure (duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Ashman, M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery — DATE OF BURIAL April 19 1931

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E. Eager St.

Spec.—1-30—M. & T.—250 Blks

E 67668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1931 E 67668

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 W. Highfield Road ST., 12-49 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Henry Goldsmith

(a) RESIDENCE NO. 2 W. Highfield Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Agnes Howard Kemp

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	1	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Miss.

PARENTS

10 NAME OF FATHER Robert Henry Goldsmith

11 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Not obtainable

12 MAIDEN NAME OF MOTHER Hannah Lewis

13 BIRTHPLACE OF MOTHER (city or town) ------ (State or country) Not obtainable

14 Informant Mrs. Agnes K. Goldsmith (Address) 2 W. Highfield Road

15 Filed APR 11 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1931 to April 9, 1931 that I last saw him alive on April 9, 1931 and that death occurred, on the date stated above, at 11:20 m.

The CAUSE OF DEATH* was as follows: Terminal Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocarditis, Arteriosclerosis

(duration) several yrs. mos years ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Theodore N. Morris M. D.

, 19 (Address) 1013 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	4/13 19 31
UNDERTAKER Landrey & Myers & Son	ADDRESS 805 N. Calvert

Spec.—9-30—A. & Co.—250 Blks.

67669

HEALTH DEPARTMENT—CITY OF BALTIMORE

67669

CERTIFICATE OF DEATH.

94-001

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Anna Friez St. 1-3 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME 505 S. Luzerne Ave.

(a) RESIDENCE NO. (Usual place of abode) St. Ward
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1839 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Poland

PARENTS
10 NAME OF FATHER Jacob Jakabuski
11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Poland
12 MAIDEN NAME OF MOTHER ?
13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Poland

14 Informant Records of
(Address) Balto. City Hosp.

15 Date Received APR 11 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-10-31

17
I HEREBY CERTIFY, That I attended deceased from 8-24-28, 19, to 4-10-31, 19
that I last saw her alive on 4-10-31, 19
and that death occurred, on the date stated above, at 10:45 A. m.
The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? hours
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.
4-10-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem, DATE OF BURIAL Apr. 13 1931,

20 UNDERTAKER M. F. Sadowski, ADDRESS 1740 Eastern Ave

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67670 CERTIFICATE OF DEATH. X 176 E 67670

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Ruby B. Gries

(a) RESIDENCE No. Owings Mills Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Walter Gries

6 DATE OF BIRTH (month, day, and year) Nov 21, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	4	22 30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Isaac Pulliam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER — Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Donald Cofield Reisterstown Md.

15 Filed 1.2.1931 H. HANCOCK JONES, Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1931

17

I HEREBY CERTIFY, That I attended deceased from April 9 , 19 31 , to April 11 , 19 31

that I last saw h alive on April 11 , 19 31

and that death occurred, on the date stated above, at 11:20 a m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis & Acute Peritonitis operated on on April 9th.

Symptoms one day.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia post operative (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At hospital.

Did an operation precede death? Yes Date of April 9th

Was there an autopsy? No Name of Physician

What test confirmed diagnosis? Operation & Laboratory findings

(Signed) Henry Schmidt M. D.

, 19 (Address) Reisterstown, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ward's Chapel — DATE OF BURIAL: April 13 31

20 UNDERTAKER: Chas. Cook — ADDRESS: 1st Pul & Preston

Cor.—10-10-29—A Co.—100 5½.

E 67672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 93-004

E 67671

1-PLACE OF DEATH Pronounced dead at The

City of Baltimore: (No. South Baltimore General Hospital. St., 6-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anthony Alston.(C)

(a) RESIDENCE NO. 14 N.Bond St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Married

3a If married, HUSBAND of Lillian B.Alston.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina.
(State or country)

PARENTS

10 NAME OF FATHER Jerry Alston.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Mary A.Harris.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina.

14 Informant Robert G.Harris.(C) uncle.
(Address) 14 N.Bond St.

Date APR 12 1931 C. HIMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiat Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What (est confirmed diagnosis? Inquiry

(Signed) Otto Hoffenkamp, M. D.

4/11 1931 (Address) 101b E?Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dorlinna N C	4/12/31

20 UNDERTAKER Robt F. Williams ADDRESS 1515 McElderry St

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

1-30— & T.—100 B—50L

E 67672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140 E 67672

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkens & Caton Aves ST. 70-71 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Audrey Williams

(a) RESIDENCE NO. 130 S. Collins Ave. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Turner

6 DATE OF BIRTH (month, day, and year) Nov. 20, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	4	2019	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): ——
(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country) Morrisville Va.

PARENTS

10 NAME OF FATHER P. J. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Morrisville Va

12 MAIDEN NAME OF MOTHER Emma Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Libaty Va

14 Informant Turner Williams

(Address) 130 Collins Ave.

17 12 1931 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Incomplete Abortion - self induced

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4/9/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

4/11 1931 (Address) 203 Patapsco Ave. Brooklyn Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morrisville Va

DATE OF BURIAL 4/12 1931

20 UNDERTAKER Frederick A. Cole

ADDRESS 1200 W. Fombard St

From is very important! See instructions on back of certificates.

Spec.—2-20-28—L. F. S.—500 Blks.

E 67673

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

E 67673

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1714 E. 28th. St. ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ira Bishop

(a) RESIDENCE NO. 1714 E. 28th. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia N. Bishop

6 DATE OF BIRTH (month, day, and year) Aug. 10, 1870.

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	60	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George W. Bishop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Gaskins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant

(Address) 1714 E. 28th. St.

15 [illegible] 12 1931

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 ~ 1931

17 I HEREBY CERTIFY, That I attended deceased from July 11 ~ 1928, to April 10 ~ 1931, that I last saw him alive on " 10 ~ 1931 and that death occurred, on the date stated above, at 4:35 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Uncertain (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ~~~

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~~~

Did an operation precede death? No Date of ~~~

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fanby, M. D.

4/11/1931 (Address) 1423 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem.	Apr. 13 1931
20 UNDERTAKER	ADDRESS
Wm. E. Black	927 N. Broadway

Spec.—9-30—A. & Co.—250 Blks

Allen 2. Rear pow & Pros

67674 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67674

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3205 Brotman. (St.) 15-67 (Ward) 31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rebecca. M. Bruns.

(a) RESIDENCE NO. 3205 Brotman. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

6a If married, widowed or divorced HUSBAND of (or) WIFE of: John. F Bruns.

6 DATE OF BIRTH (month, day, and year): DEC 8th 1835

7 AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
95	4	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Herman Rudecke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not. Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant (Address): Mrs. Mary-R. Kerfman 3205 Brotman St

15 Filed 2 1931, 19 Registrar: 1 K H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 10/31

17 I HEREBY CERTIFY, That I attended deceased from Apr 5 1930, to Apr 10 1931

that I last saw her alive on Apr 10 1931

and that death occurred, on the date stated above, at 10-15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 5 yrs. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ellen F. Long M. D.

4/14/31 Address 805 E. Preston St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Pauls. Dickeyville

DATE OF BURIAL: 4-13 1931

20 UNDERTAKER: Chas A Y Rehde 2327 Edmondson Ave

ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

E 67675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

43-E 67675

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2901 Winchester St 16-67 (Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sofelia J Frankfoster

(a) RESIDENCE NO 2901 Winchester St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced
~~(or) HUSBAND of~~
(or) WIFE of Shellman Frankfoster

6 DATE OF BIRTH (month, day, and year) March 7-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	72	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John W Culp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Dorothy Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Shellman Frankfoster
(Address) 2901 Winchester St

15 1 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 10/31

17

I HEREBY CERTIFY, That I attended deceased from July 4 , 1930 , to Apr 10 , 1931

that I last saw h~~e~~r alive on Apr 7 , 1931

and that death occurred, on the date stated above, at 10.45 a m.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) WS Niblett M. D.

April 1931 (Address) 2220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hampstead Md	Apr 13 1931

20 UNDERTAKER Edw C Tipton ADDRESS Hampstead Md

1-30—M. & T.—100 B—501.

E 67676

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67676

CERTIFICATE OF DEATH

REGISTERED NO. 26-427

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Charles Oehm

(a) RESIDENCE NO. 4213 Parkmont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 26/29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER C. H. Oehm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Bertha Bechenheim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant C.H.Oehm
(Address) 4213 Parkmont Ave

15 Filed 12 1931 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 10/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Measles two weeks ago

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

4/11/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn April	4-31 19
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

Spec.—1-12-23—M&T—500 Blks.

E 67677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67677

REGISTERED NO. X 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp ST. 16-68 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Exmire

(a) RESIDENCE NO. Woodlawn, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albertina Exmire

6 DATE OF BIRTH (month, day, and year) November 24, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	17 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Exmire

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Eugene Sellman

(Address) Woodlawn, Md.

15 Filed 1931 . 19 Registrar

F. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/11/31 19

17 I HEREBY CERTIFY, That I attended deceased from 3/10 .19 31. to 4/11 .19 31.

that I last saw h[illegible] alive on 4/11 .19 31.

and that death occurred, on the date stated above, at 3.15 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(unresolved)

(duration) yrs. mos 32 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray.

(Signed) H. Gahnun . M. D.

4/11. 1931 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olive Cemetery, Rosslyn

DATE OF BURIAL Apr. 13 19 31

UNDERTAKER Joseph B Cook

ADDRESS 1005 East Baltimore St

1-20—M & T —100 B—501.

E 67678

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 67678

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 10-37 WARD)

2-FULL NAME Alexander Snyder

(a) RESIDENCE NO. 3500 E Fairmount ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 16 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Bernard Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lost Knew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Kate Buntrock

(Address) 2719 Fleet St

15 Date APR 2 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 10 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) Broken Compensation (duration) yrs. 1 mos. 1 day ds.

(duration) yrs. 1/2 mos. 1 day ds.

18 Where was disease contracted if not at place of death? 3500 E Fairmount

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) J C Gladden, M. D. Coroner

, 19 (Address) 473 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bloom Carmel

DATE OF BURIAL Apr 13 19 31

20 UNDERTAKER John Ulrich

ADDRESS 2008 Aliceanna

(Fold) (See instructions on back of certificates. This is very important)

Spec.—9-30—A. & Co.—250 Blks (Benzemen)

E 67679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67679

46

REGISTERED NO.

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE. (No 5-8 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Benjamin Kalin

(a) RESIDENCE NO. 1014 E. Fayette ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Business

(b) General nature of industry, business, or establishment in which employed (or employer) 643

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Kalin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lena

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abraham Kalin
(Address) 1016 Granby St.

Date received APR 12 1931 C. HAMPSON JONES, M. D., Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 31

17

I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to April 12, 1931

That I last saw h[illegible] alive on April 12, 1931

and that death occurred, on the date stated above, at 1230 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

Diabetes Mellitus

Chronic Myocarditis

(duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Saul Altman M. D.

April 12 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rozedale Cem. — DATE OF BURIAL April 12 1931

20 UNDERTAKER S. Fenner Bro — ADDRESS 1127 E Baltimore St

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67680

CERTIFICATE OF DEATH

E 67680

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. 27-24 (WARD)

2. FULL NAME Eva Taylor.

(a) RESIDENCE NO. 331 South Fremont Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. Taylor

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	—	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md

PARENTS
10 NAME OF FATHER J B Johnson
11 BIRTHPLACE OF FATHER (city or town) Calvert Co
(State or country) Md
12 MAIDEN NAME OF MOTHER Louisa M Dorsey
13 BIRTHPLACE OF MOTHER (city or town) Calvert Co
(State or country) Md

14 Informant
(Address) 331 S Fremont Ave

15 Filed 19 Registrar

12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1931

17
I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to April 12, 1931
that I last saw her alive on April 12, 1931
and that death occurred, on the date stated above, at 1 AM
The CAUSE OF DEATH* was as follows:
Tuberculosis of mast (staphylococcus) one month ago. now subsiding.

(duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary) Right sided emphysema (Stafylococ) Myocardial insufficiency yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? yes Date of April 7.
Was there an autopsy? Yes
What test confirmed diagnosis?

(Signed) R F Nydegger M. D.
4/12, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. John's Calvert Co Md — DATE OF BURIAL 4, 14, 1931

20 UNDERTAKER E H & B Parker — ADDRESS Prince St

Spec.—9-30—A. & Co.—250 Blks.

3706 Liberty Hgts.

E 67681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67681

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2207 Pelham Av ST.) (WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John E. Lindenberger

(a) RESIDENCE NO. 2207 Pelham av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~late Wife~~ Cornelia E.

6 DATE OF BIRTH (month, day, and year): July 30/81

7 AGE: Years 49 | Months 8 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Drug clerk

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City, Md.

PARENTS

10 NAME OF FATHER: Henry Lindenberger

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Katherine

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md.

14 Informant: Cornelia E. Lindenberger (Address) 2207 Pelham av

15 Filed: 12 1931 G. HAMPSON JONES, M. D. Registrar

No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 10/31

17:

I HEREBY CERTIFY, That I attended deceased from Jan 31 to April 10 1931

that I last saw him alive on April 10th 31 12 M.

and that death occurred, on the date stated above, at 12 15 P. M.

The CAUSE OF DEATH* was as follows:

Acute Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Acute Bright (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Howard C. Silver M. D.

. 19 (Address) 3706 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk

DATE OF BURIAL: 4/12 19 31

20 UNDERTAKER: Philip Herring

ADDRESS: 2016 Orleans St

Spec.—9-30—A. & Co.—250 Blks.

E 67682

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67682

CERTIFICATE OF DEATH.

94-002

1 PLACE OF DEATH Baltimore City Hospitals 76-27

CITY OF BALTIMORE: (No ... St. ... WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Theodore Gesinger

(a) RESIDENCE NO none ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 57 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Morgan Mitchell

9 BIRTHPLACE (city or town) (State or country) ? Germany

PARENTS
10 NAME OF FATHER Joseph Geringer
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Caroline Wel[illegible]
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records of Balto. City Hosp.

15 [illegible] 12 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-11-31

17
I HEREBY CERTIFY, That I attended deceased from 11-30-20, 19..., to 4-11-31, 19...
that I last saw him alive on 4-11-31, 19...
and that death occurred, on the date stated above, at 4:30 A.m.
The CAUSE OF DEATH* was as follows:

Coronary occlusion

(duration) ... yrs. ... mos. 1 ds.
CONTRIBUTORY (Secondary) ... Arteriosclerosis
(duration) 12 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 1. Hospital 2. Home
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padget, M. D.
4-11, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's (Hampden) DATE OF BURIAL 4/13/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks.

E 67683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 67683

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Mc Cabe Ave 27-48 WARD)

2 FULL NAME Lillian G. Burbage

(a) RESIDENCE NO. 505 Mc Cabe Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Landon W. Burbage

6 DATE OF BIRTH (month, day, and year) Jan. 16. 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Thomas A. Gilmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Staunton Va.

12 MAIDEN NAME OF MOTHER L. A. Clarke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) Landon W. Burbage 505 Mc Cabe Ave.

15 Filed APR 4 1931, 19 . M. . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to April 10, 1931

that I last saw her alive on April 10, 1931

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Int. Nephritis

Ch. Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) D. W. Bishop M. D.

4/11, 1931 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL 4/13 1931

20 UNDERTAKER C. Kerman Lenman

ADDRESS 461 Park Heights Ave

Spec.—9-30—A. & Co.—250 Blks

E 67684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67684

71-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1317-Hillman Street ST. 9-18 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Engelbrecht

(a) RESIDENCE NO. 1317-Hillman Street ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 50 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine(Glindmeyer)

6 DATE OF BIRTH (month, day, and year) 6/30/1858

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	9	10	XXXXX

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheetmetal Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Catherine Engelbrecht
(Address) 1317-Hillman Street

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 10/31.

17
I HEREBY CERTIFY, That I attended deceased from Feb 27, 19 31, to Apr. 10, 19 31
that I last saw h.. alive on Apr 10, 19 31
and that death occurred, on the date stated above, at 1 p. m.
The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure (due to)
Pernicious Anemia.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Blood Tests.

(Signed) C. H. Meyer Jr. M. D.
4/11/31 (Address) 1500 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL 4/13/31

20 (Signature) George J. Engelbrecht

ADDRESS 1317 Hillman St

1-30—M & T.—100 B—53L

E 67685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓ E 67685

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH: Pronounced dead at St. Joseph Hospital

CITY OF BALTIMORE: (No. ..... ST., 9-18 WARD)

2-FULL NAME: John Joseph Coogan, Jr

(a) RESIDENCE NO 1131 E. North Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23/1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	9	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Joseph Coogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Rose C. McNally

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary A. McAllister

(Address) 1131 E. North Ave

Filed 2 1931 C. HAMPSON JONES, M. D. Registrar

No. 868

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Lobar Pneuminia

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? History DR. Street

(Signed) ..... Coroner, M. D.

4/11/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Vincent Cem

DATE OF BURIAL 4/14/1931

20 UNDERTAKER George J. Roth Inc

ADDRESS 1331 Hoffman

Instructions on back of certificate.

E 67686

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-00 E 67686

REGISTERED NO. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2873 St Paul ST. 17-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Mary Rebecca Hughes

(Residence in Baltimore: No. 2823 S. Paul St.: 91 yrs. 7 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: Sept 9, 1839 (Month) (Day) (Year)

7 AGE: 91 yrs. 7 mos. 1 ds. | If LESS than 1 day, — hrs. or — min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None

9 BIRTHPLACE (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Augustus J Sivers

11 BIRTHPLACE OF FATHER (State or country): Fredericksburg Va.

12 MAIDEN NAME OF MOTHER: Emily M. Bayley

13 BIRTHPLACE OF MOTHER (State or country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. J. Hughes (son)

(Address) 2823 St Paul St

15 12 1931 . 191 . C. HAMPSON JONES, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 10 (Day), 1931 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Several Years 191 . to. April 9 1931.
that I saw h er alive on April 9 . 1931.
and that death occurred, on the date stated above, at 12 5th m.
The CAUSE OF DEATH* was as follows:

Organic Heart Disease
Several Years .
(Duration) yrs. mos. ds

Contributory (SECONDARY) Bronchitis
(Duration) About 3 yrs. mos. ds.

(Signed). Henry Ch. Bayley M. D.
April 10 . 1931 (Address) 2805 N. Calvert St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

	yrs.	mos.	ds.		yrs.	mos.	ds.
At place of death	—	—	—	In the State	—	—	—
Where was disease contracted, if not at place of death?	—	—	—		—	—	—
Former or usual residence	—	—	—		—	—	—

19 PLACE OF BURIAL OR REMOVAL: Druid Hill Cemetery — DATE OF BURIAL: 4/13 .1931

20 UNDERTAKER: Frank Horn Co — ADDRESS: Balto Md

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67687.

46 E 67687.

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2912 Shirey Ave ST. 27-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Jane McWilliams

(a) RESIDENCE NO. 2912 Shirey Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

a If married, widowed, or ~~XXXXXX~~ (or) WIFE of John E. McWilliams

6 DATE OF BIRTH (month, day, and year) Nov. 9. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Q At home

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

PARENTS

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co Md.

12 MAIDEN NAME OF MOTHER Mary Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

14 Informant Mrs Bessie Klehm

(Address) 2912 Shirey Ave.

15 Filed 12 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10.1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1928 to April 10 1931.

that I last saw h~~er~~ alive on April 10 1931

and that death occurred, on the date stated above, at 5.00 P m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) T. K. Gordy M. D.

4-11 1931 (Address) Harford & Overland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 4-12 1931

20 UNDERTAKER Hughes Jones Inc

ADDRESS 424 N. Broadway

Spec.—1-30—M. & T.—250 Bks.

E 67688

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67688

92-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Baker ST. 16-67 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick George Breyer,

(a) RESIDENCE NO. 3017 Brighton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Abigail E.Breyer,

6 DATE OF BIRTH (month, day, and year) Sept.20.1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Towson Md.

PARENTS

10 NAME OF FATHER Louis Breyer,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ernestine Schlagel,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germeny

14 Informant Mrs Abigail E. Breyer (Address) 3006 Baker St

Filed 12 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 11 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan- 12, 1931 to Apr 11- 1931, that I last saw him alive on Apr 11- 1931, and that death occurred, on the date stated above, at 6-10 A.M.

The CAUSE OF DEATH* was as follows: Arterio-Sclerosis, general and coronary, with Chronic Valvular Mitral disease. (duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocardial degeneration and Angina Pectoris (duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) H. Blue Hale, M. D.

(Address) 3217 Towson Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem

DATE OF BURIAL APR 14 1931

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 67689

CERTIFICATE OF DEATH

E 67689

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Arlington Ave ST. Forest 25-72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Edna Klunk

(a) RESIDENCE NO. 1708 Spence St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

If married, widowed, or divorced (or) Husband of: Chas. A. Klunk (deceased)

6 DATE OF BIRTH (month, day, and year): Dec 26-1879

7 AGE: Years 51 Months 3 Days 17/16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cashier

(b) General nature of industry, business, or establishment in which employed (or employer): Hotel Dining Room

(c) Name of employer: Lord Balto. Hotel Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm. H. Kolb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Emma V. Hume

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Jac. L. Klunk

(Address) 801 Arlington Ave

15 Filed APR 14 1931, 19 Registrar

HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 12/1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 19, 1931, to Apr. 12, 1931, that I last saw her alive on Apr. 8, 1931 and that death occurred, on the date stated above, at 3:00 A. m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroid & Myocarditis

Uterine Hemorrhage (duration) Not Known yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation (duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Mar 23/31

Was there an autopsy? no.

What test confirmed diagnosis? Microscopical

(Signed) Edward S. Smith, M. D.

4/12, 1931 (Address) 920 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine

DATE OF BURIAL: April 15 1931

20 UNDERTAKER: Geo W Little

ADDRESS 2700 Edmondson Ave

Spec.—1-10-21—M&T—1500 Blks.

667690 HEALTH DEPARTMENT—CITY OF BALTIMORE 667690

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2404 Harlem St. (Ward) 26

2-FULL NAME Sophie Leipold

(a) RESIDENCE NO. 2404 Harlem St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Leipold

6 DATE OF BIRTH (month, day, and year) Aug 1 1875

7 AGE: Years 55 | Months 8 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Adam Leipold (Address) 2404 Harlem St.

15 Filed APR 13 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11-1931.

17 I HEREBY CERTIFY, That I attended deceased from Apr. 9th 1931, to April 11th 1931.

that I last saw her alive on Apr. 11-1931.

and that death occurred, on the date stated above, at 12:05 a. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(this attack) (duration) — — 6 ds.

CONTRIBUTORY (Secondary) Asthma (duration) This attack — 6 ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of ^

Was there an autopsy? No.

What test confirmed diagnosis? Nothing special.

(Signed) D. M. Hoffman, M. D.

4/11/1931 (Address) 2500 Garrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. | DATE OF BURIAL: Apr 14 1931

20 UNDERTAKER: Jos Joerdens Son | ADDRESS: 2178 E.

THIS IS very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks

245881

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67691

CERTIFICATE OF DEATH

24 E 67691

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St. 10-14 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Ware

(a) RESIDENCE NO. 920 Asquith St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July-18-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	22 21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Eddie Ware

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Car

12 MAIDEN NAME OF MOTHER Rosie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N Car

14 Informant Records
(Address)

15 Filed 13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9-31

17
I HEREBY CERTIFY, That I attended deceased from Feb-25, 1931, to Apr 9, 1931
that I last saw him alive on Apr 9, 1931
and that death occurred, on the date stated above, at 10 P m.
The CAUSE OF DEATH* was as follows:

TBC Meningitis

(duration) yrs. mos 1 6 ds.

CONTRIBUTORY (Secondary) Mastoiditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis?

(Signed) C. C. Goodwin M. D.
4/9/1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson's cem.
DATE OF BURIAL: 4-13 1931

20 UNDERTAKER: Byrom & Knight 1218 McElderry St
ADDRESS

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67692 (1) 106-001 ✓ E 67692

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 27-44 WARD)

2-FULL NAME William H. Wrightson

(a) RESIDENCE NO. 4508 Arabia Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 26/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	16 17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Edwin P. Wrightson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Florence B. Barr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Edwin P. Wrightson
(Address) 4508 Arabia Ave

15 Filed APR 13 1931 C. HAMPSON JONES, M. D. Registrar
Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 12/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchitis (Primary)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of .....
Was there an autopsy? no
What test confirmed diagnosis? .....

(Signed) J. B. Weems, M. D.
Coroner
4/15/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Apr. 13 1931

20 UNDERTAKER Wm. C. Black ADDRESS 427 N Broadway

Spec.—9-30—A. & Co.—250 Blks.

67693 HEALTH DEPARTMENT—CITY OF BALTIMORE 67693

247325

CERTIFICATE OF DEATH. X 34 E

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Buna

(a) RESIDENCE NO. 820 N. St. Spariows Point. Md
(Usual place of abode) ST. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Buna

6 DATE OF BIRTH (month, day, and year) Dec 25 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	19	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 10 0?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Saml Buna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Carrie Jeffries

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant ... Records
(Address) JOHNS HOPKINS HOSPITAL

15 [illegible] 19 [illegible] 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 10 1931

17

I HEREBY CERTIFY, That I attended deceased from April 5, 19 31, to April 10, 19 31

that I last saw h[illegible] alive on April 10, 19 31

and that death occurred, on the date stated above, at 12 15 p m.

The CAUSE OF DEATH* was as follows:

Unknown -
Reaction to Neoarsphenamine.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Granuloma Cervix

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Path. Exam.

(Signed) Theo B Raiford M. D.

19 (Address) J. H. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. DATE OF BURIAL Apr. 14 1931

20 UNDERTAKER Clarence H. Johnson ADDRESS 416 N. Carolin[illegible] St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 67694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

E 67694

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 410 East Randall St. Ward 34)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Stanislaus O'Donnell

(a) RESIDENCE NO. 410 East Randall ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie McCall

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk for City

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salem New Jersey

PARENTS

10 NAME OF FATHER Wm O'Donnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah McElvihill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs F. O'Donnell

(Address) 410 E Randall St

15 Filed [illegible] 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10. 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb 5, 1930, to April 10, 1931, that I last saw him alive on April 10, 1931, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows: Multiple Sclerosis, myocarditis, Chronic nephritis, Diabetes Mellitus. Cerebral Thrombosis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary oedema (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis: Physical Examination

(Signed) J. Edward Norris, M. D.

4.10, 1931 (Address) 107 East West street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	4/14 1931
20 UNDERTAKER	ADDRESS
John J Raley Son	1318 Light St

Spec.—1-30—M. & T.—250 Blks.

E 67695 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67695

CERTIFICATE OF DEATH.

REGISTERED NO. 9v

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St. 15-59 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carol Crouer

(a) RESIDENCE NO. 2902 Reisterstown Road St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 28, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Louis Crouer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mildred Rambaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

14 Informant Mrs Louis Crouer

(Address) 2902 Reisterstown Road

15 Filed 3 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 12, 1931, that I last saw her alive on April 12, 1931, and that death occurred, on the date stated above, at 5 55 p m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. 1 mos 30 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron B Tull, M. D.

4/12 1931 (Address) Sydenham Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 4/13 1931

20 UNDERTAKER Jack Louis

ADDRESS 1439 Eutaw St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67696

CERTIFICATE OF DEATH

23 E 67696

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 502 S Belnord ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Waszkiewicz

(a) RESIDENCE NO. 502 S Belnord Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a If married, widowed, or divorced WIFE of (or) HUSBAND of

6 DATE OF BIRTH (month, day, and year) [illegible] 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Michael Waszkiewicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Maryan Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Vincent Waszkiewicz

(Address) 502 S Belnord ave

15 Filed [illegible], 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12-1931

17 I HEREBY CERTIFY, That I attended deceased from January 1st, 1931, to April 11, 1931, that I last saw h[illegible] alive on April 11, 1931 and that death occurred, on the date stated above, at 10:00 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) R L Long, M. D.

4/13, 1931 (Address) 2711 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	April 14 1931
20 UNDERTAKER	ADDRESS
John J Duda	2811 Hudson St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67697

CERTIFICATE OF DEATH

152 E 67697

1—PLACE OF DEATH Md General Hospital — REGISTERED NO. 25-11

CITY OF BALTIMORE: (No. ____ ST. ____ WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Reno E Snyder

(a) RESIDENCE NO. 3026 Remington Ave ST. ____ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. ____ mos. ____ ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia E Snyder

6 DATE OF BIRTH (month, day, and year) Oct 17-1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W. Mowld living Balto Maryland.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Frank Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Liza Davidson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Mrs. E. Reno (Address)

15 Filed ____ 19 ____ C. HAMPSON JONES, M. D. Registrar

131931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1931, to April 11, 1931, that I last saw him alive on April 11 - 31, and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Streptococci Sept. Mia with multiple metastatic abscesses - 7 ds

(duration) ____ yrs. ____ mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 4-11-31

Was there an autopsy? no

What test confirmed diagnosis? Laboratory findings

(Signed) James A Miller, M. D.

, 19 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	April 7 1931
20 UNDERTAKER Chunowet & Son	ADDRESS 1315 Eutaw Pl

Spec.—9-30—A. & Co.—250 Blks

4615-5

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67698

CERTIFICATE OF DEATH

56-E 67698

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL S. 13-51 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Vivian Ford

(a) RESIDENCE NO. 3121 Chestnut Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if not foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Jane —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records
(Address)

3 1931 C. HAMPSON JONES, M. D.
(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 31

17

I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to April 11, 1931

that I last saw her alive on April 11, 1931

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Fever

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cortical Decompensation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of?

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) Dan'l E. Kuttner M. D.

, 19 (Address) Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	April 17 19 31
20 UNDERTAKER Chenowith Son	ADDRESS 3615 Chestnut Ave

Spec.—8-16-29—L. F. S.—100 Blks.

E 67699

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67699

CERTIFICATE OF DEATH

1—PLACE OF DEATH Good Shephard Hospital REGISTERED NO. 137

CITY OF BALTIMORE: (No. ____ ST. 1725 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Wright

(a) RESIDENCE NO. 539 Lambert ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ____ mos. ____ da. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	A. A.	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) unk.

7 AGE	Years	Months	Days	10 If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unk

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unk

14 Informant L. Wright
(Address) 539 Lambert st.

15 Filed 13 1931, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10/31

17 I HEREBY CERTIFY, That I attended deceased from 4/2, 1931, to 4/10, 1931, that I last saw h in alive on 4/10, 1931 and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis
Chr. Nephritis

(duration) 1 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) uremia (duration) ____ yrs. ____ mos. 2 ds.

18 Where was disease contrartrd if not at place of death? unk

Did an aperation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

, 19 (Address) Good Shephard Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
ont Auburn	April 13 1931
20 UNDERTAKER Thomas C Kelson	ADDRESS 1303 Pressman St

Spec.—9-30—A & Co.—250 Blks

E 67700 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23 E 67700

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals (T. B.) REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Matthews

(a) RESIDENCE NO. 2430 Madison st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Matthews

6 DATE OF BIRTH (month, day, and year) Aug. 24, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	37	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Shadyside Maryland

PARENTS

10 NAME OF FATHER: Charles Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Missouri ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Hospital Records

15 [illegible] 13 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 10, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 9, 1930, to April 10, 1931

that I last saw him alive on April 10, 1931

and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) yrs. 10½ mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Lewis M. D.

4-10-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Old Labrary

DATE OF BURIAL: April 13 31

20 UNDERTAKER: Thomas E Kelson

ADDRESS: 1303 Dresstmore st

Spec.—1-30—M. & T.—250 Bks.

E 67701 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67701

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH St. Agnes Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Wilkens & Caton Aves ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Agnata E. Burney

(a) RESIDENCE No. 153 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Dr Thomas Burney

6 DATE OF BIRTH (month, day, and year) May 10 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Maryland

PARENTS

10 NAME OF FATHER Basil M. Duvall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co. Md.

12 MAIDEN NAME OF MOTHER Delilah Duvall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince George Co Md

14 Informant Mrs Kathryn Ellicott (Address) 1407 Eastern Place

15 Filed 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 17 31

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1931, to April 12, 1931, that I last saw h er alive on April 12, 1931, and that death occurred, on the date stated above, at 1.20 A. M.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broken Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Hyman S Grafman, M. D.

, 19 (Address) St A. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL April 14 31

20 UNDERTAKER Chas. G. Black — ADDRESS 742 W. North Ave

1-30—M. & T.—100 B—50L

E 67702

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67702

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hosp ST. 26-41 WARD

2-FULL NAME Ralph Bor Jr

(a) RESIDENCE NO. 317 Berkshire Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/30/1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Ralph Bor Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Ebba Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Ebba Bor

(Address) 317 Berkshire Road

15 [illegible] 1931 C. HARRISON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows: Struck & knocked down by auto after he fell from bicycle he was riding

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Harford Rd nr Erdman

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) A J Braun, M. D. Coroner

4/11, 1931 (Address) 929 N Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL apr 13 1931

20 UNDERTAKER Mrs Nes John W Templeton Son

ADDRESS 801 W Fayette

(See instructions on back of certificates.)

Spec.—9-30—A. & Co.—250 Blks

E 67703

E 67703 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67703

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No 13-52 St. WARD)

REGISTERED NO. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Gustaf Thamburg

(a) RESIDENCE No 901 W 40th St. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec 6 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65.	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self employed

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Mrs Edith I. Smith

(Address) 901 W. 40 St

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/12/31

17

I HEREBY CERTIFY, That I attended deceased from 4/5/31, 19 , to 4/12/31, 19

that I last saw him alive on 4/12/31, 19

and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cardiac decompensation

Chronic nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute myocardial failure

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) Henry D. Curril M. D.

4/12 19 31 (Address) Lansing Mich.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden	4/14 19 31

20 UNDERTAKER Walter Davis 34-18 Greenmount Ave

ADDRESS

Spec.—9 30—A. & Co.—250 Bks.

67098 67704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 1 E 001 67704

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL ST. 13-57 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ada Schaffer nee Vat 3102 Chestnut ave

(a) RESIDENCE NO. 3704 Hickory ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter

6 DATE OF BIRTH (month, day, and year): Aug 8 1891

7 AGE: Years 39 Months 8 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliz Winnart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address): JOHNS HOPKINS HOSPITAL

BURIAL PERMIT ISSUED: APR 13 1931 By: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April-12-1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 3, 1931, to Apr 12, 1931

that I last saw her alive on Apr 12, 1931

and that death occurred, on the date stated above, at 12 10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) yrs. mos. 1 mo ds.

CONTRIBUTORY (Secondary): Phlebitis femoralis sinistra

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/3/31

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Robert F. Frank M. D.

4/13/1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hastonsburg Md Friedens Lutheran Church

DATE OF BURIAL: April 14 1931

20 UNDERTAKER: J. Walter Davis

ADDRESS: 3418 Chestnut Ave

Spec.—9-30—A. & Co.—250 Blks.

Susan Barrett

E 67705 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67705

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1436 N. Lanvale St 11-24 WARD)

2 FULL NAME Susan Barrett

(a) RESIDENCE NO 168 Baldwin St — ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced, HUSBAND of (or WIFE of): John H. Barrett

6 DATE OF BIRTH (month, day, and year): Jan 4 1863

7 AGE: Years 68 | Months 1 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country): Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Thomas Barrett 1436 N. Lanvale St

15 [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12 1931

17:

I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to April 12, 1931, that I last saw h[illegible] alive on April 12, 1931, and that death occurred, on the date stated above, at 12,57 P. M.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Bittenger M. D.

19 (Address) 8 W Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 4/14 1931

20 UNDERTAKER: Daniel Easton — ADDRESS: Paca

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67706 (REGISTERED NO.)

E 67706

1-PLACE OF DEATH

City of Baltimore: (No.) Md Gen Hosp (Ward) 17-24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 572 Greenmount Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: Col | 5 Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Grace.

6 DATE OF BIRTH (month, day, and year): Nov 24 - 1892

7 AGE: Years 38 | Months 4 | Days 16 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Norfolk Va

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): [illegible]

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant (Address): Grace Woodard 589 Tessie St

15 Filed ..... 19.. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 22 1924

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide beating on head with Brick. Fractured Skull.

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. 3 mos. dys.

18 Where was disease contracted if not at place of death? 572 Greenmount Ave

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. Leslie Kolb M. D.

Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W.L. Auburn — DATE OF BURIAL: 6/13 1924

20 UNDERTAKER: Samuel Easton — ADDRESS: Reno

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67707

CERTIFICATE OF DEATH

E 67707.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1115 Madison St.) (Ward) 21

2-FULL NAME Chas A Williams

(a) RESIDENCE No. 1115 Madison St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Mal	Col	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernice

6 DATE OF BIRTH (month, day, and year) 1888-Dec 12

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42	3	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Sidney Williams

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Bernice Williams
(Address) 1115 Madison Ave

15 Filed 1-31 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Few hours

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Jno C Telfair M. D.

(Address) Boarded

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 1931
Mt Auburn Cem	4/13
20 UNDERTAKER Samuel Stanley & Bro	ADDRESS

important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67708 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67708

CERTIFICATE OF DEATH

108

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1327 (St.) Argyle Ave (Ward) 24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Calvin Butler

(a) RESIDENCE NO. 1327 (St.) Argyle Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1907

7 AGE: Years 24; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Kent Co Md

PARENTS

10 NAME OF FATHER: Alex. Handy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ella Handy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant: Ella Butler

(Address) 1327 Argyle Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): April 10 31

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to April 10, 1931

That I last saw h.. alive on April 10 9 A m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? His home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John Epstein M. D.

4/13, 1931 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 4/13, 1931

20 UNDERTAKER: Samuel D. Stansbury — ADDRESS: Balto

APR 13 1931 C. Harrison Lewis M.

Spec.—9-30—A. & Co.—250 Bks.

B 67709 HEALTH DEPARTMENT—CITY OF BALTIMORE B 67709

CERTIFICATE OF DEATH.

94-04

1. PLACE OF DEATH

CITY OF BALTIMORE, (No.) Mercy Hospital (St.) 27-44-2 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME James P. H. Quinlin

(a) RESIDENCE NO. 2813 (Usual place of abode) Woodland Ave ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	7 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

8a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Quinlin

6 DATE OF BIRTH (month, day, and year) Feb 1st 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gallon Machine Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Quinlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary R. Perdue.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co.

14 Informant (Address) Mrs Emma L. Quinlin 2813 Woodland Ave

15 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/11/31

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1931 to April 11, 1931

that I last saw h[illegible] alive on April 11, 1931

and that death occurred, on the date stated above, at 5.45 p. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings & history

(Signed) G. Brown Pilcher M. D.

4/14, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Park Cemetery DATE OF BURIAL. April 14 1931

20 UNDERTAKER Leitmann & Love ADDRESS 1723 W. Lafayette Ave

Spec.—1-30—M. & T.—250 Blks.

E 67710

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67710

CERTIFICATE OF DEATH.

53

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N. Pine ST. 4-Ha (WARD)

2-FULL NAME Mollie Ella Hill

(a) RESIDENCE NO. 202 N. Pine ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (Husband) of or) WIFE of Harry E Hill

6 DATE OF BIRTH (month, day, and year) April 24, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Ella Nolan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Lottie Pitheriff

(Address) 202 N Pine St

15 Filed Apr 2 1931 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 27, 1931 to April 10th, 1931, that I last saw her alive on April 10, 1931, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Osteosarcoma (hip)

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? N. J.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab Tests

(Signed) Maurice Symmers M. D.

. 19 (Address) 2225 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Apr 13 1931

20 UNDERTAKER George A Smith — ADDRESS 1532 Hollins

Spec.—9-30—A. & Co.—250 Bks

E 07702 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07713

CERTIFICATE OF DEATH.

32-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) 16-23 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Angeline Goddard

(a) RESIDENCE No. 1117 N Gilmor St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: f

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-28-29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Chauncey Goddard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Pearl Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Interment (Address) Records

Apr 3 1931 . 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10 1931

17

I HEREBY CERTIFY, That I attended deceased from April 4 . 1931 . to April 10 . 1931

that I last saw her alive on April 10 . 1931

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Miliary Tb

4 weeks
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. C. Goodwin M. D.

Apr. 13 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Apr 13 1931

20 UNDERTAKER: Sam'l N. Crane & Son — ADDRESS: 638 N Gilmor

Spec.—9-30—A. & Co.—250 Blks.

E 67712

HEALTH DEPARTMENT—CITY OF BALTIMORE

VE 67712

CERTIFICATE OF DEATH

20-28-31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 W. Baltimore, ST. WARD)

2 FULL NAME William D. Morris

(a) RESIDENCE No. 2011 W. Baltimore, ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna M. Morris

6 DATE OF BIRTH (month, day, and year) 4/5/1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mail Carrier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Andrew J. Morris

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Scott

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Interment Walter F. Morris
(Address) 2011 W. Baltimore St.

15 Filed 13 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/14/31

17

I HEREBY CERTIFY, That I attended deceased from April 1 1931 to April 14 1931

that I last saw him alive on April 11 1931

and that death occurred, on the date stated above, at 11 40 m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis Coronary Sclerosis
Contributory Pulmonary Edema
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Norris C. Nitch M. D.

(Address) 2151 Allendale Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cathedral DATE OF BURIAL 4/14 1931

20 UNDERTAKER Frederick A. Cole ADDRESS 1280 W. Fayette St.

Spmr.—9-30—A. A. Co.—250 Blks

E 67713 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67713

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 Quantico ST. 15-58 WARD 46

2 FULL NAME Rebecca Weiner

(a) RESIDENCE NO. 2629 Quantico ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	widow

5a If married, widowed or divorced WIFE of (or) HUSBAND of Albert Weiner

6 DATE OF BIRTH (month, day, and year) 3-15-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Interment (Address) Harry Goldberg 1444 E Balt St

15 Filed 1 3 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/13/31

17 I HEREBY CERTIFY, That I attended deceased from Jan, 19 31, to Apr. 13, 19 31

that I last saw h alive on Apr. 12, 19 31

and that death occurred, on the date stated above, at 1—10 a m

The CAUSE OF DEATH* was as follows:

Malignant growth of right upper abdomen involving liver and bile ducts.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 192 Patterson Pk ave

Did an operation precede death? yes Date of Mar 31

Was there an autopsy? no

What test confirmed diagnosis? Operation, laboratory & chemical

(Signed) A. Fleis M. D.

Apr. 19 31 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: North Point Cemetery — DATE OF BURIAL: 4/15/31

20 UNDERTAKER: Jack Levin — ADDRESS: 1439 E Balt St

Duplicate for certificates. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Bks.

67714 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-32E 67714

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1318 Holbrook St. 9-18 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anna K. Waldner

(a) RESIDENCE No 1318 Holbrook ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred About 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, Widowed, ~~or Divorced~~. (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Late Charles H. Waldner

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE: Years: About 59 Yrs. Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Wm. Zink

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mrs. George Waldner
(Address): 1318 Holbrook St.

15 Filed ..., 19..
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1931

17

I HEREBY CERTIFY, That I attended deceased from April 10th 1931 to April 11th 1931

that I last saw h CR alive on April 11th 1931

and that death occurred, on the date stated above, at 10.40 P.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-Vascular Disease (Chronic)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia + Coronal Fracture
36 Hrs. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Alex Allsenbrook M. D.

(Address) 713 Hoffman ST

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — DATE OF BURIAL: April 15 1931

20 UNDERTAKER: Henry Hoeck & Sons Inc. — ADDRESS: 1301 E. Eager St

HARRISON JONES, M. D.

1931

NRA

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-80 E 67715

67715

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2321 Whittier ave ST. 13-59 WARD)

2-FULL NAME Yetta Lappin

(a) RESIDENCE NO. 2321 Whittier ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. 30 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~(If Married)~~ of
(or) WIFE of Israel

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Isaac Sacks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bessie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant M. R. Greenspon

(Address) 2321 Whittier ave

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

Fee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12. 1931

17

I HEREBY CERTIFY, That I attended deceased from June, 1927, to April 12, 1931

that I last saw h alive on April 12, 1931

and that death occurred, on the date stated above, at 11:40 m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Lebenstein M. D.

. 19 (Address) 180 Eutaw Place

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Washington Rd	April 13 1931
20 UNDERTAKER C. S. Levinson Bro	ADDRESS 112 N Eutaw Balto Md

Spec.—9-30—A. & Co.—250 Blks.

E 67716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

133 E 67716

1-PLACE OF DEATH Coroner - Clinic - 9-26

CITY OF BALTIMORE: (No. St. Joseph's Hospital - St. (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Brandenberg

(a) RESIDENCE NO. 316 N. Carey Sts - ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single -

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 15-1916

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs or ___ min.
	14	7	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Raymond Brandenburg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Goldie Willis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Brandenburg 316 N. Carey

15 Filed ____, 19__ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-12-31

17
I HEREBY CERTIFY, That I attended deceased from March 21st, 1931, to April 12th, 1931.
that I last saw him alive on April 12th, 1931
and that death occurred, on the date stated above, at 2:PM m.

The CAUSE OF DEATH* was as follows:

Carbuncle of neck
Peritonsilitic abscess
Bronchio Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Leukemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of 3/24/31
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) W. B. Anderson M. D.
(Address) 1501 Jasper Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dodas Hill Cem.
UNDERTAKER: J. Fen McCully

DATE OF BURIAL 4/15 1931
ADDRESS 130 E. Fort

Spec.—1-30—M. & T.—250 Bks.

E 67717

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 67717

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Forest St.; St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Fallon

(a) RESIDENCE NO. 1006 Forest st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Fallon

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 73 yrs				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Conroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Henry Smith

(Address) 1006 Forest st

15 Filed APR 11 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1931, to Apr 11, 1931,

that I last saw h alive on Apr 9, 1931,

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Oedema of Lungs

(duration) 4 Years yrs. mos da.

CONTRIBUTORY (Secondary) See over

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E H Hayward, M. D.

4/13, 1931 (Address) 1124 Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	April 16 31
20 UNDERTAKER	ADDRESS
Edmund W Conklin	924 Eager

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67718

CERTIFICATE OF DEATH.

X 2-10-002 V

E 67718

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospitals 26-37 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME LEONARD DYER

(a) RESIDENCE NO. 304 Colgate Ave, St. Helena, Md. Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) October 10, 1920

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	10	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St. Helena

(State or country) Maryland

PARENTS

10 NAME OF FATHER Eugene Dyer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Cook

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant (Address) Mrs. Emma Dyer (Mother) 304 Colgate Ave. St. Helena

15 Filed APR 13 1931 C. HAMPSON JONES, M. D. Registrar

Wat_____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by an auto to be again struck by another following first accident

(a) (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(Duration) yrs. mos. ds.

(Signed) H. H. Bame M. D.

(Coroner)

4/11 1931 (Address) 2939 W. Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Randallstown Md

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul's 5th Ref. Ch. Cem. Date of Burial: Apr. 13 1931

20 UNDERTAKER: Henry Sander & Sons Inc. ADDRESS: BALTIMORE ST & BROADWAY

very important. See instructions on back of certificate. PART STATEMENT OF OCCUPATION is

Spec.—9-30—A. & Co.—250 Blks.

E 67719 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

117-001 E 67719

1-PLACE OF DEATH

CITY OF BALTIMORE: (No St. Josephs Hosp, tal ST. 27-44 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Hatfield—

(a) RESIDENCE NO. (Usual place of abode) 3205 Highland ave- ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) March 82

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	23 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Thomas Hatfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sallie Zepp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Edith Thomas. (Sister)

(Address) 32[redacted] Highland Ave

15 [illegible] 1931 19 [illegible] Registrar

C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-12-31

17

I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1930, to April 12th 1931

that I last saw h i m alive on April 12th, 1931

and that death occurred, on the date stated above, at 4:30 A M

The CAUSE OF DEATH* was as follows:

Pyloric ulcer

Chronic Bronchitis & Emphysema

Chronic myocarditis —

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

B. Pulmonis. Cardiac Failure (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4-8-31

Was there an autopsy? no—

What test confirmed diagnosis? Clinical

(Signed) Robert Sando M. D.

19 (Address) St Joseph's Hosp—

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery 14

20 UNDERTAKER: Henry Sander & Sons. Inc.

DATE OF BURIAL: Apr. 1931

ADDRESS: Baltimore St. & Broadway

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 67720

CERTIFICATE OF DEATH.

93 D 67720

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 4303 Harford Rd St.) (WARD) 27-44

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Susan Foner

(a) RESIDENCE No. 4303 Harford Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jos. E. Foner

6 DATE OF BIRTH (month, day, and year) June 15-1853

7 AGE: Years 71 | Months 9 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Patrick McGrann
11 BIRTHPLACE OF FATHER (city or town) (State or country): New York U.S.A.
12 MAIDEN NAME OF MOTHER: Bridget Dunn
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs Virginia Hoyt
(Address): 3302 Hartford Rd

15 Filed 4-13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12/31

17
I HEREBY CERTIFY, That I attended deceased from June 15th 1928 to April 12th 1931
that I last saw her alive on April 11th 1931
and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) L. L. Grady M. D.
4-12 1931 (Address) Harford & Aveyland Aves

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fern Cathedral | DATE OF BURIAL: 4-15 1931

20 UNDERTAKER: Leonard J. Rusk | ADDRESS: 405 Eutaw

Spec.—9-30—A. & Co.—250 Bks.

67721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 67721

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 76-27 St. or Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John R. Springer

(a) RESIDENCE NO. none St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 10, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

PARENTS

10 NAME OF FATHER John M. Springer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cecil Co. Md.

12 MAIDEN NAME OF MOTHER Rebecka Steven

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cecil Co. Md.

14 Informant Record of
(Address) Balto. City Hosp.

15 Filed APR 13 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-11-31

17

I HEREBY CERTIFY, That I attended deceased from 4-1-13, 19..., to 4-11-31, 19...

that I last saw him alive on 4-11-31, 19...

and that death occurred, on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary) Auricular fibrillation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? In Hosp. & Hospital.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

4-11-19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL APR 13 1931 19...

20 UNDERTAKER C. Hampson Jones, Commissioner of Health

ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

67722 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67722

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals 108 REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. 17-24 WARD)

2. FULL NAME William Price

(a) RESIDENCE NO. 705½ Myrtle Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 17, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38		23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Media Co. Va.

PARENTS

10 NAME OF FATHER Cree Price

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Va.

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Va.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-10-31

17 I HEREBY CERTIFY, That I attended deceased from 4-8-31, 19..., to 4-10-31, 19...

That I last saw him alive on 4-10-31, 19...

and that death occurred, on the date stated above, at 2:05 A m.

The CAUSE OF DEATH* was as follows:

Empyema of Pleura

(duration) yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. ..... mos. 37 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical exam: lab.

(Signed) Paul Padget. M. D.

4. 11. 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem. DATE OF BURIAL 4/14/31 19...

20 UNDERTAKER Virginia Banks ADDRESS .....

UNIVERSITY OF MARYLAND
APR 13 1931
APR 13 1931
BOARD OF HEALTH
BALTIMORE, MD.

Pat. Wm. E. WOODALL

Spec.—1-30—M. & T.—250 Bks

E 67723 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67723

CERTIFICATE OF DEATH.

1-PLACE OF DEATH University Hospital REGISTERED NO. 159

CITY OF BALTIMORE: (No. Fremont & Green ST. 24-35 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Miller

(a) RESIDENCE NO. 1513 Bracon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April, 7, 1931.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Otto Andrew Miller

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth L. Oliver

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant (Address)

15 Filed ..... 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8-1931

17 I HEREBY CERTIFY, That I attended deceased from April, 7, 1931, to April, 8, 1931, that I last saw him alive on April, 8, 1931, and that death occurred, on the date stated above, at 12 [illegible] a. m.

The CAUSE OF DEATH* was as follows:

Premature baby (24 wks)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Louis H. Craig Jas, M. D.

4/13 1931 (Address) 1513 Bracon.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL APR 13 1931

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND Baltimore Health

Spec—9-30—A. & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67724

CERTIFICATE OF DEATH.

108 E 67724

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No University Hosp. St. 24-34 WARD)

2 FULL NAME Emerson Matthews

(a) RESIDENCE NO 1812 Harmon Rd ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	colored	—

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3 Mo.				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Emerson Matthews

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed APR 13 1931 C. HAMPSON JONES, Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26-31

17

I HEREBY CERTIFY, That I attended deceased from 3/23/31, 19 ..., to 3/26/31, 19 ...
that I last saw h IM alive on 3/26/31, 19 ...
and that death occurred, on the date stated above, at 2 00 P. m.

The CAUSE OF DEATH* was as follows:

lobar pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY — (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? Clin sign & symps.

(Signed) Geo. J. Snoops, Jr. M. D.

19 (Address) Univ. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

16 UNDERTAKER [illegible]

ADDRESS

APR 13 1931

Commissioner Health.

By [illegible]

Spec.—2-20-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67725 | 59 | E 67725

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Battery Ave) (Ward) 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Howard Ed. Duffey

(a) RESIDENCE NO. 1124 Battery Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 4/10/31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1 day	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John H Duffey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Florence Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: John H Duffey

(Address): 1124 Battery Ave

15 Filed ..... 19.. APR 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/10/31

17 I HEREBY CERTIFY, That I attended deceased from 4/10/31, 19.., to 4/10, 19 31,

that I last saw h... alive on 4/10, 19 31

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Brincall M. D.

4/11, 1931 (Address) 1219 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: NS HOPKINS HOSPITAL

DATE OF BURIAL: APR 13 1931

20 UNDERTAKER: Commissioner Health

ADDRESS

Spec.—8-16-29—L. P. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67726

CERTIFICATE OF DEATH

159 E 67726

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 207 E Churchill St. 32-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby girl Shores

(a) RESIDENCE NO. 207 E. Churchill ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 11, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William Barney Shores

11 BIRTHPLACE OF FATHER (city or town) (State or country): Deal's Island Maryland

12 MAIDEN NAME OF MOTHER: Ella Madelyn Raley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Somers Point Maryland

14 Informant: Mother

(Address): 207 E Churchill

15 Filed 13 1931, 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 11, 1931, that I last saw h.. alive on April 11, 1931 and that death occurred, on the date stated above, at 5-00 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Alexander Worley, M. D.

19 (Address) 1516 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dr Kohler State Board

DATE OF BURIAL: 19

20 UNDERTAKER: Dep Commissioner Health

ADDRESS

APR 11 1931

Spec.—9 30—A. & Co.—250 Blks.

67727

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67727

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 4709 Greenhill ave St. 26-41 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Gunther

(a) RESIDENCE NO 4709 Greenhill ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry W. Gunther

6 DATE OF BIRTH (month, day, and year) May 13 1858.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry W. Heinlein

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Lundgunda Hoffman

13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Germany

14 Informant Henry W. Gunther.
(Address) 4709 Greenhill ave

15 Filed APR 3 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11-1931.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1930, to April 11, 1931
that I last saw her alive on April 11, 1931
and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) JS Harlein M. D.

19 (Address) 4810 Belair Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oaklawn Cemetery	April 4 1931
20 UNDERTAKER George W. Zinkler	ADDRESS 1737 E. Eager st.

1-39—M. & T.—100 B—50L.

E 67728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67728

131

REGISTERED NO. 10-14

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1231 N. Central Ave ST. (WARD)

2-FULL NAME Carl Fickert

(a) RESIDENCE NO 1231 N. Central Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie nee Kraft

6 DATE OF BIRTH (month, day, and year) June 8/1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	9 10	19 3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Coppersmith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER xxxx Fickert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia xxxxxx

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Marie Fickert (Address) 1231 N. Central Ave

15 Filed APR 13 1931 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 11/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Prob Chr Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

4/11/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Apr 14 1931

20 UNDERTAKER Rita Riedfeld — ADDRESS 914 Green

Spec.—1-30—M. & T.—250 Bks.

E 67729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67729

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for the Women of Maryland WARD) 4-20

2. FULL NAME Evelyn Virginia Stebbing

(a) RESIDENCE NO. Port Deposit, Md. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 20 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb 12, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	24	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher 6th

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Town & School, Port Deposit, Md.

9 BIRTHPLACE (city or town) (State or country) Port Deposit Md.

PARENTS

10 NAME OF FATHER Robert L Stebbing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Port Deposit Md.

12 MAIDEN NAME OF MOTHER Dora M. Barr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Port Deposit Md.

16 Informant Dora M Stebbing

(Address) Port Deposit Md.

Filed APR 13 1931 HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to April 13, 1931,

that I last saw him alive on April 13, 1931,

and that death occurred, on the date stated above, at 2 20 P. m.

The CAUSE OF DEATH* was as follows:

I Pyelitis - 14 day duration

II Generalized septicaemia - 7 days duration

III Induced abortion

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) _____ yrs. _____ mos. 9 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? clinical evendence

(Signed) Lilian Arnold Gilbert, M. D.

, 19 (Address) Hospital for the Women of Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northeast, Md. DATE OF BURIAL Apr 16, 1931

20 UNDERTAKER Lee A. Patterson ADDRESS Perryville Md.

1-30—M. & T.—100 B—50L

67730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 67730

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 24-33 WARD

2-FULL NAME Elizabeth F. Berger

(a) RESIDENCE NO 1407 William ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Berger

6 DATE OF BIRTH (month, day, and year) June 22/1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Petty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Gallagher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant E. A. Berger
(Address) 1407 William St

15 Filed APR 13 1931 C. HAMPSON JONES, Registrar
By ....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 10/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Uremia- Chr Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ..... Coroner, M. D.

4/12/31 (Address) 508 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL April 1931

20 UNDERTAKER Margaret E. Flynn — ADDRESS 1101 Eutaw Pl.

Spec.—9-30—A. & Co.—250 Blks.

E 67733 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67733

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 19-28 WARD)

REGISTERED NO. 172-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Dean

(a) RESIDENCE NO. 1836 McHenry St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Ne.	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 27th 1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Prince Georges County Md

PARENTS

10 NAME OF FATHER Benjamin Wellett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince Georges Co Md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prince George Co Md

14 Informant (Address) Julius Dean 1836 N. Henry st

15 [illegible] 19 [illegible] Registrar

13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9 1931

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1931, to April 9th, 1931

that I last saw her alive on April 9th, 1931

and that death occurred, on the date stated above, at 7:45 p. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

Anemia & fibrillation

Myocardial insufficiency

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Strangulated hernia 5 wks ago

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home and in hosp.

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical data Operation

(Signed) Henry J. Decker M. D.

, 19 (Address) Medical Dr.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem — DATE OF BURIAL April 14th 1931

20 UNDERTAKER A Jones — ADDRESS 1115 Gilmor

C. HAMPSON JONES

Spec.—1-12-23—M&T—500 Blks.

E 67732 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 108 E 67732

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1848 Eagle ST. 19-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Smith

(a) RESIDENCE NO. 1848 Eagle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE ~~Colored~~ Colored

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Husband of Hattie Smith

6 DATE OF BIRTH (month, day, and year) Jan. 7th 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer Grunwald Packing Co Richmond Va

9 BIRTHPLACE (City or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Rubin Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Jennie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Jennie Smith (Address) 1848 Eagle St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/6 .1931. to 4/10 .1931.

that I last saw him alive on 4/10 .1931

and that death occurred, on the date stated above, at 3:10 p.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. / ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Clinical Findings

What test confirmed diagnosis? Clinical Findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL April 14th 1931

20 UNDERTAKER A. Jones

ADDRESS W. Lafayette

Spec.—2-29-25—L. F. S.—500 Blks.

E 67733 HEALTH DEPARTMENT—CITY OF BALTIMORE 186-001 ✓ E 67733

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) Md. General Hospital (St.) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benjamin Koller

(a) RESIDENCE NO. 803 Walnut Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., If foreign birth? yrs. mos. ds.

Regional Hgt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary M. Koller

6 DATE OF BIRTH (month, day, and year): Sept 14, 1775

7 AGE — Years: 55 — Months: 6 — Days: 28 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Jackson Koller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: E. A. Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co — Md.

14 Informant: Hospital records

(Address)

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12-31

17 I HEREBY CERTIFY, That I attended deceased from 2-5-, 19 31 to 4-12-, 19 31

that I last saw h[illegible] alive on 4-12-

and that death occurred, on the date stated above, at 5-30 1931 6 m.

The CAUSE OF DEATH* was as follows:

Fracture left Femur

(OTAS)

(duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs. 0 mos. ? ds.

19 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 4-9-31

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert F. Chenault, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	April 15 1931
UNDERTAKER	ADDRESS
Maggard & Flynn	1422 Eutaw Pl

1-30—M. & T.—100 B—50L

E 67734 ✓ E 67734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) 20 (WARD)

2-FULL NAME Floyd C. Cubbage

(a) RESIDENCE NO Md. School for Boys (St.) ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) July 15-1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	8	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Hancock, Md

10 NAME OF FATHER Geo. W. Cubbage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D.C.

14 Informant James A. Pratt

(Address) Md. Training School for Boys.

15 Filed APR 13 1931 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by railway train.
Accidental Death (?)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Westernport, Md

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Degrue Zeller M. D.
(Coroner)

4/13, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hancock Md — DATE OF BURIAL: Apr 15 1931

20 UNDERTAKER: George J. Smith — ADDRESS: 1532 Hollins

Please write plainly. Important. See instructions on back of certificates.

1-20—M. & T.—100 P—60L

E 67735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002 E 67735

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 70-64 WARD)

2-FULL NAME Baby Wm Sudbrink

(a) RESIDENCE NO 2528 Wilkins Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 10/31

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md,

PARENTS

10 NAME OF FATHER Wm Sudbrink

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.,Md.

12 MAIDEN NAME OF MOTHER Veronica Hicky

13 BIRTHPLACE OF MOTHER (city or town) Balto.,Md.
(State or country)

14 Informant Wm. Sudbrink
(Address) 2528 Wilkins Ave

15 Filed ..... 192 C. Burton Jones M.D. Registrar

APR 13 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr12/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage- Birth Accident

(duration) ..... yrs. ..... mos ..... ds

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. H. Waller Coroner, M. D.

4/13/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL April 14 1931

20 UNDERTAKER Wm. Hirsch S Fink

ADDRESS 2512 Wilkins

1-30—M. & T.—100 B—50L

E 67736

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001 E 67736

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp ST. 23-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hilda Hugdon

(a) RESIDENCE NO. 904 Light St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Wh	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hugdon

6 DATE OF BIRTH (month, day, and year) Mar 24 02

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29	0	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Hugo Huetner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Frank Hugdon

(Address) 924 Light St

15 Filed DEC 13 1931 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto Accident in which she was riding collided with Beacon Light overturning

(a) ..... (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Fract Skull (c)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Edmondson Ave & Fulton Ave

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. J. Travers, M. D.

Coroner

19 31 (Address) 2939 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 12/14 1931

20 UNDERTAKER E Schlosman

ADDRESS 1029 Hanover St

(Instructions for filling out certificates are printed on back of this form.)

1-30—M. & T.—100 B—60L

E 67737

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 67737

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 E Chester ST. 1-3 WARD)

2-FULL NAME Martin Piechocki

(a) RESIDENCE NO 529 E Chester ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Piechocki

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Town Laborer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Joe Piechocki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Leo Piechocki

(Address) 529 E Chester St

15 Filed APR 13 1931 19 32 Clerk ..... Registrar

C. HAMPSON JONES, M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of R Side of Throat & Lower Jaw

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) & Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Dont know

Did an operation precede death? — Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Hospital Findings

(Signed) G C Yates, M. D. Coroner

, 19 (Address) 473 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Apr 14 1931
20 UNDERTAKER: F. W. Ozazewski	ADDRESS: 1930 Eastern Ave

Spec.—9-30—A. & Co.—250 Blks

E 67738 ✓ E 67738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. x 93-003

1 PLACE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2 FULL NAME James Shepherd

(a) RESIDENCE NO. Independence Mo. ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Clara Jones Shepherd

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10 NAME OF FATHER Hugh Shepherd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Nancy Bears

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

14 Informant Records
(Address)

15 4-3-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3/31

17

I HEREBY CERTIFY, That I attended deceased from March 29, 1931, to April 3, 1931

that I last saw h[illegible] alive on April 3, 1931

and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) _____

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Missouri

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) G. Murray Fisher M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Independence Mo.	April 4 1931

20 UNDERTAKER John O. Mitchell & Sons. ADDRESS 1900 Eutaw Place

Cor.—10-10-29—A Co.—100 Bks.

E 67739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67739

1-PLACE OF DEATH

City of Baltimore: (No.) 5502 Lakewood Ave. (St.) 37 (Ward)

REGISTERED NO. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas F. Coughlin

(a) RESIDENCE NO. 5502 S Lakewood Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M.	W	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes C. Coughlin.

6 DATE OF BIRTH (month, day, and year) 6-19-71

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	59	9	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Balto City
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto Md

PARENTS

10 NAME OF FATHER Patrick Coughlin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Hutchison

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) ?

14 Informant Mrs Agnes Coughlin
(Address) 5502 S. Lakewood ave

15 [illegible] 1931 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fibroular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Norman, M. D.

4/12 1931 (Address) 7632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	4/14/31
20 UNDERTAKER John F. Moran	ADDRESS 3000 E. Balto

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 67740

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 67740

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Aged men & women's Home ST. (or) WARD)

REGISTERED NO. 11-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha J Shuman

(a) RESIDENCE NO. 822 N. Carrollton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
83				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) Old

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lillian B. Rohrbaugh

(Address) 822 N. Carrollton Ave

15 Received 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-12 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to April 12, 1931, that I last saw h alive on April 12, 1931, and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy or Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Shelley, M. D.

4/10, 1931 (Address) 1228 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 3-14 1931

20 UNDERTAKER John H. Goodwin — ADDRESS 1027 Druid Hill

Spec.—9-30—A & Co—250 Blks

E.67741 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 CE 67741

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No Bon Secours Hospital 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Grace Callow Orrison

(a) RESIDENCE NO. 2420 Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. J. Orrison

6 DATE OF BIRTH (month, day, and year) July 17 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 637

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto. Maryland

PARENTS

10 NAME OF FATHER William Callow

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sarah J. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Dr. J. Orrison (husband)

(Address) 2420 N. Calvert St.

15 DATE RECEIVED APR 14 1931, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to April 12, 1931

That I last saw her alive on April 12, 1931

and that death occurred, on the date stated above, at 7:52 P. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis Chronic

Cholelithiasis

Carcinoma of Fund Bladder not known

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? yes Date of Apr 11, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas D. Fleig Jr M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL Apr 15 1931

20 UNDERTAKER Stewart & Mimm Co

ADDRESS Balto

Spec.—9-30—A. & Co.—250 Blks.

E 67742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67742

1-PLACE OF DEATH 1116 Division St

CITY OF BALTIMORE: (No Balto my St 17-24 WARD)

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby of Emily Brittain & Jno Child

(a) RESIDENCE NO. 1116 ST. Division WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/1/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jno Child

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emily Brittain

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto. Md

14 Informant Emily Brittain

(Address) 1116 Division St

FILED 4 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/13/31

17

I HEREBY CERTIFY, That I attended deceased from 4-11-, 1931, to 4-13-, 1931

that I last saw h[illegible] alive on 4-13-, 1931

and that death occurred, on the date stated above, at 11:30 am

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 4 dy

CONTRIBUTORY (Secondary) Cold (duration) yrs. mos. 4 dy ds.

18 Where was disease contracted if not at place of death? 1116 Division

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W. B. Bo[illegible] M. D.

, 19 (Address) 1512 Pulaski

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 4/14 1931

UNDERTAKER: Samuel Hensley

ADDRESS: 578 N Bdle

Spec.—9-30—A. & Co.—250 Bks

67743 HEALTH DEPARTMENT—CITY OF BALTIMORE 67743

247208

CERTIFICATE OF DEATH. 71-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. 7-7-57 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Pearl Smith

(a) RESIDENCE NO. 2007 Cold Spring Lane ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May-18-1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Charlie Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hattie Core

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) JOHNS HOPKINS HOSP.

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10-1931

17

I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to April 10, 1931

that I last saw her alive on April 10, 1931

and that death occurred, on the date stated above, at 10-10 p m.

The CAUSE OF DEATH* was as follows:

Sickle cell anemia

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatic endocarditis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood studies

(Signed) John W. Parsons M. D.

4/12, 1931 (Address) Johns Hopkins Hospital

*State the Disease causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL April 14, 1931

20 UNDERTAKER Thomas E. Kelson.

ADDRESS 1393 Pressman St.

Spec.—9-30—A. & Co.—250 Bks.

Davis

E 67744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 vE 67744

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 24-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Davis

(a) RESIDENCE NO. 702 William ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James Davis

6 DATE OF BIRTH (month, day, and year) May 23, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	58	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Deltaville Va.

PARENTS

10 NAME OF FATHER John Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rintha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records of Balto. City Hosp.

Filed APR 4 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-12-31

17

I HEREBY CERTIFY, That I attended deceased from 3-31-31, 19 ... to 4-12-31, 19 ...

That I last saw her alive on 4-12-31, 19 ...

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) more than yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Anaemia, Secondary

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical; X-ray.

(Signed) Paul Padgett. M. D.

4-13-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Addison Parlors Middlesex Co Va

DATE OF BURIAL April 15/31 19

20 UNDERTAKER Charles L. Stearns

ADDRESS 1305 E Fort Ave

Spec.—2-29-28—1. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67745 — 92-00 — E 67745

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 11 W. Montgomery ST. 22-31 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza E. Prout

(a) RESIDENCE NO. 11 W. montgomery ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F | 4 COLOR OR RACE: C | 5 Single, Married, Widowed, or ~~Divorced~~, (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alfred Prout

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE — Years: 65 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 670
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Sam'l Talbott

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

PARENTS

14 Informant: Bertha Jones
(Address) 11 W. Montgomery

15 Filed ____, 19__ HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1931, to April 12, 1931, that I last saw h alive on April 12, 1931 and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:
Cardiac Tumor Pulmonary

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation & Symptoms

(Signed) C. H. Fowler M. D.

4/12/31 (Address) 712 S. Bond St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: Apr 16, 31

20 UNDERTAKER: Sam'l R. Chase & Son — ADDRESS: 1400 Mosher

Spec.—2-20-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67746

CERTIFICATE OF DEATH

13 E 67746

1—PLACE OF DEATH

REGISTERED NO. 16-23

CITY OF BALTIMORE: (No.) 704 N. Carrollton Ave (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah E. Perkins

(a) RESIDENCE NO. 704 N. Carrollton Ave (Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX ~~F~~

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) ~~Married~~ Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Perkins

6 DATE OF BIRTH (month, day, and year) Apr 22-60

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 670

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chestertown Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Edna Perkins

(Address) 704 N. Carrollton Ave

15 Filed 14 1931 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/11/31

17 I HEREBY CERTIFY, That I attended deceased from March 11 1931 to April 11 1931 that I last saw her alive on April 10 1931 and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

CONTRIBUTORY (Secondary) Arteriosclerosis Rheumatism (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J B Hughes M. D.

4/13 1931 (Address) 1413 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn M Auburn

DATE OF BURIAL 4-14 1931

UNDERTAKER Sam'l W. Chase Son

ADDRESS 638 N Gilmor

Spec.—9-30—A. & Co.—250 Bks.

677-17

HEALTH DEPARTMENT—CITY OF BALTIMORE

677-17

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 16-23 ST. (WARD)

REGISTERED NO 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ida Beyton

(a) RESIDENCE NO. 1320 W. Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex Co. Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Records of Balto. City Hosp.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-13-31

17

I HEREBY CERTIFY, That I attended deceased from 4-1-31, 19, to 4-13-31, 19

But I last saw her alive on 4-13-31, 19

and that death occurred, on the date stated above, at 5:55 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Town

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

4/13/31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fowler Sta Va — DATE OF BURIAL 4-15-31

20 UNDERTAKER Sam'l W. Chase & Son — ADDRESS 638 N Gilmor

Spec.—1-12-23—M&T—500 Blks.

E 67748 HEALTH DEPARTMENT—CITY OF BALTIMORE 1001 10 E 67748

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1236 E. Mad. St. (St.) 10-14 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Parker

(a) RESIDENCE No. 1236 E. Mad. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nell Parker

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	49	Mon	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Caroline Co., Va

PARENTS

10 NAME OF FATHER Marshall Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Nell Parker 1236 E. Mad. St.

APR 14 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/13 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/11, 1931, to 4/13, 1931, that I last saw h[illegible] alive on 4/12, 1931, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH was as follows*: Bronchio-Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Common Cold (Pneumonia)

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) J. P. Blakely M. D.

4/13 1931 (Address) 924 Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
asbury cemetery	April 15 1931
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans St

Spec.—9 30—A. & Co.—250 Bks

67749 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67749

CERTIFICATE OF DEATH

231

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 7-13 St. ... WARD)

2 FULL NAME James Robinson

(a) RESIDENCE NO City Jail (1021 N. Bond st.) ST. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 29, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	20	1	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER Richard Robinson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Mamie ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar
Per ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1931

17
I HEREBY CERTIFY, That I attended deceased from March 27, 19 31, to April 11, 19 31
that I last saw h in alive on April 11, 19 31
and that death occurred, on the date stated above, at 7.45 a. m.
The CAUSE OF DEATH* was as follows:
Caseous pneumonia
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY ...
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of ...
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical and autopsy
(Signed) David Lenar M. D.
4-11-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	April 14 1931
20 UNDERTAKER Edward Bryan	ADDRESS 1681 orleans st

Cor.—10-16-29—A Co.—100 Blks.

67750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 E 67750

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 320 Forrest St. St. 5-8 (Ward)

2-FULL NAME Willian Barber.(C)

(a) RESIDENCE NO. 320 Forrest St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married.

5a If married, widowed or divorced
HUSBAND of (or WIFE of) XXXXXXXXX Josephine Barber.(C)

6 DATE OF BIRTH (month, day, and year) October 15,1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	5	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Jackson, Miss.
(State or country)

PARENTS

10 NAME OF FATHER Andrew Barber.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Jackson, Miss.

12 MAIDEN NAME OF MOTHER Laura Brown.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Jackson, Miss.

14 Informant Josephine Barber.(C) wife
(Address) 320 Forrest St.

Filed APR 14 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 10, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Dr. H. Heinhardt, M. D.

4/11 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury cemetery	April 14, 31
20 UNDERTAKER Edward Bryan	ADDRESS 1631 orleans st

Important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 67751

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67751

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hos ST. 12 WARD)

2-FULL NAME Frank H Jacobs

(a) RESIDENCE NO. ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs F Jacobs

6 DATE OF BIRTH (month, day, and year) 9-10-1863 Augusta

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	68	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jas Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliz Hays

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hays Jacobs
(Address) Bel Air Md

15 Filed 4 1931, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 1st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Rib R. Chest
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Broadway Belair Md

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L E Frame, M. D.
Coroner

Apr 1st 1931 (Address) 2939 N. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rock Spring	Apr 6 1931

20 UNDERTAKER Felty & Son ADDRESS Bel Air Md
Dean & Son

1-30—M. & T.—100 B—50L

E 67752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 173 E 67752

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST. 9-17 WARD)

2-FULL NAME CLARENCE FITCH

(a) RESIDENCE NO Fitch Ave., Stemmers Run ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ mos. 1 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna B. Fitch

6 DATE OF BIRTH (month, day, and year) May 4, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Stone Mason
(c) Name of employer George Raab

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER John B. Fitch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co., Md.

12 MAIDEN NAME OF MOTHER Margaret Sippel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.Co., Md.

14 Informant Mrs. Anna B. Fitch
(Address) Stemmers Run, Md.

APR 4 1931 .. 192 .. NF 11 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11, 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage due to pistol shot of liver & intestines

Homicide

(duration) _____ yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted, if not at place of death? 1500 Frankford Ave

Did an operation precede death? no Date of

Was there an autopsy? by Dr. H.J.Maldeis

What test confirmed diagnosis?

(Signed) R. H. Kains M. D.
Coroner

4/13/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sippel Family Cemetery	Apr. 15, 1931.
20 UNDERTAKER	ADDRESS
Frederick Sasscer & Co	7401 Belair Rd

Spec.—1-30—M. & T.—250 Blks.

E 67753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67753

CERTIFICATE OF DEATH.

79-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lydenham Hospital (ST.) 16-22 (WARD)

2-FULL NAME Rebekel Savage

(a) RESIDENCE No. 1614 Harlem Av ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Jan 14, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolboy

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Frederick Savage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co., Md

12 MAIDEN NAME OF MOTHER Lillian Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co., Md

14 Informant Lillian Savage

(Address) 1614 Harlem Ave.

15 Filed 4 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1931. to April 13, 1931.

that I last saw h— alive on April 13, 1931.

and that death occurred, on the date stated above, at 5-05 A. m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis

(Pneumococcus)

(duration) 0 yrs. 0 mos 1 ds.

CONTRIBUTORY (Secondary) none

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1614 Harlem Av.

Did an operation precede death? Yes Date of Apr. 12, 1931

Was there an autopsy? Yes Craniectomy

What test confirmed diagnosis? autopsy

(Signed) L Peter Meranski, M. D.

, 19 (Address) Lydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. Long Green

DATE OF BURIAL April 15, 1931

20 UNDERTAKER John M. Johnson

ADDRESS 2228 Madison Av

Spec.—1-30—M. & T.—250 Bks

E 67754

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67754

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 N Dallas ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Braxton

(a) RESIDENCE NO. 1402 N Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced (or) WIFE of Wm? Braxton

6 DATE OF BIRTH (month, day, and year) 1877?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Abt 54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wilhom Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sophie Magine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mary Hall 1402 N Dallas St

15 Filed 4 14 1931 19 Registrar C. HAMILTON JONES, JR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1931, to April 13, 1931, that I last saw h[illegible] alive on April 12, 1931, and that death occurred, on the date stated above, at 2.15 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Parenchymatous Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency and Hypertension (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R Hyslop M. D.

4/14 1931 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL 4/[illegible] 1931

20 UNDERTAKER Edward Bryan.

ADDRESS 1630 Orleans

Spec.—1-30—M. & T.—250 Blks.

E 67755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 107-001 E 67755

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. St Agnes Hospital ST. 25-79 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Wheatley

(a) RESIDENCE NO. Glencoe Ave. Catonsville ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jul 1931

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ddd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Wheatley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Granite Md

12 MAIDEN NAME OF MOTHER Ella Burdette

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Louisdale Md

14 Informant William Wheatley (Address) Glencoe Ave Catonsville

15 Filed 4 1931 H. MADISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-13-31

17 I HEREBY CERTIFY, That I attended deceased from 4-7, 1931, to 4-13, 1931, that I last saw h alive on 4-13, 1931, and that death occurred, on the date stated above, at 2.50 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia (Right)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Cardiac Involvement

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Hjalmar S. Anderson, M. D.

4-13-31, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Catonsville Md	4-15 1931
20 UNDERTAKER	**ADDRESS**
H. B. Burdette & Son	Hyattsville

Spec—9 30—A & Co—250 11/8

HEALTH DEPARTMENT—CITY OF BALTIMORE

7756

CERTIFICATE OF DEATH.

1081

07756

1. PLACE OF DEATH

CITY OF BALTIMORE. (No 2807 Elliot St. St. 1-1 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Kahler

(a) RESIDENCE NO. 2807 Elliot St. ST. ..... WARD .....
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 52 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced
WIFE of (or) HUSBAND of Wm. Kahler

6 DATE OF BIRTH (month, day, and year) Oct. 13, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant (Address) William Kahler 2807 Elliott St.

15 Date received APR 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 12, 1931.

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1931, to April 12, 1931

that I last saw her alive on April 12, 1931

and that death occurred, on the date stated above, at 9.40 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) 1 yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace O. Tilton M. D.

4/13, 1931 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Pauls Cemetery

DATE OF BURIAL April 15 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager

Spec.—9-30—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67757. CERTIFICATE OF DEATH. 87-E 67757.

1-PLACE OF DEATH St. Joseph's Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Caroline & Aliceanna Sts.) (WARD) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida East

(a) RESIDENCE NO. 2904 Kalmyar Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert C. East

6 DATE OF BIRTH (month, day, and year) April 23 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Chas. A. Thorn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md

12 MAIDEN NAME OF MOTHER Mary Rapp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant Albert C. East
(Address) 2909 Kalmyar ave

15 Filed 4-14 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 31

17 I HEREBY CERTIFY, That I attended deceased from April 12, 19 31, to April 13, 19 31

that I last saw h[illegible] alive on April 13, 19 31

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
2 Days.

CONTRIBUTORY (Secondary) Cardiac Dilatation (duration) yrs. mos. 8 Days.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. H. Jetter M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: April 16 19 31

20 UNDERTAKER: George W. Zickler — ADDRESS: 1737 E Eager St

Spec.—9-30—A. & Co.—250 Bks.

E 67758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-661 E 67758

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 W. Baltimore St. (WARD) 19-28

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William J. Schwartz

(a) RESIDENCE NO. 627 W. Balto ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine J. Schwartz

6 DATE OF BIRTH (month, day, and year) Oct 10-1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Jr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Edward F. Schwartz 3532 Edmondson Ave

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11/31

17

I HEREBY CERTIFY, That I attended deceased from Apr 1, 1931, to Apr 11, 1931

that I last saw h[im] alive on Apr 11, 1931

and that death occurred, on the date stated above, at 8:50 a m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Cerebrum

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Loss of Reflexes.

(Signed) J. M. Diehl M. D.

Apr 13, 1931 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: April 12th 1931

(Undertaker) F. B. Wisheart ADDRESS 850 N. Bath St

4-1931 HAROLD JONES, M. D.

HPB

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67759

CERTIFICATE OF DEATH. X 23 E 67759

1. PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward) (If death occurred in a hospital or institution give name of street and number.) Reassatulla

2. FULL NAME Omerulla Rassatulla (Emetalla Rassatulla)

(a) RESIDENCE NO. "Steamship "Kedung" ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Mahomedan

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: British Seaman

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lyttet India

PARENTS

10 NAME OF FATHER: Ometalla

11 BIRTHPLACE OF FATHER (city or town) (State or country): India

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): India

14 Informant: Records of British Consul.
(Address) U.S. Equitable Bldg

15 Filed 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 12, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 12, 1931

that I last saw him alive on April 12, 1931

and that death occurred, on the date stated above, at 10 00 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bilat. Pulmonary Tbc.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) George J. Draops, Jr. M. D.

4/13, 1931 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cem. DATE OF BURIAL: Apr 14 1931

20 UNDERTAKER: Edith B Cook ADDRESS: 1003 N. Eutaw St.

Spec.—9-30—A. & Co.—250 Blks.

67760

HEALTH DEPARTMENT—CITY OF BALTIMORE

67760

CERTIFICATE OF DEATH.

18-26 23

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 855 Vine St. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edgar Daphney

(a) RESIDENCE NO 855 Vine St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pearl Daphney

6 DATE OF BIRTH (month, day, and year) Dec. 17, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	38	3	24 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Gas and Elec. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hunting Hill Montgomery Co., Md.

PARENTS

10 NAME OF FATHER John Daphney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pr.Geo. Co. Md.

12 MAIDEN NAME OF MOTHER Janie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pr.Geo.Co. Md.

14 Informant (Address) Pearl Daphney 855 Vine St.

15 Date Received APR 14 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 11, 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1930, to April 11, 1931

that I last saw him alive on April 11, 1931

and that death occurred, on the date stated above, at 9:35 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 5 mos. 14 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter J. Jackson M. D.

, 19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cemetery

DATE OF BURIAL: April 14 1931

UNDERTAKER: Mrs Lulu R. Williams

ADDRESS 3224 Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks.

E 67761

E 67761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No.) 1512 Gilmore ST. 19-28 WARD

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rebecca Stevenson

(a) RESIDENCE No. 537 Vincent ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fmale	Negro	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Stevenson

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hanover Va.

PARENTS

10 NAME OF FATHER Jno Bryant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rebecca ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Jennie Hampton

(Address) 537 Vincent.

15 Filed [illegible] 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11/31

17

I HEREBY CERTIFY, That I attended deceased from April 10 1931 to April 1931

that I last saw h alive on April 11 1931

and that death occurred, on the date stated above, at 11.55 Pm

The CAUSE OF DEATH* was as follows:

Chron Myocarditis

(duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia 6 mo

(duration) yr. mos. ds.

18 Where was disease contracted if not at place of death? Gallbladder

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 1512 Gilmore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

20 UNDERTAKER Mrs. Katie R. Williams

DATE OF BURIAL April 15, 1931

ADDRESS 322 N Schroeder St

Cor.—10-10-29—A Co.—100 Bks.

E 67762

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67762

CERTIFICATE OF DEATH

186-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. West State Hosp. St. 70-27 Ward)

2-FULL NAME Richard C. Morgan

(a) RESIDENCE NO. 2014 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Divorced

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 17 1889

7 AGE: Years 41 | Months 9 10 | Days 1 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Weaver.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Martinsburg W Va
(State or country)

PARENTS

10 NAME OF FATHER Isaac Moran

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary McCabe

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant (Address) Edw. L. Morgan 2318 Eastern Ave

15 Filed [illegible] 19 31 Registrar [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to [illegible] on the day stated above.

The CAUSE OF DEATH* was as follows:

Fell on Curb Accident
Fractured Skull
Cerebral Hemorrhage
Duration Hours

CONTRIBUTORY (Secondary) Duration yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fell on Curb, Liberty St.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Leitch Coroner, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Martinsburg W. Va

DATE OF BURIAL: 4/15 1931

20 UNDERTAKER: Robert J Brooks & Son

ADDRESS: Catherine Hollins

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 67763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 86

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount St. Joseph's College ST. 330 WARD 70)

2-FULL NAME Stephen Koerber

(a) RESIDENCE NO Mount St. Joseph's College ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	26 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: American Brother
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Bavaria, Germany

PARENTS

10 NAME OF FATHER Joseph Koerber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria, Germany

12 MAIDEN NAME OF MOTHER Hehn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bavaria, Germany

14 Informant Brother Vincent, C. J. X.

(Address) Mount St. Joseph's College

15 Filed 1931 192 Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Paralysis following fall from 3rd floor window — Accidental.

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Guy N. Cromwell, M. D. Coroner

4/14 1931 (Address) 203 Patapsco Ave., Brooklyn Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cemetery

DATE OF BURIAL April 14 1931

20 UNDERTAKER J. H. Krause & Son

ADDRESS 703 Hanover St

Spec.—0-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67764

CERTIFICATE OF DEATH.

93-[illegible] E 67764

REGISTERED NO.

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23-21 ST. WARD)

2. FULL NAME Leonard Lyons

(a) RESIDENCE NO. 210 W. Hamburg ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Walter Swindell

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER John Lyons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Liza Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Date Received 4 14 1931 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-9-31

17

I HEREBY CERTIFY, That I attended deceased from 11-13-19, 19, to 4-9-31, 19

that I last saw him alive on 4-9-31, 19

and that death occurred, on the date stated above, at 4:50 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chyonic

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumania

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

4-10 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery

20 UNDERTAKER Walter B Spriggs

DATE OF BURIAL 4/14 19 31

ADDRESS 334 Hamburg St.

G. HAMILTON JONES, M. D.

AKH

Spec.—1-10-21—M&T—1500 Blks.

E 67765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67765

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1406 N. Charles ST. 17-54 WARD)

2-FULL NAME Bridget Connor

(a) RESIDENCE NO. 1406 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Michl Connor

6 DATE OF BIRTH (month, day, and year): Apr 12 1848

7 AGE — Years: 82 Months: 5 Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Fagan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Virginia L. Connor 1406 N. Charles St

15 14 1931 .19 A.M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 31 .1931. to Apr 12 .1931.

that I last saw her alive on Apr 12 .1931.

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Bronchitis, Arteriosclerosis

& dilatation of Heart

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchitis Arteriosclerosis & dilatation of Heart

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) B. F. Cheney, M. D.

.19 (Address) Depot Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethesda Cemetery

DATE OF BURIAL: 4/15 1931

20 UNDERTAKER: Chas. E. Brace & Son

ADDRESS: Md Royal Line

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67766

CERTIFICATE OF DEATH.

E 67766

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden ham Hospital ST. 8-12 WARD)

2-FULL NAME Albertay Virginia Butler

(a) RESIDENCE No. 1214 Lugano Av. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female (female)

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) May 5, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Allen Butler.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Catherine Lichtleter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Allen Butler 1214 Lugano Av.

15 [illegible] APR 14 1931 C. HAMPTON JONES, M. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 12, 19 31, to April 13, 19 31, that I last saw her alive on April 13, 19 31, and that death occurred, on the date stated above, at 9 30 pm m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 0 mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 6 ds.

18 Where was disease contracted if not at place of death? 1214 Lugano Av.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) L. Petry Meaneke, M. D.

, 19 (Address) Lyden ham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Detrick, Virginia — DATE OF BURIAL April 19 31

20 UNDERTAKER Easton Sons — ADDRESS Ellicott City

Spec.—9-30—A. & Co.—250 Blks

246954

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67767 — X 134 E 67767

CERTIFICATE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2 FULL NAME Wm Lee Aldwell

(a) RESIDENCE NO. Sonora - Texas ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Unknown

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb. 17-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Banker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER Edward Aldwell
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Elizabeth Cutler
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 APR 4 1931 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14-31

17
I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to April 14, 1931
that I last saw him alive on April 14, 1931
and that death occurred, on the date stated above, at 2.40 A m.
The CAUSE OF DEATH* was as follows:
Uraemia Lithiasis

(duration) yrs. 10 mos. ds.
CONTRIBUTORY (Secondary) Septicaemia - pneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Texas
Did an operation precede death? Yes. Date of 4-6-31
Was there an autopsy? Yes Johns Hopkins Hospital
What test confirmed diagnosis? Med observation
(Signed) M Swoodland M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sonora Texas.	April 14 1931
20 UNDERTAKER John O. Mitchell & Sons.	ADDRESS 19 Eutaw Place

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67768

CERTIFICATE OF DEATH

5-8 15

E 67768

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 302 N. Exeter St. St. 5-8 Ward)

2-FULL NAME Annie Ludolth.

(a) RESIDENCE NO. 302 N. Exeter St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Do not know.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	41	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Do not know.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Police Report. C.D.
(Address)

15 Filed 19

Registrar

4 1931

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D.

4/13 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND	APR 14 1931
20 UNDERTAKER	ADDRESS
[illegible] Commissioner Health.	

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67769

CERTIFICATE OF DEATH

108 ✓ E 67769

1-PLACE OF DEATH

City of Baltimore: (No. Providence Hosp. St. 14-20 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Ingall

(a) RESIDENCE NO. 1420 Wilmot St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Dorothy Ingall
(Address) 1420 Wilmot St.

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Regulars

(Signed) ... M. D.

(Address) 1420 Wilmot St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	19
20 UNDERTAKER Commissioner Health.	ADDRESS

APR 14 1931

Important. See instructions on back of certificate.

1931 C. HAMPSON JONES, M. D.
5698.

Spec.—9-30—A. & Co.—250 Blks.

Fiotti

67770

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67770

CERTIFICATE OF DEATH.

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 2-4 ST. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Bernard Fiotti

(a) RESIDENCE NO. 1632 Thames ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bessie

6 DATE OF BIRTH (month, day, and year) Aug. 2 [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	8	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 640
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) ? Italy

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records of
(Address) Balto. City Hosp.

Filed 4-14 1931. 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-10-31

17
I HEREBY CERTIFY, That I attended deceased from 4-2-31, 19..., to 4-10-31, 19...
that I last saw h im alive on 4-10-31, 19...
and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padget M. D.
4-11, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart.	4/14 1931
20 UNDERTAKER John J. Fahey Sons	ADDRESS 318 Hollins St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67771 — 92-001 ✓ — E 67771

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2411 Francis St. (3-59 WARD)

2—FULL NAME Wm. Nicholson

(a) RESIDENCE NO. 2411 Francis ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: Colored — 5 Single, Married, Widowed, or Divorced, (write the word): Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: Mattie Nicholson

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: 58 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Cook

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: Thomas Nicholson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Sallie Ashrad

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mrs Mattie Nicholson (Address) 2411 Francis St

15 Filed APR 14 1931 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 13/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 — 19 30 to April 13 19 31

that I last saw him alive on April 14 19 31

and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) yrs. 6 mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. N. Halsey M. D.

April 17 19 31 (Address) Grace St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va — DATE OF BURIAL: April 15 19 31

20 UNDERTAKER: George L. A. Gatton — ADDRESS: 1730 Druid Hill

Spec.—9-30—A. & Co.—250 Blks.

Bates Wolf 2427 ✓

67772 F 67772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1 PLACE OF DEATH University Hospital 21-29 REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. WARD)

2 FULL NAME John Jones

(a) RESIDENCE NO. 319 Scott St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	3 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER John Turner
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Katherine Rosenstein
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fred Haines
(Address) 319 Scott St

15 Filed 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13. 1931

17
I HEREBY CERTIFY, That I attended deceased from 4-13-31, 19 , to 4-13-31, 19
that I last saw h— alive on 4-13-31, 19
and that death occurred, on the date stated above, at 9.15 p. m.
The CAUSE OF DEATH* was as follows:
Diabetes mellitus

(duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) diabetic coma, acidosis
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Laboratory findings
(Signed) Henry F. Helbich M. D.
(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St. Marys Hampden — DATE OF BURIAL. 4/17 1931

20 UNDERTAKER Wm E Cox — ADDRESS 1217 Fed St

1-30—M. & T.—100 B—50L

E 67773

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 67773

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 6-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Weaver

(a) RESIDENCE No 138 N. Potomac St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada E. Weaver

6 DATE OF BIRTH (month, day, and year) Dec 2/1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Night Watchman
(b) General nature of industry, business, or estsblishment in which employed (or employer) contractot 662
(c) Name of employer H. L. Boss

9 BIRTHPLACE (city or town) (State or country) New Orleans, La.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edward J. Weaver (son) (Address) 138 N. Potomac St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 12/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocarditis (Chr.)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. H. Davis, M. D. Coroner

4/13/31 19 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 4/16 1931

20 UNDERTAKER Wm Cook 1217 E Fayette St

ADDRESS

Spec.—9-30—A. & Co.—250 Pks.

E 67774
24617

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67774

CERTIFICATE OF DEATH.

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 17-19 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Shayler Wallace

(a) RESIDENCE NO. 227 E North ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 75 yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa M. Wallace.

6 DATE OF BIRTH (month, day, and year) Jan 16 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	2	26 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Recording Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 609

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER William Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cecelia Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

Filed 4-14 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April-11-1931

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1931, to April 11, 1931

that I last saw h[illegible] alive on April 11, 1931

and that death occurred, on the date stated above, at 9 55 p m.

The CAUSE OF DEATH* was as follows:

Cancer Prostate hypertrophy

Arteriosclerosis.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Mar 9 1931

Was there an autopsy? no

What test confirmed diagnosis? Surg path study

(Signed) Howard A. Kelly M. D.

Mar. 19 31 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemtry — DATE OF BURIAL: 4/15 19 31

20 UNDERTAKER: Williamin Cook — ADDRESS: 1212 N Carl

Spec.—9-30—A. & Co.—250 Blks

D. McCleary { 402 N. Payson St Sil 2428
502 Stanford Rd Sil 7222 ✓

E 67775

E 67775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 915 N. Bentalou St. 16-18 WARD)

2. FULL NAME Margaret C. Robinson

(a) RESIDENCE NO. 915 N. Bentalou ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

6 If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Spencer Jay Robinson

7 DATE OF BIRTH (month, day, and year) May 10th 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Cain

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gettysburg Md

12 MAIDEN NAME OF MOTHER: Sophia Auchenbach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mrs E. Hand 915 N. Bentalou St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12th 1931

17

I HEREBY CERTIFY, That I attended deceased from April 1 1931 to April 12 1931

That I last saw h e alive on April 12 1930

and that death occurred, on the date stated above, at 4 AM. P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Degeneration

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed 4/13/31 M. D.

Address 400 N Payson

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	4/15/1931
20 UNDERTAKER: Wm Cook	ADDRESS: 1217 St Paul St

APR 14 1931

Spec.—9-30—A. & Co.—250 Blks.

E 67776

Dr Howard Warner ✓ 2611 Harrison

E 67776

82-004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Stafford Hotel St. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lula Chapman Webb

(a) RESIDENCE NO. Stafford Hotel ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles Webb

6 DATE OF BIRTH (month, day, and year): Oct 20 1869

7 AGE — Years: 61 — Months: 5 — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Private Secretary

(b) General nature of Industry, business, or establishment in which employed (or employer): Hotel

(c) Name of employer: Stafford Hotel

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles P Chapman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary L Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Interment (Address): Elmer G Crapster Mem Park

15 Filed ..... 19 .....

C. HERBERT EVANS, REG. OF WILLS.

APR 14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 13 1931

17

I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to April 13, 1931

That I last saw her alive on April 13, 1931

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cirrhosis (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Howard H. Warner M. D.

(Address) 2611 Harrison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 4/15 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1132 E Fayette St

Spec.—9-30—A. & Co.—250 Blks.

E 67775 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67777

CERTIFICATE OF DEATH

107-001

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1605 Light St. WARD 24)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank H. Miller

(a) RESIDENCE No 1605 Light St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catto Md.

PARENTS

10 NAME OF FATHER Frank H. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Frank H. Miller 1605 Light St.

15 Filed APR 14 1931 C. HILLSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr 10, 1931 to April 13, 1931

that I last saw h IM alive on April 13, 1931

and that death occurred, on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H E K Campbell M.D.

4/13 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross Cemetery Brooklyn Md

DATE OF BURIAL Apr 15 1931

20 UNDERTAKER Fred A. Krameer

ADDRESS 703 Hamm

Spec.—2-29-28—L. F. S.—500 Bks.

E 67778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓ E 67778

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Llewellyn ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna T. Bieller

(a) RESIDENCE NO. 2607 Llewellyn ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John A. Bieller

6 DATE OF BIRTH (month, day, and year) June 15 1896

7 AGE — Years: 34 | Months: 9 | Days: 28 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): 37
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER George Dorber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER Mary B. Seulbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

14 Informant John A. Bieller
(Address) 2607 Llewellyn ave.

15 Filed APR 15 1931 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 13 31

17 I HEREBY CERTIFY, That I attended deceased from Mar 30, 1931, to Apr 12, 1931,
that I last saw h er alive on April 12, 1931
and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary) blue cystitis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Apr 1926
Was there an autopsy? no
What test confirmed diagnosis? Physical Signs

(Signed) J. L. Heuer, M. D.
Apr. 14, 1931 (Address) 1301 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem
DATE OF BURIAL: April 17 1931

20 UNDERTAKER: Jos. F. Derr
ADDRESS: 156 N. Linwood ave.

Spec.—9-30—A. & Co.—250 Blks.

E 67779

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67779

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Hebrew Home for aged & Infirm

REGISTERED NO. 5067

(If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Aves.)

2. FULL NAME Sarah Roth

(a) RESIDENCE NO. Levindale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Roth

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
68	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hungary

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment (Address): C. Hav[illegible]

Filed [illegible] 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-14-31

17

I HEREBY CERTIFY, That I attended deceased from 5-15, 1930, to 4-14, 1931

that I last saw h[illegible] alive on 4-14, 1931

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma right breast

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edmund Kurz M. D.

4/14 1931 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel

DATE OF BURIAL: 4/15 1931

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 E Balto St

Spec.—9-30—A. & Co.—250 Blks.

E 67780

E 67780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

REGISTERED NO

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) Sinai Hospital S 27-43 WARD

2. FULL NAME Tobias Klein

(a) RESIDENCE NO 5621 Carter ave WARD Hamilton Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Freida Klein

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE: Years 66 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hardware
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Freida Klein 5621 Carter ave

15 Filed — 19 — Registrar

APR 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-14-31

17 I HEREBY CERTIFY, That I attended deceased from 4-1 . 1931 . to 4-14 . 1931 that I last saw h[illegible] alive on 4-14 . 1931 and that death occurred, on the date stated above, at 10:20 A.m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. Boardman M. D.

4/14/31 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 4/15 1931

20 UNDERTAKER Jack Levin 1439 E Baltimore ADDRESS

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67781

CERTIFICATE OF DEATH

9-001 67781

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. ST. 15-58 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Murray Franklin

(a) RESIDENCE No. 2546 Quantico ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city Md

PARENTS

10 NAME OF FATHER Raymond Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Bessie Ruday

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Raymond Franklin 2546 Quantico ave

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-14-31

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 14, 1931

that I last saw him alive on April 14, 1931

and that death occurred, on the date stated above, at 4.50 P.M.

The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis

Pneumococcus septicemia

(Pneumococcus Type II)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Milton B Kirsh M. D.

4/14 1931 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Intd Sinai	4/15 1931
20 UNDERTAKER	ADDRESS
Jack Levis 1427 E Balto St	

Spec.—9-30—A. & Co.—250 Blks

E 67782 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67782

CERTIFICATE OF DEATH

92-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 5805 Lochlea Rd 21-54 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Virginia Schmid

(a) RESIDENCE NO 5805 Lochlea Rd. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Schmid

6 DATE OF BIRTH (month, day and year) Jan. 29, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph F. Norris

11 BIRTHPLACE OF FATHER (city or town) Carroll Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Ann McCarty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Henry J. Schmid
(Address) 5805 Lochlea Rd

13 Filed APR 15 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1931, to April 13, 1931, that I last saw h er alive on Apr 13, 1931, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Central Regurgitation - Hypertrophy
Acute Exhibitation

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) C. H. Bellem M. D.

4.14 1931 (Address) 1101 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Apr 15 1931

20 UNDERTAKER Wm. J. Tickner & Son

ADDRESS N Pa

Spec.—9-30—A. & Co.—250 Blks.

E 67783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67783

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Hilton Street S. 15-61 WARD)

2 FULL NAME Mary Catherine Cummings

(a) RESIDENCE NO. 3006 Hilton Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Wdowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H. Cummings

6 DATE OF BIRTH (month, day, and year) Aug 28-1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Caleb B. Hynes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Shields Poole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Miss Mary A. Cummings

(Address) 3006 Hilton Street

15

APR 15 1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12-1931

17

I HEREBY CERTIFY, That I attended deceased from Apr-11- 1931 to Apr-12- 1931

that I last saw h[illegible] alive on Apr-12 1931

and that death occurred, on the date stated above, at 10.30 P.- m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage due to senile arterio sclerosis.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Signs

(Signed) Hyden Call M. D.

Apr 13 1931 (Address) 2717 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery.

DATE OF BURIAL: Apr 15th 31

UNDERTAKER: [illegible]

ADDRESS: [illegible]

Spec.—9-30—A. & Co.—250 Blks.

E 67784 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 130 E 67784

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 431 W. Biddle ST. 11-24 WARD)

2 FULL NAME Joseph Stevens

(a) RESIDENCE NO. 431 W. Biddle ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	aa	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Stevens

6 DATE OF BIRTH (month, day, and year) Aug — 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	4	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoe maker
(b) General nature of industry, business, or establishment in which employed (or employer) Off
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Cambridge Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Sarah Nichols (Address) 439 W. Biddle

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr 13, 1931, to Apr 13, 1931, that I last saw h[illegible] alive on Apr 13, 1931, and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Carbuncle on neck

(duration) yrs. mos. 28 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Incision Carbuncle Date of 4-1-31

Was there an autopsy?

What test confirmed diagnosis? Urinary

(Signed) J. J. McKee M. D.

(Address) 1126 Druid Hill 4-14 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md DATE OF BURIAL 4/15/31

UNDERTAKER Samuel L. Hemsley ADDRESS 518 W Biddle

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

E 67785

108 E 67785

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2105 (Dwelling House) St. (Ave) 1-59 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mildred Lindsay

(a) RESIDENCE NO. 2105 Druid Hill Ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Phillip Lindsay

6 DATE OF BIRTH (month, day, and year): — 1859

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic.

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Rawlin Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Fannie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Fannie B. Smith
(Address) 3105 Druid Hill Ave

15 Filed ____ 19__ By ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/13 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/11 —, 1931, to 4/13 —, 1931, that I last saw h[illegible] alive on 4/13 —, 1931, and that death occurred, on the date stated above, at 6 3a/p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B Lee Kelly, M. D.

4/14 19 (Address) 2119 D St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: April 15 1931

20 UNDERTAKER: Thomas E Kelson — ADDRESS: 1303 Pierpont St

Spec.—1-15-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67786

CERTIFICATE OF DEATH.

115 E 67786

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1722 Pressbury ST. 16-27 (WARD)

2-FULL NAME Selena Brown

(a) RESIDENCE NO. 1722 Pressbury ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. dr. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Brown

6 DATE OF BIRTH (month, day, and year) ——— 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Wife.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Joseph Parker (Son in Law)

(Address)

15 Filed APR 5 1931 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/2 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/27 .19 31. to 4/2 .19 31.

that I last saw h alive on 4/2 .19 31

and that death occurred, on the date stated above, at 10-15 A m

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia (Primary)

(b) Arteriosclerosis

(duration) yrs. mos 2 / ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Mc Chesney M. D.

4/3, 1931 (Address) 2137 O St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 4/16 1931

20 UNDERTAKER Thomas E Kelson

ADDRESS 1303 Pressbury St

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67787

CERTIFICATE OF DEATH

131 V E 67787

1-PLACE OF DEATH Provident Hosp. 1927

CITY OF BALTIMORE: (No 1517 Division St (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Walter White

(a) RESIDENCE NO. 439 N. Stricker St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sophia Bradford
(Address) 1532 Baker St

15 Filed 5 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-13-31

17

I HEREBY CERTIFY, That I attended deceased from 3-26, 1931, to 4-13, 1931

that I last saw h[illegible] alive on 4-13, 1931

and that death occurred, on the date stated above, at 10 26 A.M.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular
-Renal disease (hypertension)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

4/23, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: 4/16 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pennsylvania

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67788 E 67788

CERTIFICATE OF DEATH. 120

REGISTERED NO. 15-58

1. PLACE OF DEATH Sinai Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No Monument & Rutland ST. WARD

2. FULL NAME Mrs Ora Yoselowitz

(a) RESIDENCE NO. 3835 Park Heights Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 20, 1909

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
21	7	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scranton, Pa.

PARENTS

10 NAME OF FATHER Abraham Yoselowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Burkman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Miss. Ethel Yoselowitz
(Address) Phila. Pa

15 Filed 19 Registrar C. HARRISON JONES M.D.

15 1081

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/14/31

17
I HEREBY CERTIFY, That I attended deceased from 3/21 . 19 31 . to 4/14 . 19 31
that I last saw her alive on 4/14 . 19 31
and that death occurred, on the date stated above, at 12:28 A.m.

The CAUSE OF DEATH* was as follows:
Ulcerative Colitis and Peritonitis.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) J. Rodman M. D.
. 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balt. Heb. Cem.
DATE OF BURIAL: 4/15/1931

20 UNDERTAKER: Harid Londhaim's Son
ADDRESS 1702 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67789

CERTIFICATE OF DEATH.

46 E 67789

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 S. Binney St. ST. 1-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Friedel

(a) RESIDENCE NO. 920 S. Binney St. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Friedel

6 DATE OF BIRTH (month, day, and year) Aug 8 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Fred. Friedel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not Known

14 Informant Mary E. Friedel
(Address) 920 S. Binney St.

Filed APR 15 1931, 19..

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13-1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to April 13, 1931

that I last saw h(M) alive on April 1, 1931

and that death occurred, on the date stated above, at 9.05 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

?

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C

(Signed) J. Joseph Toubey M. D.

, 19 (Address) 500 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn Cemetery

DATE OF BURIAL April 16 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E Eager St

Spec.—9-30—A. & Co.—250 Bks.

E-67790

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-0E 67790

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 22-36 ST WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dennis Young

(a) RESIDENCE NO. 648 W. Lee ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Marcy ?, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	1	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Dennis Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Dinah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Interment (Address) Records of Balto. City Hosp.

15 Filed ___, 19___ C. HARRISON JONES, M. D. Registrar

5 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-13-31

17

I HEREBY CERTIFY, That I attended deceased from 1-22-30, 19___, to 4-13-31, 19___

that I last saw him alive on 4-13-31, 19___

and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

4-14, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Ct

DATE OF BURIAL 4/16/31

20 UNDERTAKER Joseph L Brown for Montgomery

ADDRESS 108

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67791

E 67791

CERTIFICATE OF DEATH

23

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 S Spring ST. 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Peter Bannes

(a) RESIDENCE NO. 125 S Spring ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bannes

6 DATE OF BIRTH (month, day, and year) March 20th 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	1 0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Sugar Co

9 BIRTHPLACE (city or town) Latvia

(State or country) Russia

10 NAME OF FATHER Does not know

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Russia

12 MAIDEN NAME OF MOTHER Does not know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Russia

14 Informant Wife Mary Bannes

(Address) 125 S Spring St

15 Filed , 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/31, 19 31, to 4/14, 19 31, that I last saw h[im] alive on 4/14, 19 31 and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 7 yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Feldman, M. D.

, 19 (Address) 1421 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Cemetery

DATE OF BURIAL April 17, 19 31.

20 UNDERTAKER Kendall & Sturgis

ADDRESS 300 N Charles

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67792

93-00 E 67792

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 N. Milton ST. 712 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Birner or Birnes

(a) RESIDENCE NO. 702 N. Milton ST. 7 WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Birner

6 DATE OF BIRTH (month, day, and year) 2/20/58

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	1	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER George Birner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Funk

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Theresa Birner
(Address) 702 N. Milton ave

15 Filed APR 15 1931 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to April 13, 1931, that I last saw h living alive on April 12, 1931 and that death occurred, on the date stated above, at 8 45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilson M. D.

4/13, 1931 (Address) 315 S. Highlandtown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cem.

DATE OF BURIAL April 15th 1931

20 UNDERTAKER Lilly & Geiler Inc.

ADDRESS 403 S. Wood St.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-7414 D 67793 Pet

11-002 67793

REGISTERED NO. 10-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST.) WARD

2 FULL NAME Theodore Fidler

(a) RESIDENCE No. 606 Carlyle ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-2-29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	15	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Foy Fidler.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Ruth Wheland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Miss.

14 Informant (Address) Records

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-13-31

17

I HEREBY CERTIFY, That I attended deceased from 3-29-, 1931, to 4-13-, 1931

that I last saw him alive on 4-13-, 1931

and that death occurred, on the date stated above, at 9:15 a. m.

The CAUSE OF DEATH* was as follows:

Influenza meningitis + septicemia

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Influenza meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Culture

(Signed) J. C. Goodwin M. D.

4/13, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL April 15 1931

20 UNDERTAKER Lilly + Zeiler Inc

ADDRESS 403 S. Wolfe St

L Spec.—9-30—A & Co.—250 Blks

Dr C. Riland 2532 Edmondson Ave

Gil 0996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 7 E 67794

E 67794

16-68

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 2838 W. Lanvale ST. WARD)

2. FULL NAME John W. Brookhart

(a) RESIDENCE NO. 2838 W. Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 50 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary A. Brookhart

6 DATE OF BIRTH (month, day, and year) Oct 28th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Butts Md

PARENTS

10 NAME OF FATHER: John Brookhart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Finck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mary A. Brookhart 2838 W. Lanvale St.

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 13th 1931

17

I HEREBY CERTIFY, That I attended deceased from May 1— 1929, to April 13 1931

that I last saw h alive on April 11— 1931

and that death occurred, on the date stated above, at 2:30 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of mouth and face

(duration) 2 yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary): none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical signs.

(Signed) Chester Riland, M. D.

4-14 1931 (Address) 2532 Edmondson ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 4/16 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

E 67795

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67795

CERTIFICATE OF DEATH

REGISTERED NO. 95

1-PLACE OF DEATH Pronounced dead at Hopkins 4-6-38

CITY OF BALTIMORE: (NO. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George W. Switzer

(a) RESIDENCE NO. 2610 Riggs Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Switzer

6 DATE OF BIRTH (month, day, and year) Dec 12/1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed (or employer) D.S.C.
(c) Name of employer Balto. City.

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles Switzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Ida Vincent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Elizabety Switzer
(Address) 2610 Riggs Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13/38

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Weiss, M. D. Coroner

4/14/38 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL 4/17 1938

20 UNDERTAKER William Cook ADDRESS 1217 Sx Ave

5 1938

Spec.—9-30—A. & Co.—250 Blks.

Dr Chas Morgan Cal 6136
1 E Lexington St

E 67796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67796

54-005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 244 N. Smallwood (St.) 45-60 (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ellen R. Easton

(a) RESIDENCE No. 2141 N. Smallwood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female

4 COLOR OR RACE: White

5 If single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. Easton

6 DATE OF BIRTH (month, day, and year) Dec 5 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Rich buyer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Asco Fisher

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER Robt Easton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Parkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Wm Easton 244 Smallwood St

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M.D.

15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 14 1931

17

I HEREBY CERTIFY, That I attended deceased from June 1 1931 to April 14 1931

that I last saw h— alive on April 13 1931

and that death occurred, on the date stated above, at 720a m.

The CAUSE OF DEATH* was as follows:

Tumor of Spinal Cord

Dropsy & General debility

Contributory (Secondary) (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? general

(Signed) Edward Morgan M. D.

19 (Address) 7 N Mary

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimor Cemetery

UNDERTAKER: Wm Cole

DATE OF BURIAL: 4 17 1931

ADDRESS: 1217 E Fayette St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67797

CERTIFICATE OF DEATH

REGISTERED NO. 34 E 67797

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Penitentiary WARD) 10-15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Richard Morris

(a) RESIDENCE NO. 954 Forrest ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Walley

6 DATE OF BIRTH (month, day, and year) Mar. 16, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	0	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Landscape Gardener

(b) General nature of industry, business, or establishment in which employed (or employer) $6

(c) Name of employer Md. Penitentiary

9 BIRTHPLACE (city or town) (State or country) Amelia Co Virginia

10 NAME OF FATHER Burrell Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Amelia County, Virginia

12 MAIDEN NAME OF MOTHER Eliza (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Amelia C.H. Va

14 Informant Margaret Morris (Wife) (Address) Richie Morris (Victim)

15 Filed APR 15 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr 10, 1931, to Apr 12, 1931, that I last saw h alive on Apr 11, 1931 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Cardiac Endocarditis

Did an operation precede death? Not known

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) John J. Ankey M. D.

, 19 (Address) 954 Forest St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Apr. 15 1931

20 UNDERTAKER L. A. Brooks ADDRESS 1463 N. Carey St

Spec.—9-30—A. & Co.—250 Blks.

047271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 72-001

~~E 67798~~ E 67798

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 WARD)

2 FULL NAME George Jadson

(a) RESIDENCE No. 30 7 Lafayette Ave St. WARD Brooklyn-N-Y-
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Jackson

6 DATE OF BIRTH (month, day, and year) Aug 5-1867

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn—

PARENTS

10 NAME OF FATHER Samuel Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N-Y-

12 MAIDEN NAME OF MOTHER Henrietta Cuyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa—

14 Informant Friends—
(Address) JOHNS HOPKINS HOSPITAL

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14-31

17

I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to April 14, 1931

that I last saw h[illegible] alive on April 14, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myeloid Leukemia

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Brooklyn

Did an operation precede death? No Date of .

Was there an autopsy? No

What test confirmed diagnosis? Blood Examination

(Signed) Wm Murray Fisher M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Germantown Pa

DATE OF BURIAL April 15 1931

20 UNDERTAKER John O Mitchell & Sons

ADDRESS 1900 Eutaw Place

Cor.—10-10-29—A Co.—100 Bks.

E 67799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001 E 67799

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Md Gen Hosp 6-63 St. Ward)

2-FULL NAME Grace B Sheckells

(a) RESIDENCE NO. 3924 Belvieu St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Fmale	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 5-1870

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired School teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Richard Sheckells

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Virginia McAnulty

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant Mary R. Hawkins
(Address) 3924 Belvieu

15 Filed APR 16 1931, 19 C. HAMPSON JONES Deputy Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to death (Inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) H. Gwynn Schuble, M. D. Coroner

(Address) April 13, 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Apr 16 1931
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67800 E 67800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1527 N. Dulton Ave ST 15-21 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary M. McGeehan

(a) RESIDENCE NO 1527 N. Dulton Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE White | 5 ~~Single~~ Married, ~~Widowed, or Divorced~~, (write the word) Married

5a If married, widowed, or divorced (or) WIFE of William F. McGeehan

6 DATE OF BIRTH (month, day, and year) May 14, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Patrick Mohan

11 BIRTHPLACE OF FATHER (city or town) Ireland.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mildred Lonback
(Address) 1529 N. Dulton Ave

15 Filed APR 15 1931 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13-1931

17

I HEREBY CERTIFY, That I attended deceased from Feb 24th, 19 31, to April 12th, 19 31

that I last saw h alive on April 12th, 19 31

and that death occurred, on the date stated above, at 6 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) one yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? Private Hosp

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) M. J. Hannan M. D.

4/13 19 31 (Address) 1701 N Dulton Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	April 16, 1931
UNDERTAKER	ADDRESS
Martin Dabezies & Sons	1827 N. North Ave

Spec.—9-30—A. & Co.—250 Bks

E 57801 ✓ E 57801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL 11-24 (WARD)

2 FULL NAME Emil Williams

(a) RESIDENCE NO 1101 Madison STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 5 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Alphonse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama

12 MAIDEN NAME OF MOTHER Marella Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama.

14 Informant Friends

(Address)

APR 15 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14-31

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 14, 1931

that I last saw him alive on April 14, 1931

and that death occurred, on the date stated above, at 10 40 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Physical exam

(Signed) Ann G Kattar M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery — DATE OF BURIAL: April 14 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 303 Presstman.

Spec.—9 30—A. & Co.—250 Bks.

E 67802

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67802

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Union Memorial Hospital 123

CITY OF BALTIMORE, No. 11-24 ST. WARD. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME (Cornelia Ransom Mrs Samuel C.) Rowland

(a) RESIDENCE No. 15 W. Madison St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Samuel C. Rowland.

6 DATE OF BIRTH (month, day, and year): June 26 1864

7 AGE: Years 66 Months 9 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Charles Ransom

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.

12 MAIDEN NAME OF MOTHER: Georgia Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Hospital Records.

15 APR 15 1931 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to April 13, 1931

that I last saw h alive on April 13, 1931

and that death occurred, on the date stated above, at 11.40P m.

The CAUSE OF DEATH* was as follows:

Diverticulitis

(duration) yrs. 12 mos. ds.

CONTRIBUTORY (Secondary): Embolism - Cardiac

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of April 6, 1931

Was there an autopsy? no

What test confirmed diagnosis? Clinical Image

(Signed) Francis W. Gluck M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Nottingham Cecil Co. Md.

UNDERTAKER: Henry H. Jenkins Sons Co

DATE OF BURIAL: April 16 '31

ADDRESS: Mt Clifford Maryland

Spec.—t-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67803

CERTIFICATE OF DEATH.

E 67803

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 Greenmount ST., 11th WARD)

2-FULL NAME Perry Allen Zick

(a) RESIDENCE NO. 1030 Greenmount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butcher

(b) General nature of industry, business, or establishment in which employed (or employer): 613

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER Henry F Zick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Barbara Sinsyo

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn

14 Informant: Dr Hall

(Address): 1631 E North Ave

15 Filed 4-15-1931, 19 C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April-12-31

17 I HEREBY CERTIFY, That I attended deceased from April 1— 1931 to April 12 1931

that I last saw him alive on April 12 1931

and that death occurred, on the date stated above, at 10-30P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Edema Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) E Full Hall, M. D.

(Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: April 16 19 31

20 UNDERTAKER: Reid Mitchell

ADDRESS: 614 Greenmount Ave

Spec.—1-30—M. & T.—250 Blks

E 67804 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67804

CERTIFICATE OF DEATH. 159

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 E. Federal ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Feinsilber

(a) RESIDENCE NO. 1913 E. Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of None

6 DATE OF BIRTH (month, day, and year) 4/14/31.

7 AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or 39 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Walter C. Feinsilber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Flora Stiegman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address)

15 Filed 4-15-1931. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/14/31.

17 I HEREBY CERTIFY, That I attended deceased from 4/14/31. 19 to 4/14/31. 19

that I last saw her alive on 4/14/31. 19

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Premature — 7 — months.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Apparent

(Signed) Abigail Littman, M. D.

19 (Address) 1307 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

Commissioner Health

APR 15 1931

Per Wm E Woods

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67805

CERTIFICATE OF DEATH

92-001 E 67805

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1124 E Lombard ST.) 3-5 WARD)

2-FULL NAME Maurice Davis

(a) RESIDENCE NO. 1124 E Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced (write the word) Don't Know

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 087
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER. .

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed Apr 17 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) ..... yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? — — —

Did an operation precede death? — Date of — —

Was there an autopsy? .....

What test confirmed diagnosis? History

(Signed) G. C. Wales, M. D. (Coroner)

, 19 (Address) 1136 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

APR 15 1931

[illegible] MORGUE

Spec.—1-30—M. & T.—250 Blks.

E 67806

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67806

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 854 N. 37th. ST. 13-52 WARD)

2-FULL NAME Catherine A. Baker

(a) RESIDENCE NO. 854 N. 37th. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John T. Baker

6 DATE OF BIRTH (month, day, and year) March 19-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	—	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

PARENTS

10 NAME OF FATHER George P. Sears

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Marinda Leisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Howard Libby
(Address) 854 E. 37th St.

15 Filed APR 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14-1931.

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1931 to April 13, 1931, that I last saw her alive on April 13, 1931, and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 3 mos ____ ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Archibald Danes, M. D.

4-15 1931 (Address) 800 W 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge — DATE OF BURIAL April 16 1931.

20 UNDERTAKER Horace F. Bulger — ADDRESS 331 Falls Road

Spec.—9-30—A. & Co.—250 Bks.

67807

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67807

CERTIFICATE OF DEATH.

4-25 193-003

REGISTERED No.

1 PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

2 FULL NAME Julia Denby

(a) RESIDENCE No. 658 Sarah Ann St. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER Jesse Deneby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of Balto. City Hosp. (Address)

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-12-31

17 I HEREBY CERTIFY, That I attended deceased from 1-15-29, 19..., to 4-12-31, 19...

that I last saw her alive on 4-12-31, 19...

and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of?

Was there an autopsy? no

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget. M. D.

4-14-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19...

20 UNDERTAKER Commissioner Health.

ADDRESS

APR 15 1931

... W. F. WOODALL

Spec.—9-30—A. & Co.—250 Blks.

67808 **HEALTH DEPARTMENT—CITY OF BALTIMORE.** L 67808

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 23 — REGISTERED No. 9-13

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Moore

(a) RESIDENCE No. 1603 Miller st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Kittrell
(State or country) North Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Laura ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina

14 Informant Hospital Records
(Address)

15 Filed APR 14 1931 C. Hanson Jones, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 12, 1931

17
I HEREBY CERTIFY, That I attended deceased from April 6, 19 31, to April 12, 19 31
that I last saw h im alive on April 12, 19 31
and that death occurred, on the date stated above, at 7.45 p. m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Hans Jones M. D.
4-13 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health — ADDRESS APR 15 1931

... W— F WOODA...

Spec.—9-30—A. & Co.—250 Blks

67809 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67809

CERTIFICATE OF DEATH. 121

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 33rd & Colvert St. St. 19-27 (WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Herman E Waltemeyer

(a) RESIDENCE NO 101 N Fulton Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Herman E Waltemeyer

6 DATE OF BIRTH (month, day, and year) Oct. 19 1876

7 AGE 54 Years	5 Months	23 Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Elevator mangr Co

(b) General nature of industry, business, or establishment in which employed (or employer): Hosiery

(c) Name of employer: Union Memorial Hosp.

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Adam Waltemeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Etta Mayday

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Hospital Records

APR 5 1931, 19 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 25, 19 31, to April 13, 19 31

that I last saw h alive on April 13, 19 31

and that death occurred, on the date stated above, at 4:12 A m.

The CAUSE OF DEATH* was as follows:

Cholecystitis - chronic
Cholelithiasis
Adhesions - chronic

(duration) 0 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) ... wound infection - hemochromatosis

(duration) 0 yrs. 0 mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 3/30/31

Was there an autopsy? no

What test confirmed diagnosis? Laboratory - operation findings

(Signed) Samuel McClenahan M. D.

Apr 13 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	4/16/31 19
20 UNDERTAKER	ADDRESS
John J Cerny & Son Inc	22 S Green St.

Spec.—9-30—A. & Co.—250 Pds.

67810 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 108 E 67810

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1018 Maldeis (St.) 21-29 (Ward)

2 FULL NAME John. Wm. Eggers.

(a) RESIDENCE NO. 1018 Maldeis ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 1st 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John C Eggers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Francis Wedzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant John C Eggers (Address) 1018 Maldeis St

15 Date received 4/15 1931 Registrar C. HAWSON JONES, M. D. R.F.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14th/31

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 14th 1931

that I last saw him alive on April 13th 1931

and that death occurred, on the date stated above, at 5-40 A.

The CAUSE OF DEATH* was as follows:

Septic sore throat, otitis media

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. 24 hours

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Henry Leibel M. D.

(Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A.A.Co.

DATE OF BURIAL 4-16th 1931

20 UNDERTAKER Bernard C Harkins 3 Paca St

ADDRESS

Spec.—9-30—A. & Co.—250 Blks

Dr Campbell Emil R 0059

67811 HEALTH DEPARTMENT—CITY OF BALTIMORE 67811

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE, (No. 138 St. Lynnard Ave 16-11 WARD) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Leach

(a) RESIDENCE NO. 138 S. Lynnard Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Myrtle Leach

6 DATE OF BIRTH (month, day, and year): Oct. 1, 1887

7 AGE: Years 43; Months 5; Days 13; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer): 1/3 0/3

(c) Name of employer: B & O R.R.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William Leach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma Forbish

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Myrtle Leach

(Address): 138 S. Lynnard Ave.

15 51931 19 NOV 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 14, 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 12, 19 31, to Apr 14, 19 31

(that I last saw him alive on Apr 14, 19 31

and that death occurred, on the date stated above, at 2:45 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): acute dilatation of heart

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) H. B. Campbell M. D.

Nov 15, 19 31 (Address) 164 W Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 4/16 19 31

20 UNDERTAKER: W M Cook

ADDRESS: 1217 E Fayette St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67812

CERTIFICATE OF DEATH

85 E 67812

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. St. 44-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dennis B. Ross. (C)

(a) RESIDENCE NO. 541 Presstman St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Married.

5a If married, widowed or divorced, HUSBAND of (WIFE of) Margaret U. Ross. (C)

6 DATE OF BIRTH (month, day, and year) November 6, 1877.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	53	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Dennis Ross. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sarah Brown. (C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Margaret U. Ross. (C) wife.
(Address) 541 Presstman St.

15 Filed 19 Registrar

6 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions, probably Uraemic.
Pulmonary Congestion.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes. Mercy Hospital.

What test confirmed diagnosis? Inquiry & autopsy.

(Signed) Otto Leinhardt, M. D.

4/14 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	4/16 1931
20 UNDERTAKER	ADDRESS
Mrs Chas. G. Bailey	1421 Jefferson

Spec.—1-30—M. & T.—250 Bks

67813

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-083

67813

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1704 Ramsay St. (ST.) 19-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L. Gempp,

(a) RESIDENCE NO. 1704 Ramsay St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 5 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud E. Gempp, (nee Barr)

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1876.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 023

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Gempp,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknwon

14 Informant Robert G. Gempp

(Address) 1704 Ramsay St.

15 Filed Apr 16 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1931 to Apr 14, 1931.

that I last saw h alive on Apr 13, 1931.

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows: Myocarditis Cor- due to dilatation

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James R. Eisenberg M. D.

4/15 19 31 (Address) 721 Medical Arts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 4/17 19 31.

20 UNDERTAKER Chas. A. Miller

ADDRESS 4101 Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks

67814 2/14/82

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

34

67814

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) JOHNS HOPKINS HOSPITAL ST 1352 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Ada Schauffler

(a) RESIDENCE NO. 3704 Hickory Ave ST now at 3102 Chestnut Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 1 yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 31 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Hilbert G. Schauffler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ada D. Schauffler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address)

DEC 5 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 15 1931

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 15, 1931

that I last saw h[illegible] alive on April 15, 1931

and that death occurred, on the date stated above, at 5:40 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? W.R.

(Signed) J. C. Goodwin M. D.

(Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lutheran Cem Md.

DATE OF BURIAL: 4/16 1931

20 UNDERTAKER: J. Statler Davis

ADDRESS: 3418 Chestnut Ave.

Spec.—1-30—M. & T.—250 Bks.

E 67815 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67815

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 108 W Fayette ST. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Esther Spruiell

(a) RESIDENCE NO. 908 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: nil

6 DATE OF BIRTH (month, day, and year): July 22 1928

7 AGE — Years: 3 Months: 1 Days: 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer): child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Isaac Spruell

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C. USA

12 MAIDEN NAME OF MOTHER: Mattie Daniel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Father - Isaac Spruell

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): apr 14-31

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1931, to April 14, 1931, that I last saw h[illegible] alive on April 13, 1931, and that death occurred, on the date stated above, at 6.20 a m.

The CAUSE OF DEATH* was as follows: Cardiac failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia following measles

(duration) yrs. 1 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical findings

What test confirmed diagnosis?

(Signed) J. M. Mc Muchy M. D.

19 (Address) 2147 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	April 16, 1931
20 UNDERTAKER	ADDRESS
Mrs Katie R. Williams	3221 Edmondson Ave

1-20—M. & T.—100 B—50L.

E 67816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67816

CERTIFICATE OF DEATH

93 083

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 619 W. Conway ST. 12-30 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clara Hughes

(a) RESIDENCE NO 619 W. Conway ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of William Hughes

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER William Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Lyola Thomason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Mrs. W. Lloyd

(Address) 619 W. Conway St.

15 Filed ..... 1931 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Fellers, M. D. Coroner

4/17 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Spartanburg, S. C.

DATE OF BURIAL: April 6, 1931

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

Spec.—2-29-28—L. F. S.—500 Blks.

E 67817 HEALTH DEPARTMENT—CITY OF BALTIMORE 31 E 67817

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO. 27-48

CITY OF BALTIMORE: (No. 2723 Alameda Blvd. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herbert Lemore Carpenter

(a) RESIDENCE NO. 6300 Pinehurst Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 10 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. Elizabeth Clarke Carpenter

6 DATE OF BIRTH (month, day, and year) June 5, 1881.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	9 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Advertising

(b) General nature of industry, business, or establishment in which employed (or employer) O & C

(c) Name of employer Baltimore Sun.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Will R. Carpenter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ewell B. Spaulding

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Mrs. Elizabeth C. Carpenter

(Address) 6300 Pinehurst Road

Filed 4-15 1931. Wm. A. Fuller Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from October 10, 1930, to April 15, 1931, that I last saw him alive on April 14, 1931, and that death occurred, on the date stated above, at 11:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.
Chronic Nephritis.
Arterio-sclerosis.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? 6300 Pinehurst Road.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Cole, M. D.

4-15, 1931. (Address) 6014 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	4/17 1931
20 UNDERTAKER	ADDRESS
Henry H. Myers & Son	805 N. Calvert

Spec.—9-30—A. & Co.—250 Blks.

E 67818 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67818

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No Mercy Hospital Block 7 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Miss Ella O'Hara

(a) RESIDENCE NO Texas Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 20 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) [illegible] 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Martin Ohara

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine Finnuse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Interment (Address) St. M. Thomasina Mt St Eugene Village

15 Filed . 19 ADW Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14/1931

17

I HEREBY CERTIFY, That I attended deceased from 3/25 . 1931 . to 4/14 . 1931

that I last saw h er alive on 4/14 . 1931

and that death occurred, on the date stated above, at 11:50P. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) ✓ yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria-Sclerotic-Cardio-Vascular disease (duration) ✓ yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) J. M. Cunningham M. D.

. 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Joseph's Cemetery, Texas	4/17 1931
20 UNDERTAKER	ADDRESS
Henry W. Mears & Son	505 N. Calvert

Spec.—1-1921—M&T—1500 Blks.

E 67819

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67819

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1408 N. Eden St. ST. 9-18 WARD)

2-FULL NAME James J. Caulfield

(a) RESIDENCE NO. 1408 N. Eden St ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Sarah Caulfield

6 DATE OF BIRTH (month, day, and year) June

7 AGE Years 80 Months 10 Days

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Caulfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Edna Simmons (Address) 1408 N. Eden St

Filed MAY 5 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13 1931

17 I HEREBY CERTIFY, That I attended deceased from September, 1922, to April 12, 1931, that I last saw him alive on April 12, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Endo-myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis J. Ayd M. D.

(Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL 4/16 1931

20 UNDERTAKER J. A. Moran

ADDRESS 2 Balto

Spec.—9-30—A. & Co.—250 Bks.

67820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 108 E 67820

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals 2-4 (ST. WARD)

CITY OF BALTIMORE: (NO

2 FULL NAME Norman Bell (of Broadway)

(a) RESIDENCE NO Anchorage ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 15 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Steward; cook
(b) General nature of industry, business, or establishment in which employed (or employer): out of work 021
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Toronto Canada

PARENTS
10 NAME OF FATHER: William Bell
11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada
12 MAIDEN NAME OF MOTHER: Sarah Hoolway
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

14 Informant: Deceased
(Address)

15 Filed 5 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-14-31

17
I HEREBY CERTIFY, That I attended deceased from 4-10-31, 19..., to 4-14-31, 19...
that I last saw him alive on 4-14-31, 19...
and that death occurred, on the date stated above, at 12:25 m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical exam.
(Signed) Paul Padgett. M. D.
4-15. 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forestwood Cem. April 16 19 31
DATE OF BURIAL

20 UNDERTAKER: John C. Miller 2435 E. Oliver
ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

E 67821

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67821

CERTIFICATE OF DEATH

REGISTERED NO. 82-002

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Orlando Ave ST. 27-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John F. Myers

(a) RESIDENCE NO. 3116 Orlando Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Georgiann Myers

6 DATE OF BIRTH (month, day, and year) Jan 5/1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Balto City

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Henry Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Mrs. Wynonah Larson

(Address) 3116 Orlando Ave

15 Filed 1931 T. EDWARD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13/31

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 13, 1931, that I last saw him alive on April 13, 1931, and that death occurred, on the date stated above, at 9:10 P.M.

The CAUSE OF DEATH* was as follows:

Phlebitis Left Leg (Femoral Vein)

CONTRIBUTORY (Secondary) Cerebral Embolus (duration) yrs. mos. 10 ds. 15 minutes

18 Where was disease contracted if not at place of death? Unknown (duration) yrs. mos. ds.

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Physical Examination

(Signed) Albert Crawford, M. D.

4/14/31 (Address) 2025 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk

20 UNDERTAKER Philip Herwig

DATE OF BURIAL 4/16/31

ADDRESS 2016 Orleans St

1-30—M. & T.—100 B—50L

E 67822

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 67822

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1919 E.28th.St. (St.) 9-46 (Ward)

2-FULL NAME Laura C.Pentz

(a) RESIDENCE NO 1919 E.28th St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence S.Pentz

6 DATE OF BIRTH (month, day, and year) Mar.31 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	76	0	14 13

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.MD.

PARENTS

10 NAME OF FATHER John T.Parsons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto,

12 MAIDEN NAME OF MOTHER Mary A Baldwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto,

14 Informant Mrs MHarry A.Young

(Address) 1919 E.28th.ST,

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J.H.Bowers, Coroner, M. D.

4/15/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W.L. Lamm

DATE OF BURIAL 4/17/31

20 UNDERTAKER Philip Henry

ADDRESS 2016 Eutaw St.

1-30—M. & T.—100 B—50L

E 67823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 ✓ E 67823

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N. Bethel St. ST. 69 WARD)

2-FULL NAME Elizabeth Thompson

(a) RESIDENCE No 1717 Jefferson St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Thompson

6 DATE OF BIRTH (month, day, and year) Dec. 4 /1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	4	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Sophia Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Jno Mehring

(Address) 1717 Jefferson St

15 Filed APR 16 1931 192 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:
Probably Cardiac Failure
(Senile)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Nephritis?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) R. H. Wilson Coroner, M. D.

4/13/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem

DATE OF BURIAL Apr. 16/31

20 UNDERTAKER Philip Henrig

ADDRESS 206 Chase St.

Spec.—9-30—A. & Co.—250 Bks.

E 67824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67824

REGISTERED NO. 82001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 13-57 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Patrick Callary

(a) RESIDENCE NO. 1311 Marling Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Callary.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 66 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Fannie Callary (Address) 1311 Marling Ave

15 Filed APR 16 1931 C. HALLISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 15, 1931

that I last saw him alive on April 15, 1931

and that death occurred, on the date stated above, at 5 50 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings.

(Signed) S. Brown Mandelbaum M. D.

4/15 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Park Cem

UNDERTAKER Cromwell Bros

DATE OF BURIAL April 17 1931

ADDRESS 3615 Gardenia Ave

Spec.—2-29-28—L. P. S.—500 Bks.

E 67825

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 67825

CERTIFICATE OF DEATH

REGISTERED NO. 537

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2442 Appleton St. (WARD) 32 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Edna Logan

(a) RESIDENCE NO. 2440 Appleton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced — HUSBAND of (or WIFE of): Edward Logan

7 DATE OF BIRTH (month, day, and year): 1875

8 AGE — Years: 56 — Months: — Days: — If LESS than 1 day, ___ hrs. or ___ min.:

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Edna Logan

(Address): 2440 Appleton

15 Filed 4 16 1931 G. HAMPTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/14/31

17 I HEREBY CERTIFY, That I attended deceased from January 31, 1931, to April 14, 1931,

that I last saw her alive on 4-14-31, 19 — at 4:45 P. m.

and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Edward Paulson (duration) yrs. 3 mos. ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Dunn M. D.

, 19 (Address) 1515 Bank St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 4-17 1931

20 UNDERTAKER: John H. Toadvine

ADDRESS: 1027 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67826

CERTIFICATE OF DEATH

X 93-0 67826

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 30 WARD)

2 FULL NAME Edith Brent

(a) RESIDENCE NO. West Pine St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
26				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hw. 10 01

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) a a Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant University Hospital
(Address) Balto Md

15 Filed . 19 C. HARRISON JONES, M. D. Registrar

APR 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 12. 19 31. to April 14. 19 31

that I last saw her alive on April 14. 19 31

and that death occurred, on the date stated above, at 1 00 A. m.

The CAUSE OF DEATH* was as follows:

myocardial Insufficiency.
(congenital)

(duration) yrs. 1 mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy

(Signed) Geo. J. Snoops, Jr. M. D.

. 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Owensville. Md

DATE OF BURIAL Apl 16 31

20 UNDERTAKER D L Hopping

ADDRESS Owensville Md

Spec.—1-30—M. & T.—250 Blks

E 67827 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67827

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1439 William St. ST. 04-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida R. Becker.

(a) RESIDENCE NO. 1439 William St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND OF~~
or) WIFE of John H. Becker.

6 DATE OF BIRTH (month, day, and year) June 30, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	9	14 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER George H. Butler.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ida Dudrow.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant John R. Becker. (husband)
(Address) 1439 William St.

15 Filed 1931 H. AMESON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 22nd 1931 to April 13th 1931.

that I last saw her alive on April 12th. 1931.

and that death occurred, on the date stated above, at 10.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Hemiplegia.

(duration) yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary) Acute dilotation of the Heart. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt, M. D.

4/14 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem.

DATE OF BURIAL 4/16 1931

20 UNDERTAKER I. Fenw. McCully

ADDRESS 130 E. Fort

Spec.—1-15-23—3ST—500 lbs.

E 67828 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67828

CERTIFICATE OF DEATH. 31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1255 James St. 21-24 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Lettau

(a) RESIDENCE NO. 1255 James ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest H. Lettau

6 DATE OF BIRTH (month, day, and year): Feb 5th 1852

7 AGE — Years: 79 — Months: 2 — Days: 9 — If LESS than 1 day, hrs or min:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Work 037
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Elmer Triangold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Kate Wanamaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Charles A. Lettau
(Address): Lake Lansdowne

15 Filed 6 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr 4, 1931, to Apr 14, 1931, that I last saw h[illegible] alive on Apr 14, 1931 and that death occurred, on the date stated above, at 8 45 m

The CAUSE OF DEATH* was as follows:
Mitral Regurgitation
Chronic Nephritis
(Primary or antecedent causes)

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) Hernia
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual —

(Signed) Leo A Strauss, M. D.

4/15, 1931 (Address) 1800 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: April 17th 1931

20 UNDERTAKER: E. Schroman & Son ADDRESS: Hanover

Spec.—2-29-28—L. F. S.—500 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67829

CERTIFICATE OF DEATH

× 89-01 E 67829

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1 ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank A. Rotter

(a) RESIDENCE NO. Hyperion, Maryland. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Rotter

7 DATE OF BIRTH (month, day, and year) June 1 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	16 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer do

9 BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

10 NAME OF FATHER George Rotter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cooley Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Hospital Records

(Address)

Filed APR 19 1931 19 HARRISON L. JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1931

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1931 to April 16, 1931.

that I last saw him alive on April 16, 1931

and that death occurred, on the date stated above, at 1 10 a.m.

The CAUSE OF DEATH* was as follows:

Acute otitis media.

Acute Rhinitis -

Common cold.

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course & Clinical

(Signed) Robert F. Chenault, M. D.

4-16 1931 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pleasant View Gdns, Baltimore	4-18 1931
20 UNDERTAKER	ADDRESS
Edw C Tipton	Hampstead Md

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67830

CERTIFICATE OF DEATH.

154 E 67830

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp. Str. 16-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Stockett

(a) RESIDENCE NO. Shipley Hgts., Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/15/31

7 AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~old~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Balto Gen Hosp

PARENTS

10 NAME OF FATHER Frank T. Stockett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel County, Md.

12 MAIDEN NAME OF MOTHER Ruth V. Jacobs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pikesville, Md.

14 Informant

15 Filed May 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/16/31 19

17

I HEREBY CERTIFY, That I attended deceased from 4/15/31, 19, to 4/16, 19 31,

that I last saw h(er) alive on 4/16, 19 31,

and that death occurred, on the date stated above, at 3 30 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity - 8 mos Gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Pre-eclampsia Toxemia Patient (Mother))

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Cahnman, M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: April 19 1931

20 UNDERTAKER: George Lambach

ADDRESS 535 Lyndhurst St

Spec.—9-30—A. & Co.—250 Bks.

24726
5x5831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 5x5831

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL 6-10 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George McGowan

(a) RESIDENCE NO. 2109 Mayed ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or a WIFE of) Catherine

6 DATE OF BIRTH (month, day, and year) 2/23/71

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	-1	-22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work night watchman

(b) General nature of industry, business, or establishment in which employed (or employer) unknown 62

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Helen Drake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Accredited

15 [illegible] 19 [illegible] Registrar

15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-15-31

17

I HEREBY CERTIFY, That I attended deceased from 4-5-, 1931, to 4-15-, 1931

that I last saw h... alive on 4-15-, 1931

and that death occurred, on the date stated above, at 8 25 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, hypertension, chronic Nephritis, Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C.C. Bedell M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL April 8 1931

20 UNDERTAKER Otto Ulrich

ADDRESS 2108 Eutaw

Spec.—9-30—A. & Co.—250 Blks

E 67832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26-37

VE 67832

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3815 Gough St (Ward) 26

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Paul Patrick Marsh

(a) RESIDENCE NO. 3815 Gough St ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred I yrs. 28 dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4 / 17 / 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	I		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles G Marsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Hester Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Charles G Marsh 3815 Gough St

15 APR 16 1931 H. S. SHOP NO. 4 (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/15/1931

17

I HEREBY CERTIFY, That I attended deceased from April 12, 1931, to April 15, 1931

that I last saw h-im alive on April 14, 1931 10.30 am

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 10 dys.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 2 dys.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Grover B. Tilson M. D.

4/15 1931 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Room Cem

DATE OF BURIAL (Apl) 19 31

20 UNDERTAKER John Ulrich

ADDRESS 410 E Lexington

E 67833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 E 67833

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 8 Harrison St. WARD 47)

2. FULL NAME Harry Ross

(a) RESIDENCE NO. 8 Harrison St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sara Ross

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE — Years: 67 | Months: — | Days: — | If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Benj. Ross
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Benj. Ross 8 Harrison St.

6-1931 .19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-15-31

17
I HEREBY CERTIFY, That I attended deceased from Mch 12, 1931, to Apr 15, 1931
that I last saw h alive on Apr 15, 1931
and that death occurred, on the date stated above, at 6.20 P. m.
The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Renal insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Sydney Wallenstein M. D.
.19 (Address) 2401 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt Carmel — DATE OF BURIAL: 4/16 1931

20 UNDERTAKER: Jack Davis — ADDRESS: 1439 Eutaw St

Spec.—8-16-29—L. F. S.—100 Blks.

E 67834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-001

E 67834

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 N. Woodington Road 16-66 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Krauter

(a) RESIDENCE NO. 802 N. Woodington Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 0 mos. 10 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Krauter

6 DATE OF BIRTH (month, day, and year) Apr. 5 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jacob Krauter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment Robert Krauter (Son)

(Address) 802 Woodington Road

15 Filed [illegible] 19[illegible] [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-15-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 6 1931 to Apr. 15 1931, that I last saw h[illegible] alive on Apr. 13 1931 and that death occurred, on the date stated above, at 5-30 A.M.

The CAUSE OF DEATH was as follows:* Acute Cardiac dilatation

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Valvular heart disease + senile Myocarditis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hay Bruce M. D.

4/16 1931 (Address) 1 E. Randall St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 4/18 1931

20 UNDERTAKER J. F. McCully

ADDRESS 1306 E. Fort

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67835 — 59 E 67835

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 1118 Poplar Grove St. St. 16-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward J. Hoffman

(a) RESIDENCE NO. 1118 Poplar Grove St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda Hoffman

6 DATE OF BIRTH (month, day, and year): March 10, 1858

7 AGE — Years: 73 — Months: 1 — Days: 3 — IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Policeman

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER: John Hoffman

11 BIRTHPLACE OF FATHER (City or town) ___
(State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) ___
(State or country): Germany

14 Informant: Matilda Hoffman
(Address): 1118 Poplar Grove St.

15 Filed ___ 19 ___ C. HILLMAN JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 13 1931

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1931, to April 13, 1931,

that I last saw him alive on April 13, 1931,

and that death occurred, on the date stated above, at 5 9 m.

The CAUSE OF DEATH* was as follows: Cardiac dilitation

(duration) ___ yrs. ___ mos. 1 da.

CONTRIBUTORY (Secondary): Pulmonales Diabetes

(duration) ___ yrs. ___ mos. ___ da.

18 Where was disease contracted: —

If not at place of death? ___

Did an operation precede death? Yes Date of ___

Was there an autopsy? yes

What test confirmed diagnosis? —

(Signed) Lloyd Fennemann M. D.

4/13 1931 (Address) 7858 Hampden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: April 16/ 19 31

20 UNDERTAKER: Richard W. Meyer — ADDRESS: 1620 Ashburton St.

very important. See instructions on back of certificates. Each statement of OCCUPATION is

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67836

CERTIFICATE OF DEATH

133 67836

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 17-14 (WARD)

2 FULL NAME Chas. Hines

(a) RESIDENCE NO. 1707 Brentwood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hines

6 DATE OF BIRTH (month, day, and year) ? 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Danville Va.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Va.

14 Informant (Address) Supt. Balto. City Hosp.

15 4-16-1931 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-14-31

17

I HEREBY CERTIFY, That I attended deceased from 3-28, 1931, to 4-14, 1931

that I last saw h— alive on 4-14, 1931

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Bilateral Pyonephrosis

(duration) mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fred M. Dunbrell M. D.,

(Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

UNDERTAKER W. M. to R. G. Elliott

DATE OF BURIAL April 16 1931

ADDRESS 1725 Ashland Ave

Spec.—9-30—A. & Co.—250 Bks

Ruth Allen

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 67837

CERTIFICATE OF DEATH.

23 V E 67837

REGISTERED No.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St. 6-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ruth Allen

(a) RESIDENCE No. 1753 Orleans St., WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hse

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Lindsay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fanny Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

Filed APR 16 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11-31

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1931, to April 11, 1931

that I last saw h.. alive on April 11, 1931

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

? Tuberculous Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? In Baltimore

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Atypical findings sputum

(Signed) John W. Parsons. M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hollenyn VA — DATE OF BURIAL Apr. 16, 1931

20 UNDERTAKER Mrs. R. G. Elliott — ADDRESS 1725 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67838 — 48 — E 67838

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. Linden & Madison ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Elizabeth Klemke

(a) RESIDENCE NO. Oakenest Industrial Aug. ST. Catonsville Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

7 DATE OF BIRTH (month, day, and year) Oct. 11, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Clerk-Stenog. Gimble Bros

(b) General nature of industry, business, or establishment in which employed (or employer) — Milwaukee Wis

(c) Name of employer — Gimble Bros

9 BIRTHPLACE (city or town) (State or country) — Baltimore Maryland

10 NAME OF FATHER — Christ John Klemke

11 BIRTHPLACE OF FATHER (city or town) (State or country) — Germany

12 MAIDEN NAME OF MOTHER — Sophia Brauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) — Germany

Informant — Hospital Records

(Address)

Filed ____ 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to April 14, 1931.

that I last saw her alive on April 14, 1931

and that death occurred, on the date stated above, at 4:05 A m.

The CAUSE OF DEATH* was as follows:

Adeno Carcinoma of Uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ct to o

Did an operation precede death? Yes Date of April 4, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Robert J. Cheramie M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Baltimore Cemetery — DATE OF BURIAL 4/17/1931

20 UNDERTAKER — Gm. Reber & Son — ADDRESS 2503 Edmondson

Spec.-0-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67839

CERTIFICATE OF DEATH

127-001

B 67839

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 15-21 St. or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Ida M. Clarke.

(a) RESIDENCE NO. 1650 N. Fulton. Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Benjamin F. Clark

6 DATE OF BIRTH (month, day, and year): Sept 22-1851

7 AGE — Years: 79 — Months: 6 — Days: 23 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): Cumberland Md

PARENTS

10 NAME OF FATHER: Charles Cottle

11 BIRTHPLACE OF FATHER (city or town) (State or country): La

12 MAIDEN NAME OF MOTHER: Susan Treiber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Don't Know

14 Informant (Address): Mrs Cora E. Daniel 1650 N. Fulton ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 14-1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1931, to April 14, 1931

that I last saw her alive on April 14, 1931

and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Femoral Hernia, strangulated (Right)

(duration) yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary): Pneumonia, hypostatic (duration 3d)

Acute myocardial (duration) frequently yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? Yes Date of Mar 29, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Wylie M. Fant M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 4/17/1931

20 UNDERTAKER: Chas. Weber & Son — ADDRESS: 2503 Edmondson

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67840

CERTIFICATE OF DEATH.

92-001

E 67840

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1495 S. Monastery (St.) (Ward) 92-10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George D. Bell

(a) RESIDENCE NO. 1495 S. Monastery ST WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Mary E. McCarthy

6 DATE OF BIRTH (month, day, and year): Sept 9, 1861

7 AGE — Years: 69 — Months: 6 — Days: 4 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dispatcher

(b) General nature of Industry, business, or establishment in which employed (or employer): 086

(c) Name of employer: Continental Bldg

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo Washington Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary E. Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Geo Bell

(Address): 1495 Monastery Ave

15 Filed: 6 1931 O. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 13 1931

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 13, 1931, that I last saw h[illegible] alive on April 13, 1931, and that death occurred, on the date stated above, at 7.0 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary): Mitral Heart Disease not known

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

4/14 1931 (Signed) W. A. O'Neill, M. D.

(Address) 108 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 7/17 1931

20 UNDERTAKER: H C Brauning & Son

ADDRESS: 1130 Eutaw St

Spec.—1-30—M. & T.—250 Bks.

E 67841 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67841

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Meinkel

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 29 June 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Balthasar Schmitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Devlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Little Sisters of the Poor (Address) Preston + Valley

15 Filed APR 16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/1 1931 to 4/15 1931

that I last saw her alive on 4/14 1931

and that death occurred, on the date stated above, at 12.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Colitis colectis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wolff M. D.

4/15 1931 (Address) 1216 E Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL April 17 1931

20 UNDERTAKER Rida Macdefeld

ADDRESS 914 Gruns

Spec.—9-30—A. & Co.—250 Blks

E 67842 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67842

CERTIFICATE OF DEATH. 131

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 418 N. Caroline St. 5-9 Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Gordon

(a) RESIDENCE NO. 418 N. Caroline St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Gordon

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE Years 57 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Jere Norton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Maud Jones 418 N. Caroline St.

15 Filed APR 16 1931, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 14-1931

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to April 14, 1931 (that I last saw h[er] alive on April 13, 1931) and that death occurred, on the date stated above, at 8 9, m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hypertension and Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young M. D.

4/15 1931 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary DATE OF BURIAL Apr. 17 1931

20 UNDERTAKER Chas. H. Johnson ADDRESS 416 N. Caroline St.

Spec.—8-16-29—L. F. S.—100 Bks.

E 67843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67843

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Maisel ST. 25-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ruth Elizabeth Wockenfuss

(a) RESIDENCE NO. Glenburnie, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: George Paul Wockenfuss

6 DATE OF BIRTH (month, day, and year): June 18-1905

7 AGE — Years: 25 | Months: 9 | Days: 2827 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house-wife 037

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Solomons Island. Maryland.

PARENTS

10 NAME OF FATHER: George F. Hayden

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Mary's Co. Md.

12 MAIDEN NAME OF MOTHER: Mary Werner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Mary Hayden.

(Address): 2813 Maisel St.

15 Filed [illegible] 16 1931 Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15- 1927, to April 15, 1931, that I last saw her alive on April 13, 1931, and that death occurred, on the date stated above, at 6:20 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & sputum test

(Signed) Chester Rikards, M. D.

4-15-1931 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul's Violetville — DATE OF BURIAL: 4/18/31

20 UNDERTAKER: John Ahrman — ADDRESS: 3000 E. Baltimore

Spec.—9-30—A. & Co.—250 Blks

247421 67844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL S. 86-41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Bleuel

(a) RESIDENCE No. 521 Staal Terrace near Frankford Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 29-24

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	-	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: Charles Bleuel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: Anna Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa -

14 Informant: Friends -

(Address): [illegible]

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 14-31

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 14, 1931

that I last saw her alive on April 14, 1931

and that death occurred, on the date stated above, at 4 05 P. M.

The CAUSE OF DEATH* was as follows:

Beta Hemolytic Strep. Septicaemia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Otitis Media - bilateral

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) A. G. Kittner M. D.

, 19... (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 4/17/31

20 UNDERTAKER: John A. Moran — ADDRESS: 2009 E. Baltimore St

Spec.—9-30—A. & Co.—250 Blks

67845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-CD 67845

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2435 Lakeview ave 13-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Crystal

(a) RESIDENCE. No. 2435 Lakeview ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Regina Crystal

6 DATE OF BIRTH (month, day, and year) Dec 23-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	23½	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Regina Crystal 2435 Lakeview ave

15 4-16 1931 . 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/15/31

17

I HEREBY CERTIFY, That I attended deceased from May 12, . 1926 . to 4/15 . 19 31

that I last saw h[illegible] alive on 4/15 . 19 31

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocardial Dilatation

(duration) — yrs. — mos. ½ hour

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis?

(Signed) M B Levin M. D.

4/15/1931 (Address) 1800 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ohev Sholom Cem DATE OF BURIAL 4/16 1931

20 UNDERTAKER Jack Levis ADDRESS 1439 Eastern Ave

Spec.—9 30—A. & Co.—250 Blks

E 67846 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67846

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1613 E. 25th St.) 9-46 (WARD)

REGISTERED No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Strobel

(a) RESIDENCE No. 1613 E 25th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Strobel

6 DATE OF BIRTH (month, day, and year) Oct 23 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Tin Decorating Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Martin Strobel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Catherine Strobel 1613 E. 25th St.

15 Filed APR 6 1931 By C. HAMPSON JONES, M. D. Registrar For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 - 1930 to Apr. 15th 1931

that I last saw h... alive on 4/14 30 19

and that death occurred, on the date stated above, at 5 10 A. m.

The CAUSE OF DEATH* was as follows:

Cancer Stomach

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY ... (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) 1340 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet — DATE OF BURIAL. Apr 17 1931.

20 UNDERTAKER Mrs. Mrs. John N. Tenbrook Son — ADDRESS 801 N. Fayette

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67847

CERTIFICATE OF DEATH

108 E 67847

1—PLACE OF DEATH Md. Gen Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1617 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Lou Crump

(a) RESIDENCE NO. 2913 Winchester ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 28 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 18 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	3	2827	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto.

10 NAME OF FATHER Maurice Crump.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Christine Schroeder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Hospital Record
(Address)

15 Filed —— . 19 —— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-15-31

17 I HEREBY CERTIFY, That I attended deceased from 4-14 . 1931 . to 4-15 . 1931 . that I last saw h er alive on 4-15 . 1931 and that death occurred, on the date stated above, at 8 40 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jameson A. Miller, M. D.

. 19 (Address) Maryland General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Apl 18 1931
20 UNDERTAKER Harry J. Menacon & Son	ADDRESS Edgewood Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67848

CERTIFICATE OF DEATH

85 E 67848

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. St. 11-24 Ward)

2-FULL NAME Oliver White.(C)

(a) RESIDENCE NO. 338 Camel Alley. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	25	----		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Frederick Dabney. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Canada.

12 MAIDEN NAME OF MOTHER Eva White, (C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Canada.

14 Informant (Address) Frederick Dabney. (C) father. 1704 Madison Ave.

15 [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy.
Probable fracture of the skull.
Accidental fall from a stool during an Epileptic Attack. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Richmond Market. April 6, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Hesselbrandt. M. D.

4/16. 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Cemetery	April 17 1931
20 UNDERTAKER	ADDRESS
Adolphus Halstead	1027 Eutaw St

Important. See instructions on back of certificate.

THIS MORGUE

Spec.—1-30—M. & T.—250 Bks.

E 67849 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67849

CERTIFICATE OF DEATH.

REGISTERED NO. 18

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Lyden ham Hospital 1-74 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Josephine Anderson

(a) RESIDENCE NO. 1001 (Usual place of abode) David Hill Ave ST., WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gus Anderson

6b DATE OF BIRTH (month, day, and year): Nov. 1894

7 AGE: 37 Years, 3 Months, ? Days, If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): No. Carolina

PARENTS

10 NAME OF FATHER: Linley Burnaugh

11 BIRTHPLACE OF FATHER (city or town): Fuddleston (State or country): So. Carolina

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown (State or country)

14 Informant: Gus Anderson (Address): 1001 David Hill Ave.

Filed 6-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to April 15, 1931, that I last saw h[e] alive on April 15, 1931, and that death occurred, on the date stated above, at 12 45 p. m.

The CAUSE OF DEATH* was as follows:

Meningococcus Cerebro-spinal meningitis

(duration) 0 yrs. 0 mos 16 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia (duration) 0 yrs. 0 mos. 4 ds.

18 Where was disease contracted if not at place of death? 1001 David Hill Ave.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal Puncture

(Signed) I. Peter Theodacker, M. D.

, 19 (Address) Lyden ham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

DATE OF BURIAL: 4/17 1931

20 UNDERTAKER: Daniel Easter

ADDRESS: 916 Penna Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67850 — 23 E 67850

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1716 Division St. 14-20 Ward)

2-FULL NAME Francis Dailey.

(a) RESIDENCE NO. 1716 Division St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905 Sept 29

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	25	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Thos H. Dailey
11 BIRTHPLACE OF FATHER (city or town)
(State or country)
12 MAIDEN NAME OF MOTHER Ella Poole.
13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address) 76 W Preston

15 Filed — 19 — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 14 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Bruck, M. D.
Sept 16 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 9/16 (35)

20 UNDERTAKER Daniel Foote — ADDRESS Pearl

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67851

CERTIFICATE OF DEATH

34 E 67851

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 Parrish ST. 19-28 WARD)

2-FULL NAME George Queen

(a) RESIDENCE NO 315 Parrish ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Queen

6 DATE OF BIRTH (month, day, and year) June 11, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	9	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland

PARENTS

10 NAME OF FATHER John Queen

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Mary Belle?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Eliz. Gen. H. C. Hospital

(Address) City Hospital, Md.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Thrombosis

(duration) ? yrs. mos. da

CONTRIBUTORY (Secondary) Syphilis + General Arterio-sclerosis (duration) ? yrs. mos. da

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Guy U. Cromwell Coroner, M. D.

4/7 1931 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: APR 16 1931

20 UNDERTAKER: Commissioner Feehs

ADDRESS

Spec.—9 30—A. & Co.—250 Bks.

2475-04

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 67852

2475 E 67852

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-13 WARD)

2 FULL NAME Thelma Todd

(a) RESIDENCE NO. 1428 E Monument St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 4-81

7 AGE — Years: — Months: — Days: 10 — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: act

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Sam Todd

11 BIRTHPLACE OF FATHER (city or town) (State or country): N-Car-

12 MAIDEN NAME OF MOTHER Cassey Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md-

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 Filed ___, 19___ [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 14-31

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to April 14, 1931

that I last saw her alive on April 14, 1931

and that death occurred, on the date stated above, at 4 15 m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary): ...

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Wassermann

(Signed) Ann E. Kuttner M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER [illegible]

ADDRESS [illegible]

APR 16 1931

APR 16 1931 C. HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

7 44137

E 67853

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67853

CERTIFICATE OF DEATH.

149-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL ST. 8+7 (WARD)

2 FULL NAME Lilly May White

(a) RESIDENCE NO. 1701 N Spring ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Black	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marchion

6 DATE OF BIRTH (month, day, and year) March-1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W. 057

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jordan White

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Car

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N Car

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed APR 16 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12-1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 4 . 1931 . to April 12 . 1931

that I last saw h er alive on April 12 . 1931

and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Post Scarlet adhesions
Cachexia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Jan 4 31.

Was there an autopsy? yes Lauren

What test confirmed diagnosis? —

(Signed) C. H. Hampson J. M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS APR 15 1931

Commissioner of Health

Per Wm. E. Woodall.

Spec.—9-30—A. & Co.—250 Blks.

67854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154. E 67854

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 25-75 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. Max W. Muller

(a) RESIDENCE NO. 517 Maude Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Muller

6 DATE OF BIRTH (month, day, and year) Dec 5 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Cement work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Max B Muller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Amy Mully
(Address) 517 Maude Ave

15 Filed ..... 19 ..... Registrar C. HALLISON JONES, M. D.

APR 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15-31

17

I HEREBY CERTIFY, That I attended deceased from April 14 . 1931 . to April 15 . 1931

that I last saw him alive on April 15, . 1931

and that death occurred, on the date stated above, at 9.20 P. M.

The CAUSE OF DEATH* was as follows:

Acute Osteo-myelitis -
Left Femur

over

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Septicaemia

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of April 15, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wylie M. Faw M. D.

. 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. Balto | DATE OF BURIAL: April 18 1931

UNDERTAKER: A. Edward Evans | ADDRESS: 38 E Fort Ave

Spec.—9-30—A. & Co.—250 Blks

67855

HEALTH DEPARTMENT—CITY OF BALTIMORE

67855

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: ~~HOSP~~ 3701 Spaulding Ave WARD 7-56

2 FULL NAME Pauline C. Hurley

(a) RESIDENCE NO 3701 Spaulding Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of Jas M. Hurley

6 DATE OF BIRTH (month, day, and year) Sept 29th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Franz Rosnedorn

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Schultz

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): W. M. Hurley 3701 Spaulding Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 15th 1931

17

I HEREBY CERTIFY, That I attended deceased from March 22 1931, to April 15 1931

that I last saw h-r alive on April 15 1931

and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) ... myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W S Tublett M. D.

Apr 16/31 (Address) 2220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Orrains Cemetery Mausoleum — DATE OF BURIAL: 4/18/31

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks.

67856 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 131 E 67856

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward) 30

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Blizzard

(a) RESIDENCE No. Dr. Malwood, Carroll Co. P.O. Westminster, Md.
(Usual place of abode) St. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bradley G. Blizzard

6 DATE OF BIRTH (month, day, and year) 1863-10-15

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER David Sipe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Eliza Harris.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Interment (Address) Bradley G. Blizzard R.F.D. Westminster, Md.

15 Filed . 19 AFS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, '31

17

I HEREBY CERTIFY, That I attended deceased from April 12, 1931, to April 16, 1931, that I last saw her alive on April 16, 1931, and that death occurred, on the date stated above, at 11 45 A m.

The CAUSE OF DEATH* was as follows:

Chronic hypertension; chronic nephritis; hypocardial insufficiency; cardiac hypertrophy.

(duration) 1 yrs.

CONTRIBUTORY (Secondary) Uremia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) Geo. J. Knapp Jr. M. D.

. 19 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Deer Park Cemetery. DATE OF BURIAL Apr. 18, 1931

20 UNDERTAKER C. M. Hatt & Son Westfield, Md. ADDRESS

Spec. 1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67857

CERTIFICATE OF DEATH.

E 67857

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Kernan Hospital St. 24-35 154 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Evans

(a) RESIDENCE NO. 1417 Woodall St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 17, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	17 —	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mrs. Ida Boyer 1417 Woodall St.

15 APR 16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 15 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1930, to Apr. 15, 1931.

that I last saw him alive on Apr. 15, 1931

and that death occurred, on the date stated above, at 6:40 a. m.

The CAUSE OF DEATH* was as follows:

Multiple Osteomyelitis involving the pelvis and right Femur

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. 2½ mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of 1-19-31

Was there an autopsy? No

What test confirmed diagnosis? Blood culture

(Signed) Hilman Jones, M. D.

, 19 (Address) Kernan Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 4/18 1931

20 UNDERTAKER H M Cook

ADDRESS 1217 Eutaw

Spec.—9-30—A. & Co.—250 Blks.

Dr E. M. Duncan Tenn 2836
5106 York Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67858 — 93-003 — 67858

28-64

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 5108 Norwood Rd (Ward) 28

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John M. Foster

(a) RESIDENCE NO. 5108 Norwood Rd (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~
HUSBAND of (~~or WIFE of~~) Eliza M. Foster

6 DATE OF BIRTH (month, day, and year) June 16th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Wm F. Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Grace S. Foster
(Address) 5108 Norwood Rd

15 Filed ... 19... Registrar

C. HAMPSON JONES, M. D.

C 1931 Act DBH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 7 1931 to Apr 15 1931

that I last saw him alive on Apr 15 1931

and that death occurred, on the date stated above, at 12 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia with chronic Myocarditis. Severe Bronchial cough for months.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan M. D.

. 19 (Address) 5106 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: 4/18/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

Dr. J. J. McGarrell Wolf 5243
633 S. Conkling St.

67859

HEALTH DEPARTMENT—CITY OF BALTIMORE

Before 8

CERTIFICATE OF DEATH

108

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1516 S. Highland Ave (Street) (Ward) 76-1

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Adolph A. Griffner

(a) RESIDENCE NO. 1516 S. Highland Ave (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~wife~~ Julia Griffner

6 DATE OF BIRTH (month, day, and year): July 22nd 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Brakeman

(b) General nature of industry, business, or establishment in which employed (or employer): R R

(c) Name of employer: Penna R R Co

9 BIRTHPLACE (City or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Julius Griffner

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wolchheimer

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant: Emma L. Hudson
(Address) 2226 W. Fayette St

15 Filed 4/16 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): April 16th 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/15, 1931, to 7.5, 19..

That I last saw h[illegible] alive on 4/15, 1931.

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

(a) Lobar Pneumonia 4 ds.
(duration)

CONTRIBUTORY (Secondary) Acute Cardiac dilatation
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. McGarrell M. D.

4/16/31 (Address) 633 S. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery

DATE OF BURIAL: 4/18/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

16 1931

Spec.—12-9-25—A Co.—200 Blks.

WHITE

HEALTH DEPARTMENT—CITY OF BALTIMORE

145-001 ✓ E 67860

E 67860

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. Broadway Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Minnie S. White

(a) RESIDENCE NO. 704 E. 33rd St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 8 mos. 19 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Herbert E. White

6 DATE OF BIRTH (month, day, and year): July 27-1898

7 AGE: Years 32; Months 8; Days 19; IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Charles A. Gawin

11 BIRTHPLACE OF FATHER (city or town)

(State or country): New York

12 MAIDEN NAME OF MOTHER: Emma A. Schmidt

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant (Address): Herbert E. White 704 E. 33rd St.

15 Filed: 6 1931 Registrar: C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: April - 16 - 1931

17 I HEREBY CERTIFY, That I attended deceased from April 12 1931 to April 16, 1931, that I last saw ... alive on April 16, 1931, and that death occurred, on the date stated above, at 12 00 (m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia - Puerperal

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ? Caesarean Section

Did an operation precede death? yes Date of April 12, 1931

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy & Culture

(Signed) Herbert E. Norris, M. D.

(Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: April 18 1931

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Falls Road

very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 67861

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67861

CERTIFICATE OF DEATH.

24

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital S. or E. 14-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theodore Bland

(a) RESIDENCE NO. 1623 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 8 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Theodore Bland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk Va

12 MAIDEN NAME OF MOTHER Della Ewell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cuba

14 Informant Mrs Theodore Bland

(Address) 1623 Madison Ave

Filed APR 7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 8, 1931, to April 16, 1931, that I last saw him alive on April 16, 1931, and that death occurred, on the date stated above, at 1.50 P m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis

(Tuberculosis)

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lumbar puncture

(Signed) Myron G. Tull, M. D.

4/16, 1931 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL April 17 31

20 UNDERTAKER Samuel Wensley

ADDRESS 501 Park Ave

Spec.—9 30—A. & Co.—250 Bks.

E 67862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67862

1 PLACE OF DEATH Union Memorial Hospital — 7 — 19 — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 33rd & Calvert St. WARD)

2 FULL NAME Edward Dooley

(a) RESIDENCE NO Delta Pa ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Roberts

6 DATE OF BIRTH (month, day, and year) 3/16/1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER H Edward Dooley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lydia Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wife Mary A Roberts (Address)

15 Filed APR 17 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 17 31

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to April 17, 1931

that I last saw h[illegible] alive on April 17, 1931

and that death occurred, on the date stated above, at 3 22 m.

The CAUSE OF DEATH* was as follows:

Epidemic Cerebro spinal Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Delta Pa

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal fluid smear

(Signed) C. K. Mortimer Jr. M. D.

4/17, 1931 (Address) Union Mem. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Delta, Pa — DATE OF BURIAL Apr 18 1931

20 UNDERTAKER L. J. Lochner & Son — ADDRESS Delta

C. [illegible] JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67863

CERTIFICATE OF DEATH.

82-64 67863

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 4301 Liberty Heights 198-64 WARD

2-FULL NAME Octavia C Robinson

(a) RESIDENCE NO. 4301 Liberty Heights ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 29 1848

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant (Address) Mrs J T Wells 4301 Liberty Heights

Filed APR 17 1931, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 15-1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 19 31, to Apr 15, 19 31

that I last saw h alive on April 6, 19 31

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage
(Convulsions)
(Previous attacks over
past 2 yrs) (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Ferdinand C. Nachod M. D.

, 19 (Address) 704 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

20 UNDERTAKER: H. Eichhorn & Sons

DATE OF BURIAL: April 17 1931

ADDRESS: Penn & Hall

Spec.—1-30—M. & T.—250 Bks.

E 67864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-903

E 67864

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 25-72 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME ~~Mrs.~~ EDITH Frances Phillips

(a) RESIDENCE No. Rolling Rd. Relay, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND of~~ or) WIFE of Harry Phillips

6 DATE OF BIRTH (month, day, and year) Dec 7 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel Manley

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Ayres

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr. Harry S. Phillips

(Address) Rolling Rd. Relay

15 Filed ....., 19 ..... Registrar

C. HAMPTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1931, to April 15, 1931, that I last saw her alive on April 15, 1931, and that death occurred, on the date stated above, at 7:15 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) 3 yrs. mos da.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 6 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Hjalmar S. Anderson, M. D.

4/15/31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Apr 17 19 31

20 UNDERTAKER J. Pickens, Conn

ADDRESS Zola

1-30—M. & T.—100 B—50L

E 67865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67865

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 11-15 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Wachs

(a) RESIDENCE NO. 1121 N. Caroline St., ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Wachs

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hirsh Duhl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Hinda ----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Balto. St.,

15 Filed 4-17 1931. 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-16- 31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure- Probably Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthma (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jos. A. Brin, M. D. Coroner

4/17/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Workmen Circle Hebrew Mt. Carmel	4-17-31

20 UNDERTAKER Jack Levine ADDRESS 1439 E. Baltimore St.,

Spec.—9-30—A. & Co.—250 Blks.

247424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67866 — 107-001 — 67866

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL, ST. 9-46 WARD 107-001) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Miner

(a) RESIDENCE NO. 2310 Ruth St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 3 1930 1931

7 AGE — Years: — Months: 5 Days: 13 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Thomas Miner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Theresa Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records Johns Hopkins Hospital

15 11 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 31

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 16, 1931

that I last saw him alive on April 16, 1931

and that death occurred, on the date stated above, at 8 00 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho -

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): C

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) F. C. Goodwin M. D.

4/16, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 4/17/31

20 UNDERTAKER: Joseph Ahern

ADDRESS: 221 Bway

Spec.—9-30—A. & Co.—250 Blks

247039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67867

CERTIFICATE OF DEATH.

23 V

E 67867

1. PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. 4-26 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Alice M Pleasants

(a) RESIDENCE No. 233 Myrtle ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Black	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 22-1930

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Hanaway Pleasants

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nina Theiner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address)

15 APR 7 1931 . 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) April-14-1931

17

I HEREBY CERTIFY, That I attended deceased from March 30. 1931 to April 14. 1931

that I last saw her alive on April 14. 1931

and that death occurred, on the date stated above, at 5.30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous pneumonia

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Tuberculin reaction, x-ray.

(Signed) Dan'l Kuttner M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	April 17 1931
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1725 Eastern Ave

Spec.—9-30—A. S. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~E 67868~~ 82-01 E 67868

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1619 E. Madison St. 14-30 (WARD)

2 FULL NAME Rev. William H. A. Williams

(a) RESIDENCE NO. (Usual place of abode) 1619 E. Madison ST. ..... WARD .....
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Diana Williams

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer) Gospel Preacher

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Goldsboro N. C.

PARENTS

10 NAME OF FATHER Ashbie Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Diana Williams
(Address) 1619 E. Madison St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 31

17

I HEREBY CERTIFY, That I attended deceased from Mar 29, 1931, to Apr 14, 1931, that I last saw h[illegible] alive on Apr 13, 1931, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) T. B. Baker M. D.

4/16/31 (Address) Pikesville Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cemetery	April 16, 1931

20 UNDERTAKER Mrs. R. C. Elliott ADDRESS 1213 Eastlander

HAROLD JONES, M. D.

APR 17 1931

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67869

CERTIFICATE OF DEATH

10-14 137

REGISTERED NO. E 67869

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. ST. 10-14 WARD)

2 FULL NAME Peter E. Wilcox

(a) RESIDENCE NO. 1014 Harford Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Louisa N Wilcox

6 DATE OF BIRTH (month, day, and year) Feby 8th 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Wilcox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Julia Elbender

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Louisa Wilcox 1014 Harford Ave

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from 4-6, 1931, to 4-16, 1931

that I last saw h[illegible] alive on 4-16, 1931

and that death occurred, on the date stated above, at 3:00 A m.

The CAUSE OF DEATH* was as follows:

Benign prostatic hypertrophy

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

(duration) yrs. mos. hrs. da

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 4-15-31

Was there an autopsy? Yes

What test confirmed diagnosis? operation & tissue findings

(Signed) E. H. Yeager M. D.

4/16 1931 (Address) University Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Apr 18 1931

20 UNDERTAKER George Schilling & Sons

ADDRESS 1136 E Monument St

Spec.—9-30—A. & Co.—250 lbks

E 67870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 V E 67870

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No St Joseph's Hospital ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J Deeley

(a) RESIDENCE NO. 834 - E. Preston ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21-1877

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53.	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Balto City Engineering Dept

(c) Name of employer Balto Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Lawrence Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Costello

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss Magnie Kelly
(Address) 834. E. Preston st

15 Filed 7-1931 19 C. HARRISON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-15-31

17 I HEREBY CERTIFY, That I attended deceased from 4-2 , 1931 , to 4-15 , 1931

that I last saw h alive on 4-15 , 1931

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Cellulitis of the neck -
(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Septicaemia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 4-2-31
no

Was there an autopsy?

What test confirmed diagnosis? clinical

(Signed) Robert Lardo M. D.

19 (Address) St Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery — DATE OF BURIAL April 17 31

20 UNDERTAKER Fred A. Krause & Son ADDRESS 703 Hamm

Spec.—9-30—A. & Co.—250 Blks.

E 67871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5th E 67871

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 14-30 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Helen M. Scrapshun (Creamer)

(a) RESIDENCE No. St Vincents Orphanage St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 11-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

065

9 BIRTHPLACE (city or town) (State or country) Drumshando Ireland

PARENTS

10 NAME OF FATHER Michael Creamer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Sister M. Magdalen St Vincents Orphanage Balt.

15 Filed APR 7 1931 H. LAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1931

17

I HEREBY CERTIFY, That I attended deceased from 4/15, 1931 A.M. to 4/15 P.M., 1931

that I last saw h[illegible] alive on 4/15, 1931

and that death occurred, on the date stated above, at 10:50 P.M.

The CAUSE OF DEATH* was as follows:

(1) Diabetes Mellitus C
Bronchial Pneumonia T

(2) Otitis Media

(1) (duration) ✓ yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. I ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no. Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) G. M. Laumeyer M. D.

4/16 1931 (Address) Mercy Hospital Balt.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Stagnes Cem Mt Washington	April 18 1931
20 UNDERTAKER Henry H. Jenkins Sons	ADDRESS McCulloh & Richmond Sts

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67872

CERTIFICATE OF DEATH

108~E 67872

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1129 Briscoe St. 21-31 St., Ward)

2-FULL NAME Mary Butler Ostend.(C)

(a) RESIDENCE NO. 1116 Russell St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Arthur Ostend.(C)

6 DATE OF BIRTH (month, day, and year) August 23, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	42	7	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Butler(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) St. Marys Co. Md.

12 MAIDEN NAME OF MOTHER Jane White.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) St. Marys Co. Md.

14 Informant Louise Bush.(C) sister.
(Address) 1116 Russell St.

15 Filed APR 17 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. Bernhardt M. D.

4/16, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	April 18, 1931
20 UNDERTAKER	ADDRESS 32, E Schroeder St
Mrs. Katie R. Williams.	

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

67873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 L 67873

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18-26 WARD)

2 FULL NAME Mamey Smith Henry

(a) RESIDENCE NO. 213 N. Carrollton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) Kent Co (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Julia Smith Black 2121 Greenmount Ave

15 Filed APR 17 1931, 19 ... Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-14-31

17

I HEREBY CERTIFY, That I attended deceased from 4-8-, 1931, to 4-14, 1931

That I last saw her alive on 4-14, 1931

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Uterine Fibroid

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4-11-31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. H. Varney M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Georgetown, Kent Co Md.	April 18 1931
20 UNDERTAKER Mr Peter R Williams	ADDRESS 3222 Edmondson Ave

Spec.—1-12-23—M&T—500 Blks.

E 67874

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67874

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1333 Hanover Street. (ST.) 23-33 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine A. Ritz.

(a) RESIDENCE NO. 1333 Hanover Street. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem.	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Christian Ritz

6 DATE OF BIRTH (month, day, and year): July 23, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer: - - - -

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Michael Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Radford,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): John F. Kidd. 3805 W. Mulberry St.

15 Filed C. HAMPSON JONES, M. D. Registrar

N. B.—WRITE PLA... mation should... CAUSE OF DE... TION is very im...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2nd, 1930 to April 15, 1931.

that I last saw her alive on April 15, 1931.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) probably ten months yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Odon Reibel, M. D.

4/15. 1931 (Address) 1224-1226 Hanover Street,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: April 15 1931

20 UNDERTAKER: Margaret D. Flynn

ADDRESS: 1432 Fig...

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67875

107-01

E 67875

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 13-20 ST. (WARD)

2 FULL NAME Robert Connelly

(a) RESIDENCE No. 2000 Brookfield Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	60	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs. Freidel

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Connelly

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Kelly

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 4-17 1931 C. HAMILTON JOHNSON Registrar

17491

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-16-31

17

I HEREBY CERTIFY, That I attended deceased from 11-20-30, 19 to 4-16-31, 19

that I last saw h im alive on 4-16-31, 19

and that death occurred, on the date stated above, at 4:20 A. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Bronchitis, Chronic

(duration) yrs. UNKNOWN mos. ds.

18 Where was disease contracted if not at place of death? 1. Hospital 2. Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podgel. M. D.

(Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL 4/17 1931

20 UNDERTAKER John J. Kelly Sons

ADDRESS 1318 Light St

Spec.—1-12-23—M&T—500 Blks.

E 67876

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67876

CERTIFICATE OF DEATH.

X 36 V

1-PLACE OF DEATH West Balt. Gen Hosp. REGISTERED NO. 16

CITY OF BALTIMORE (No.) Charles McClelland Supervisor

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME C. M. Pierpont

(a) RESIDENCE NO. Summit Ave, Catonsville Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (Write the word) Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Hannah M. Pierpont

6 DATE OF BIRTH (month, day, and year) July 12 1862

7 AGE Years 68 Months 9 Days 3 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miller

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Charles J. Pierpont

11 BIRTHPLACE OF FATHER (City or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rosier

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Pennsylvania

14 Informant Mrs. L. D. Poler (Address) Catonsville Md

15 Filed 5 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1931

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1931, to April 15, 1931.

that I last saw h, m alive on April 15, 1931.

and that death occurred, on the date stated above, at 10:40 A m.

The CAUSE OF DEATH* was as follows;

Infected finger (middle finger left hand Terminal phalanx

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Pyemia (Staph. aureus)

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 10, 1931

Was there an autopsy? yes

What test confirmed diagnosis? Pathology. Autopsy

(Signed) H. Ashman, M. D.

, 19 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Apr. 17 1931

UNDERTAKER Easton Sons ADDRESS Ellicott City

Reg. 1931

Spec.—9-30—A. & Co.—250 Bks.

E. 67877 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 67877

CERTIFICATE OF DEATH.

82-001

1 PLACE OF DEATH

CITY OF BALTIMORE (No 428 Rosebank Ave. WARD 27-48)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary A. Joyce

(a) RESIDENCE NO 428 East Rosebank Ave. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced (or) WIFE of Michael Joyce

6 DATE OF BIRTH (month, day, and year) Sept. 16 - 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edw. Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Barry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Katherine E. Joyce
(Address) 428 Rosebank Ave

15 Filed APR 7 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/14/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Apr 14, 1931

that I last saw her alive on April 12, 1931

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1/24 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Perrigo M. D.

4.17. 1931 (Address) 614 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 4/18/31

20 UNDERTAKER J. T. Brosnan

ADDRESS 3000 E. Biddle St.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67878

CERTIFICATE OF DEATH.

108 E 67878

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 818 N Stricker St) (Ward 16-22)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert W Johnson

(a) RESIDENCE NO 818 N Stricker (Ward .....)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1863

7 AGE — Years: 68 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer): 07

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: William Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Wells Hopkins
(Address) 818 N Stricker St

15 Filed ... 19 ... Registrar

1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-17-31

17 I HEREBY CERTIFY, That I attended deceased from 4-14* 1931 to 4-17* 1931

that I last saw him alive on April 16* 1931

and that death occurred, on the date stated above, at 7.30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Pul Congestion

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas C Carper M. D.

(Address) 1433 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion — DATE OF BURIAL: April 8 1931

20 UNDERTAKER: Thomas E Wright — ADDRESS: 208 Monument Ave

Spec.—1-30—M. & T.—250 Bks.

E 67879

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67879

CERTIFICATE OF DEATH.

92 001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Rogers Ave ST.) 27-55 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose M. Polster

(a) RESIDENCE NO. 3010 Rogers Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced (or) WIFE of William A Polster

6 DATE OF BIRTH (month, day, and year) June 22 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Wm T. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Alma L Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant William A Polster (Address) 3010 Rogers ave

15 1931 April Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to April 17, 1931, that I last saw her alive on April 17, 1931, and that death occurred, on the date stated above, at 3 15 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Mitral Stenosis, Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical & Electrocardiograph

(Signed) H. Adler M. D.

, 19 (Address) 2430 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL April 20 1931

20 UNDERTAKER Isaac Eyler

ADDRESS 1600 W. North Ave

Spec.—1-30—M. & T.—250 Bks.

67880

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 - 001
E 67880

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3639 Leesterstown Rd. St.) (3-59 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Addams Meisel

(a) RESIDENCE NO. 2313 Avalon Ave St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	63	9 10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Dressmaker

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Louis J. Meisel

11 BIRTHPLACE OF FATHER (city or town) (State or country) .....

12 MAIDEN NAME OF MOTHER Sarah J. Addams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) .....

14 Informant Dorothy B Bowersox
(Address) 2205 Gunters Rd

15 Filed ..... 1931 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1931

17 I HEREBY CERTIFY, That I attended deceased from July 3rd 1930 to April 15th 1931 that I last saw her alive on April 15th 1931 and that death occurred, on the date stated above, at 7-P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Heart Failure

(Signed) Edward C. Reifsnyder, M. D.

4/5. 1931 (Address) 2221 W. Fayette St. Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL April 18 1931

20 UNDERTAKER James Zepfer

ADDRESS 1607 W. Fayette St.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 67831 — 24 67881

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Church Memorial Hospital — REGISTERED NO. 25-32

CITY OF BALTIMORE: (No. ____ St. ____ WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rodney White

(a) RESIDENCE NO. 2721 Guilford Rd. St. ____ WARD ____ (If non-resident give city or town and State)
(Usual place of abode.)

Length of residence in city or town where death occurred — yrs. 12 mos. 9 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) 3/7/30

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	1	9/10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ____
(b) General nature of industry, business, or establishment in which employed (or employer) ____
(c) Name of employer ____

9 BIRTHPLACE (city or town) (State or country) Westport, Md.

PARENTS

10 NAME OF FATHER Charles White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Margaret Roth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mother 2721 Guilford Rd, Md.

15 Filed APR 1 1931, 19__ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7 1931

17
I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to April 7, 1931
that I last saw h— alive on April 7, 1931
and that death occurred, on the date stated above, at 3-42 m.

The CAUSE OF DEATH* was as follows:
Tuberculous Meningitis

(duration) 0 yrs. 0 mos. 2 1 ds.

CONTRIBUTORY (Secondary) ____ (duration) 6 yrs. ____ mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jesse L. Tyler M. D.
, 19 (Address) Church Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: April 8 1931

20 UNDERTAKER: E. Schleman & Son — ADDRESS: 3039 Hanover St

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67882

CERTIFICATE OF DEATH.

49 E 67882

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2827 N Calvert St. 17-50 (WARD)

2-FULL NAME Clara V. Keller

(a) RESIDENCE NO. 2827 N Calvert ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert Keller

6 DATE OF BIRTH (month, day, and year): 4/7/1880

7 AGE: Years 51 Months 5 Days 0 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Conrad Hohman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 NAME OF MOTHER: Henrietta Helmyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Buffalo

14 Informant (Address): Elizabeth E. Orem 2827 N Calvert St.

15 Filed 4/17 1931 . 19 . C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 16, 1931.

17 I HEREBY CERTIFY, That I attended deceased from October 27, 1930 to April 16th 1931.

that I last saw her alive on April 16th 1931

and that death occurred, on the date stated above, at 8.30 p m.

The CAUSE OF DEATH* was as follows:

Cysto-Papilloma of Ovary

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Carcinoma (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Oct. 27, '30

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frederick A. Orem, M. D.

. 19 (Address) 2827 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk.

DATE OF BURIAL: 4/18 1931

UNDERTAKER: Mary A. Gawthrop

ADDRESS: Baynes

TION is very important See instructions on back of certificates.

Spec.—12-9-25—A Co.—300 Bks.

E 67883

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003
93 E 67883

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE. (No. North Broadway St. 7-13 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Edward Curran

(a) RESIDENCE NO. 1422 Ashland Ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Curran

6 DATE OF BIRTH (month, day, and year) Jan 27-1868

7 AGE Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
63	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) _____

(State or country) Maryland

PARENTS

10 NAME OF FATHER Edward Curran

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) _____

14 Informant _____

(Address) 1422 Ashland Ave.

Filed 4 17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from April 1 1931, to April 15, 1931, that I last saw him alive on April 15, 1931, and that death occurred, on the date stated above, at 7.50 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ? yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of April 7, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) James L. Mc Carey, M. D.

4-15-1931 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial 4/18 1931

20 UNDERTAKER E. J. Fanning & Son ADDRESS 1938 E Lafayette Ave.

very important. See instructions on back of certificate.

Spec.—2-20-28—L. F. S.—600 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67884

CERTIFICATE OF DEATH

23 E 67884

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Parrish ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Virgie Barrett

(a) RESIDENCE NO. 1424 Parrish ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced? (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1914

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N.C.

PARENTS

10 NAME OF FATHER: Samuel Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Katy Exeter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Mother

(Address) 1424 Parrish St

15 Filed 4-17 1931, 19 ... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/17/31

17 I HEREBY CERTIFY, That I attended deceased from 4/15, 1931, to 4/17, 1931, that I last saw h[illegible] alive on 4/16, 1931, and that death occurred, on the date stated above, at 2.45 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T.B.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. O. Stevenkins M. D.

4/17, 1931 (Address) 912 Eclair St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Osbury Cem — DATE OF BURIAL: 4-19 1931

20 UNDERTAKER: Mrs Lottie Gross — ADDRESS: 1400 Ashland Ave

Spec.—9-30—A. & Co.—250 Blks.

E 67885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 E 67885

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1724 N Calvert St. 17-19 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Tilghman Buchanan Owen

(a) RESIDENCE NO. 1724 N. Calvert ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Married~~, ~~Never married~~, Widowed, or ~~Divorced~~ (write the word): Widow

5a If ~~never married~~ widowed, or ~~divorced~~
(or) WIFE of: Late H. T. Owen

6 DATE OF BIRTH (month, day, and year): Nov 24 1852

7 AGE — Years: 78 — Months: 4 — Days: 716 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Talbert Co Md

PARENTS
10 NAME OF FATHER: Franklin Buchanan
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md
12 MAIDEN NAME OF MOTHER: Anne C Lloyd
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbert Co Md

14 Interment (Address): Mrs. Owen 1724 N Calvert St

15 Filed ... 19 ... Registrar: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 16 1931

17
I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to April 16, 1931

That I last saw h[er] alive on April 16th, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ... yrs. ... mos. 33 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Cary Blandford M. D.

(Address) 1 Marion Apts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: April 18 1931

20 UNDERTAKER: Henry Hankins Son & Co — ADDRESS: Eutaw & Madison

Spec.—8-16-29—L. F. S.—100 Pks.

E 67886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67886

REGISTERED NO. 157-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4825 Liberston Ave. WARD) 27-56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nancy Smith

(a) RESIDENCE NO. 4825 Liberston Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 9, 1926

7 AGE — Years: 5 | Months: 2 | Days: 8 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Wilmer P. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Alice M. Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Wilmer P. Smith

(Address) 4825 Liberston Ave.

15 17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): APR 17 1931

17 I HEREBY CERTIFY, That I attended deceased (from 3-20-31, 19..., to 4-17, 1931,

that I last saw her alive on 3-16, 1931,

and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus — Life — mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) — mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of May 8, 1926

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. C. Smith, M. D.

19 (Address) 4627 Ruxton Rd

*State the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: APR 18 1931

20 UNDERTAKER: Geo. W. Little

ADDRESS 2700 EDMONDSON AVE.

Spec.—1-30—M. & T.—250 Bks

E 67887

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67887

CERTIFICATE OF DEATH.

108

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 Colern ST. 5-9 WARD)

2-FULL NAME Hattie Krug

(a) RESIDENCE NO. 609 N Eden ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35½ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of David Krug

6 DATE OF BIRTH (month, day, and year) Sept 1—1889

7 AGE	Years	Months	Days	If LESS than 1 day, __ hrs. or __ min.
	41	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greenfield Ind

PARENTS

10 NAME OF FATHER David Mendelet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind

12 MAIDEN NAME OF MOTHER Mary Richards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

14 Informant Jerome Robinson

(Address) 609 N Eden St

Filed 4-17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-15-31

17 I HEREBY CERTIFY, That I attended deceased from 4-10 1931 to 4-15 1931

that I last saw her alive on 4-15 1931

and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? NW

Did an operation precede death? NW Date of ____

Was there an autopsy? Physical

What test confirmed diagnosis? Physical

(Signed) Chas E Bailey M. D.

4-14 1931 (Address) 50 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL 4/18/1931

20 UNDERTAKER Wm & Chas E. Bailey — ADDRESS 1421 Jefferson St

1-30—M. & T.—100 B—50L

E 67888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 67888

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 E. Lanvale ST. 8-17 (WARD)

2-FULL NAME James E. Forestell

(a) RESIDENCE NO 2003 E. Lanvale ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie S. Forestell

6 DATE OF BIRTH (month, day, and year) Sept 22/1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plumber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Jennie S. Forestell, 2003 E. Lanvale St
(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History by Dr. Cox

(Signed) Coroner, M. D.

4117/31, 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 4/20/31

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Cor.—10-16-29—A Co.—100 Bks.

E 67889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 67889

23-32

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital St.) (Ward)

2-FULL NAME Ellen Suesse

(a) RESIDENCE NO. 1825 Hanover St. St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 6 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed or divorced~~ (or) WIFE of August Suesse.

6 DATE OF BIRTH (month, day, and year) September 25, 1886

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	44	6	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Trenton, N.J.
(State or country)

PARENTS

10 NAME OF FATHER John Smith.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England.

12 MAIDEN NAME OF MOTHER Fannie Gercott.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England.

14 Informant Fannie A. Jones. (C) daughter.
(Address) 1309 Beechwood Rd.

15 Filed ... 19... ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Probably Carcinomatus.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 1825 Hanover St.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Eisenhardt, M. D.

4/16. 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	4/18 1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

Important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

67890 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

154 67890

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 27-56 (Ward)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Grimes

(a) RESIDENCE NO. 4852 Pinkneytown Rd (St.) _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fannie Grimes

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ice cream maker
(b) General nature of industry, business, or establishment in which employed (or employer) O'D
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Grimes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Minnie Troch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Negative Record
(Address)

15 Filed 7 1931, 19__ [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15, 1931

17
I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 15, 1931
that I last saw him alive on April 15, 1931
and that death occurred, on the date stated above, at 9:00 m.
The CAUSE OF DEATH* was as follows:
Acute Glomular Nephritis

(duration) yr. _____ mos. 21 ds.

CONTRIBUTORY (Secondary) Chronic Osteomyelitis
(duration) 14 yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home.
Did an operation precede death? No Date of _____
Was there an autopsy? Yes
What test confirmed diagnosis Autopsy & clinical findings
(Signed) G. Bonzo Hamilton Jr. M. D.
4/16 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodboro Frederick Co | DATE OF BURIAL 4/19, 1931

20 UNDERTAKER Wm Cook | ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

67891 — 84-02 67891

1-PLACE OF DEATH (a) Provident Hospital

CITY OF BALTIMORE: (No. Cherokee & Druid Hill Ave. St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James C Wallace

(a) RESIDENCE NO. 4204 Hammond Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	1	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Arizona

PARENTS

10 NAME OF FATHER Kenneth Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mondamin, Iowa

12 MAIDEN NAME OF MOTHER Ethel Holt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Logan, Iowa

14 Informant Kenneth Wallace

(Address) 4204 Hammond Ave

17 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-17-31

17

I HEREBY CERTIFY, That I attended deceased from 4-15-31, 19 ___, to 4-17-31, 19

that I last saw h alive on 4-17-31, 19

and that death occurred, on the date stated above, at 12:30 m.

The CAUSE OF DEATH* was as follows:

Left Otitis Media
Streptococcic
Meningitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. B. Needles M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mondamin, Iowa — DATE OF BURIAL: 4/18 1931

20 UNDERTAKER: J. M. Cook — ADDRESS: 1217 N. Fulton

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67892

E 67892

CERTIFICATE OF DEATH

82-001

15-65

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Lexington Market St. Ward)

2-FULL NAME James T. O'Neill

(a) RESIDENCE NO. 2508 Queen Anne Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 27 da. How long in U. S., if of foreign birth? — yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence I. Forbes

6 DATE OF BIRTH (month, day, and year) July 19, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
70	65	8	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John O'Neill

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Coyle

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Ireland

14 Informant (Address) Mrs. Florence I. O'Neill 2508 Queen Anne Road

15 Filed [illegible] 19 31 A. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller M. D.

4/17. 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL 4/18 1931

20 UNDERTAKER: Henry U. Mears & Son — ADDRESS 500 W. Baltimore

Important. See instructions on back of certificate.

APR 17 1931

Spec—6-30—A. & Co.—250 Blks

67893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 67893

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2913 White Ave St. 27-43 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick F. Donnelly

(a) RESIDENCE NO. 2913 White Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Kate Donnelly

6 DATE OF BIRTH (month, day, and year) Feb 1865

7 AGE: Years 65 (66) Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Peter Donnelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Kate McElroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs. Katy Donnelly 2913 White Ave

15 Date received 4/17 1931 Registrar C. HAMPSON JONES, M. D. ACH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 15-31

17 I HEREBY CERTIFY, That I attended deceased from January 6, 1931, to April-15, 1931
that I last saw h[illegible] alive on April 15, 1931
and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:
Cardiac Failure - Edema of Lungs - Myocarditis - Nephritis

(duration) yrs. 3 mos. 9 ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) William F. Schwartz M. D.

4/17, 1931 (Address) 1200 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forkwood Cem

DATE OF BURIAL: 4/17 1931

20 UNDERTAKER: J. J. Doherty Sons

ADDRESS: 1318 Light St

Spec.—9-30—A. & Co.—250 Pds.

67894 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 6-10 131 L 67894

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No Frank Hayba ST. 2237 E. Fayette WARD)

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

(a) RESIDENCE No. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6 DATE OF BIRTH (month, day, and year) Oct. 7 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture repair and finisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) ? Poland

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 4-17 1931 . 19 Rock Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-16-31

17 I HEREBY CERTIFY, That I attended deceased from 2-24-31 . 19 . to 4-16-31 . 19

that I last saw him alive on 4-16-31 . 19

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis, chronic, with oedema

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. UNKNOWN mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical; lab.

(Signed) Paul Padget. M. D.

4-16 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. Upper Marlb. DATE OF BURIAL: 4-18 19 31

20 UNDERTAKER: Wm. M. Webster ADDRESS: Upper Marlboro Md

Spec.—9-30—A. & Co.—250 Blks.

67895

HEALTH DEPARTMENT—CITY OF BALTIMORE

67895

CERTIFICATE OF DEATH.

125

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 3925 Pinkney St. 9-47 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Henry Billman

(a) RESIDENCE NO 3925 Pinkney St. Ward

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel E. Billman

6 DATE OF BIRTH (month, day, and year) Feb 15 81

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	50	21	29/28

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hall Ruy News Co.

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Daniel K. Billman

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Lydia Dellenbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) F. H. Billman Southern Hotel

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1931

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1931, to April 16, 1931

that I last saw he was alive on April 16, 1931

and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Cystitis & Hydronitis & Infirmities of age

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Infirmities of age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Chemical

(Signed) ? Kerman M. D.

4-18-31 (Address) 1701 N Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Williamsport Pa via Penn RR	Apl 19 19 31
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

Form—6-9-19—H. P. Co.—1000 Blks.

(Derrick J. Crowley)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67896

CERTIFICATE OF DEATH.

REGISTERED NO. 67896

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 212 W Saratoga St. St. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Derrick J. Crowley

(a) RESIDENCE. No. 212 W Saratoga St ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~ or Divorced (write the word): Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: Mary E. Crowley nee Eberle

6 DATE OF BIRTH (month, day, and year): July 8, 1871

7 AGE: Years 59 yrs; Months 9; Days 9; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Jab. Crowley

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Louise Brotman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant (Address): Mrs. Mary E. Crowley 212 W. Saratoga St.

15 Filed 19 Registrar

18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-17-31 ~~(or Coroner)~~ (Signature)

17 I HEREBY CERTIFY, That I attended deceased from several years to 4-17, 1931, that I last saw h[illegible] alive on 4-17, 1931, and that death occurred, on the date stated above, at 5-05 p.m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

Probably Coronary Obstruction

CONTRIBUTORY (Secondary) Do not know (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. H. Forney Jr. M. D.

4-17 1931 (Address) 11 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Interment or Removal: Loudon Park Cemetery

DATE OF BURIAL: April 21, 1931

20 UNDERTAKER: Elmer W. Conklin

ADDRESS: 924 E. Eager St.

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67897 — 82-42 67897

CERTIFICATE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 29 N. ~~Lanvale~~ Preston St. 11-24 (WARD)

2. FULL NAME Sophronia A. Gaskins

(a) RESIDENCE NO. 29 N. ~~Lanvale~~ Preston St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1st 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Warrenton Va

PARENTS

10 NAME OF FATHER: Alfred Gaskins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Harriet Carpenter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Lexington F. Triplett
(Address) 1112 E. Lanvale St

15 Filed ... 1931 ... 16 Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/17/31

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1931 to April 17, 1931

that I last saw her alive on April 16, 1931

and that death occurred, on the date stated above, at 3½ a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettekin M. D.

. 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Warrenton Va

DATE OF BURIAL: 4/18/31

UNDERTAKER: F. B. Wappett

ADDRESS: 1300 Eutaw Place

Spec.—9 30—A. & Co.—250 Blks

24750?

HEALTH DEPARTMENT—CITY OF BALTIMORE

67898

CERTIFICATE OF DEATH

108 M 67898.

REGISTERED No.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL ST. 10-13 WARD)

2 FULL NAME Edward Page

(a) RESIDENCE No. 702 N Spring ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labarer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER Rile Page

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Esther Paus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Records

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April-15-1931

17

I HEREBY CERTIFY, That I attended deceased from Apr 14, 1931, to April-15, 1931

that I last saw h[illegible] alive on April 15, 1931

and that death occurred, on the date stated above, at 9[20] p m.

The CAUSE OF DEATH* was as follows:

Ac. Lobar pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Cardiac dilatation

(duration) yrs. mos. 15 min

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? P M Blood culture

(Signed) C. C. [illegible] M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery

DATE OF BURIAL: April 20 19 31

20 UNDERTAKER: Edward Boyson

ADDRESS 1681 orleans st

Cor.—10-10-29—A Co.—100 Blks.

E 67899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 / 67899

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 217 Laurens St. 16-23 (Ward)

2-FULL NAME Wm Morgan

(a) RESIDENCE NO. 217 Laurens St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliz

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Geo. Morgan

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Susan Brown

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant (Address) Dorothy McCoy 217 Laurens

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and (from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

4/15/31 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	April 18 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Pennsylvania

Important. See instructions on back of certificate.

51

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67900

93-007 67900

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 927 Pierce ST. (WARD) 18-76

2—FULL NAME Sara Goines

(a) RESIDENCE NO. 927 Pierce ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Goines

6 DATE OF BIRTH (month, day, and year): Dec 25 1872

7 AGE: 58 Years 9 mos. Months 3 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS

10 NAME OF FATHER: Eliza Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Victoria ~~Jackson~~ ~~Goines~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Ida Goings

(Address) 927 Pierce St.

15 Filed ____, 19____ Registrar

APR 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 17/31

17 I HEREBY CERTIFY, That I attended deceased from Apr 10 1931 to Apr 17 1931

that I last saw her alive on Apr 16 1931 6.35 p m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) P. H. Hafetz M. D.

4/18 1931 (Address) 1275 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Md

DATE OF BURIAL: April 17 1931

20 UNDERTAKER: Thomas C Kelson

ADDRESS: 1803 Pennsylvania Ave

Spec.—9 30—A. & Co.—250 Bks.

E 67902 # HEALTH DEPARTMENT—CITY OF BALTIMORE 59 E 67901

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital St. 13-52 (WARD)

2 FULL NAME Mary Valdiana

(a) RESIDENCE No 2710 Elm Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Antonio E Valdiana

6 DATE OF BIRTH (month, day, and year): 2/3/1872

7 AGE — Years: 59 58 — Months: 2 — Days: 13 — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: David Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Foster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospital Records (Address) Hamilton Md.

Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/16/31

17 I HEREBY CERTIFY, That I attended deceased from 4/15, 1931, to 4/16, 1931

that I last saw h[illegible] alive on 4/16, 1931

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted, if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy.

(Signed) J. Leyhe M. D.

4/16 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: April 20 1931

20 UNDERTAKER: Thenowth Son

ADDRESS: 3615 Clifton Ave

Spec.—9 30—A. & Co.—250 Blks.

John Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67902

CERTIFICATE OF DEATH.

23 E 67902

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals

96-38 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St.)

2 FULL NAME John Johnson

(a) RESIDENCE No. 1[illegible] North Point Road St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Edward Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaret Horsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Hospital Records

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1930, to Apr. 16, 1931

that I last saw h in alive on Apr. 16, 1931

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Pulmonary tuberculosis

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Lewis M. D.

Apr 16 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leonards Lambertons

DATE OF BURIAL: April 19 1931

20 UNDERTAKER: Wm. J. Miller & Son

ADDRESS: 2304 Pennsylvania Ave

E 67903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1084 E 67903

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No 1709- E. 25th. Street 9-46 WARD)

2. FULL NAME Harry B. Early

(a) RESIDENCE NO 1709- E. 25th. Street ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? -- yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen (Krumhaltz)

6 DATE OF BIRTH (month, day, and year) 1/1/1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or XXXX
	50	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newark, Ohio

PARENTS

10 NAME OF FATHER John Early

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs. Helen Early
(Address) 1709-E.25th. Street

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-15-31-

17

I HEREBY CERTIFY, That I attended deceased from 4-9-31, 19..., to 4-15, 1931

that I last saw him alive on 4-15-31, 19...

and that death occurred, on the date stated above, at 9.40 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (right lobar)

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Toxaemia - Cardiac Decompensation (duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George Abner Bowden M. D.

4/16, 1931 (Address) 1517 E North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	4/18/31

20 UNDERTAKER George J. Pentz Sons

ADDRESS 700 Hollins

10 1931

Spec.—9-30—A. & Co.—250 Bks.

67904½

HEALTH DEPARTMENT—CITY OF BALTIMORE

67904

CERTIFICATE OF DEATH.

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. (WARD)

2 FULL NAME Mrs. Emma C. Raabe

(a) RESIDENCE NO. 1669 Clifton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Mr. Geo. C. Raabe

6 DATE OF BIRTH (month, day, and year) 9 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Patrick Dignan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Conroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Interment (Address) George C. Raabe 1669 Clifton Ave.

15 1931 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to April 17, 1931

that I last saw her alive on April 17, 1931

and that death occurred, on the date stated above, at 10 45 a m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure (duration) yrs. 4 hours mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) E. Barnes Alexander M. D.

4/17 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL 4/20/31

20 UNDERTAKER George J. Ratt Inc

ADDRESS 1735 Harford Ave

Spec.—9-30—A. & Co.—250 Blks.

67905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-1 93-2 67905

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 3112 Clifton Ave. ST. WARD 1

2 FULL NAME Justus Henry Schroeder

(a) RESIDENCE NO. 1918 N. Washington ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary C. Schroeder

6 DATE OF BIRTH (month, day and year) Mar 4, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	1	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Druggist, 023
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Otto D. Schuman Balto. Md.

9 BIRTHPLACE (city or town) (state or country)

PARENTS
10 NAME OF FATHER Karl Schroeder
11 BIRTHPLACE OF FATHER (City or town) (state or country) Germany
12 MAIDEN NAME OF MOTHER Katherine Seibert
13 BIRTHPLACE OF MOTHER (City or town) (state or country)

14 Informant: Mrs. Mary C. Schroeder
(Address) 1918 N. Washington St.

15 Filed 4/16 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 16 1931

17
I HEREBY CERTIFY, That I attended deceased from Mar 15 1931 to Apr 16 1931
that I last saw h... alive on Apr 15 1931
and that death occurred, on the date stated above, at 12.30A m.

The CAUSE OF DEATH* was as follows:
Auricular Fibrillation
Myocarditis.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio sclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Electrocardiogram

(Signed) Clara Schuman M. D.
4/16 1931 (Address) 4706 Hospital Dr.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Apr 18 1931

20 UNDERTAKER: Wm. J. Tucker Sons — ADDRESS: Norfolk Va

8 1931

J. HARRISON JONES, M. D.

Spec.—1-12-23—M&T—500 Blks.

E 67906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 67906

REGISTERED NO. 46

1-PLACE OF DEATH West Balt. Maternal Hosp. ST. 16-68 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2-FULL NAME Alice V. Wade

(a) RESIDENCE NO. 2755 Winchester ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 25-1904

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
26	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Kreil & Co Balto Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER James L Wade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Mary L Wade 2755 Winchester St

15 Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1931

17 I HEREBY CERTIFY, That I attended deceased from April 13 .1931. to April 16 .1931.

that I last saw her alive on April 16 .1931.

and that death occurred, on the date stated above, at 7:20 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Sigmoid-Rectal Junction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of April 4, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) H. Eschmann M. D.

Apr 16 1931 (Address) West Balto and Fremont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Apr 20 1931

20 UNDERTAKER Wm J Tickner & Sons

ADDRESS N Pa

Spec.—9-30—A. & Co.—250 Blks

67907

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-002 67907

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 6103 Pinehurst Rd 27-48 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry Knobloch

(a) RESIDENCE No. 6103 Pinehurst Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 9 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Beulah Knobloch

6 DATE OF BIRTH (month, day, and year) June 19-1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired clerk

(b) General nature of industry, business, or establishment in which employed (or employer): ocg

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John F. Knobloch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emma Butzler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Interment (Address): Mrs Beulah Knobloch 6103 Pinehurst Rd

15 Filed ... 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 16-31

17

I HEREBY CERTIFY, That I attended deceased from 4/6/21, 19... to 4/6/31, 19...

that I last saw h... alive on 4/15/31, 19...

and that death occurred, on the date stated above, at 2 A, m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lew Gaddess M. D.

4/21/31 19 (Address) 321 E 22d

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Apr 18 1931
UNDERTAKER: Wm J. Tickner & Sons	ADDRESS: N & Pa

Spec.—1-30—M. & T.—250 Bks.

67908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 67908

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 121 W Henrietta ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen James

(a) RESIDENCE NO. 121 W Henrietta ST., 23 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emerson James

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer House work

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Robert James

(Address) 121 W Henrietta St

Filed 1-8-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/16/31

17 I HEREBY CERTIFY, That I attended deceased from 3/16/31 to 4/16/31

that I last saw her alive on 4/15/31

and that death occurred, on the date stated above, at 12:00 Noon m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis Chronic Pyelonephritis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Sweeney M. D.

4/17/31 (Address) 1908 Rhode St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Ct

DATE OF BURIAL 4/19/31

20 UNDERTAKER Harold Brown Son

ADDRESS 8[illegible] Montgomery

Spec.—9-30—A & Co.—250 Blks.

67909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3rd E. 67909

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Balto. City Hospitals 15-21 3rd E.

CITY OF BALTIMORE: (No Herby) (ST. WARD)

2 FULL NAME John Fossett

(a) RESIDENCE NO 1630 N. Vincent ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane

6 DATE OF BIRTH (month, day, and year) June 15, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Mary J. Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co. Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 4 18 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-16-31

17 I HEREBY CERTIFY, That I attended deceased from 5-13-30, 19..., to 4-16-31, 19...

that I last saw him alive on 4-16-31, 19...

and that death occurred, on the date stated above, at 1:25 A m.

The CAUSE OF DEATH* was as follows:

Aneurysm of Aorta

(duration) — yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Podgat. M. D.

4-16 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 4-18 1931

20 UNDERTAKER David Carter

ADDRESS 916 Pa ave

Spec.—9-30—A. & Co.—250 Bks.

E 67910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67910

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 16-22 St 10 Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edna Washington

(a) RESIDENCE No. 1026 N. Stricker St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Washington

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middlesex Va.

PARENTS

10 NAME OF FATHER William Corbin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Malinda ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-14-31

17 I HEREBY CERTIFY, That I attended deceased from 4-6-31, 19..., to 4-14-31, 19...

that I last saw her alive on 4-14-31, 19...

and that death occurred, on the date stated above, at 10:50 A.m.

The CAUSE OF DEATH* was as follows:

Pericarditis, Acute

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. 2 1/2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget M. D.

4-16, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 4-18 1931

20 UNDERTAKER David Easter

ADDRESS 916 Eutaw

Spec.—1-30—M. & T.—250 Bks.

E 67911

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 6791

CERTIFICATE OF DEATH.

95-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 708 Arabia St. 4-26 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Cornelia Burley

(a) RESIDENCE NO. 708 Arabia ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Benj. Burley.

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) (State or country) Balto. City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Anna M. Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Benj. Burley (Address) 708 Arabia St

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/17/31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19 29, to 4/17, 1931.

that I last saw her alive on 4/10, 1931.

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Chew, M. D.

4/19, 1931 (Address) 924 Arabia

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	4/18, 1931
20 UNDERTAKER David Easton	ADDRESS 916 Pine

Spec.—1-30—M. & T.—250 Blks.

E 67912 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67912

100

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 2708 E. Chase ST. 8-12 WARD)

2-FULL NAME Josephine Defillippi

(a) RESIDENCE No. 2708 E. Chase st ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of or) WIFE of Antonio Defillippi

6 DATE OF BIRTH (month, day, and year) Feb 27 1899

7 AGE	Years	Months	Days	If LESS than 1 day, __ hrs. or __ min.
	32	1	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS
10 NAME OF FATHER Antonio Boglia
11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy
12 MAIDEN NAME OF MOTHER Antonia Oddono
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Husband Antonio
(Address)

15 Filed ____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 31

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 17, 1931, that I last saw h_ alive on April 17, 1931, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Infection

(duration) __ yr. 1 mo. __ da.

CONTRIBUTORY (Secondary) Acute Bronchitis (duration) __ yrs. 3 mos. __ da.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? Date of ____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. L. Valentine, M. D.

18. (Address) 1X So Howard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL April 20 1931

20 UNDERTAKER Frank V. Petitone — ADDRESS 2818 E. Baltimore St

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67913 — 710-091 — E 67913

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St Agnes Hospital, W. 70 Ward)

2-FULL NAME Catherine Rosenberger

(a) RESIDENCE NO. 3138 Stafford St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 16 1856

7 AGE: Years 75 Months 1 Days 6 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: house work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ga.

PARENTS

10 NAME OF FATHER: Peter Rosenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Annie E Smith 3138 Stafford St

15 Filed ____, 19__ Registrar

4 18 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/16/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck & knocked down by auto. when crossing street
(a)
(duration) Fract Skull yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Frederick Rd & Monroe St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. Crane M. D.

4 18 1931 (Address) 1930 W Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	4/20/1931
20 UNDERTAKER	ADDRESS
Chas J Cowan & Son	701 Harlem Av

important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 67914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67914

CERTIFICATE OF DEATH.

1085

1. PLACE OF DEATH West Baltimore General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 16-67 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Chess Geis

(a) RESIDENCE NO. 2928 Winchester St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Newspaper

(c) Name of employer Business for self.

9 BIRTHPLACE (city or town) (State or country) Brooklyn N.A. Co. Md.

PARENTS

10 NAME OF FATHER Charles Geis.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Sarah Burger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York.

14 Informant Wife. Sarah Geis (Address) 2928 Winchester St.

15 Filed APR 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1931

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to April 15, 1931, that I last saw him alive on April 15, 1931, and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Cashman M. D.

, 19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem.	4/15 1931
20 UNDERTAKER	ADDRESS
J/ Orville Zimmerman	Fallstaff

Spec.—9-30—A. & Co.—250 Blks.

K 67915

HEALTH DEPARTMENT—CITY OF BALTIMORE

K 67915

CERTIFICATE OF DEATH.

REGISTERED No. 34 V 67915

1-PLACE OF DEATH University Hospital ST. 24-34 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME Frank J. Caspar (Kaczmarek)

(a) RESIDENCE No. 232 Barney St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 22 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	23 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) D40

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Kaczmarek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Marie Minalk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) John J. Kaczmarek 261 E. Preston St.

15 Filed APR 9 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17-1931

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 17, 1931

that I last saw h alive on April 17, 1931

and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Syphilis chronic

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary thrombosis

(duration) 1 yrs. - mos. 18 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Typical signs + symptoms

(Signed) George W. Grozier M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Polish Cemetery

DATE OF BURIAL April 20 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St

Spec.—9-30—A. & Co.—250 Bks.

E 67916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67916

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No 939 S. Bouldin St. 96-1 WARD)

2. FULL NAME Adam Stein

(a) RESIDENCE NO. 939 S. Bouldin St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Stein

6 DATE OF BIRTH (month, day, and year) Aug 30-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker 3 0 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Elizabeth Stein
(Address) 939 S. Bouldin ST

15 Filed Apr 18, 1931 NPH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928 to April 16, 1931

that I last saw h-- alive on April 15, 1931

and that death occurred, on the date stated above, at 830 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) E Harvey B. Tilson M. D.

4/17, 1931 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL April 19 31

20 UNDERTAKER George W. Zinkan — ADDRESS 1737 E Oag[illegible] St

APR 18 1931 HARRISON JONES M. D. Registrar

Spec.—9-30—A. & Co.—250 Bks.

67917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

HL 67917

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 647 S. Streeper St. 1-K (WARD)

2 FULL NAME Florence Louise Bengel

(a) RESIDENCE NO. 647 S. Streeper St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Conrad Bengel

6 DATE OF BIRTH (month, day, and year) Feb 4- 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	46	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) MD

PARENTS

10 NAME OF FATHER William Clark

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Augusta Woolschlager

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Washington D.C.

14 Informant Augusta Seifert
(Address) 647 S Streeper St

15 Filed APR 18 1931, 19 H. LESLIE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1931

17
I HEREBY CERTIFY, That I attended deceased from Sept. 1930, to April 16, 1931
that I last saw h[er] alive on April 16, 1931
and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:
Carcinoma Uterus -
metastasis to Liver.

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Geo. D. Lipsey M. D.

4/19/31 (Address) 4318 Pattenson Pk Ext.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Schwartz's Cemetery — DATE OF BURIAL April 20 31

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E. Eager St

1-20—M. & T.—100 B—50L

E 67918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1861 v001 E 67918

REGISTERED NO. 186-

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Conway

(a) RESIDENCE NO. 2822 Dillon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Conway

6 DATE OF BIRTH (month, day, and year) Feb 22/1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	25 26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto. City Wate Dept

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Richard Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Albert Conway
(Address) 2822 Dillon St

15 Filed ___ . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 17/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia-Endocarditis
Infected trauma left leg. Fell on front steps at residence Apr7/31

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Cain, M. D. Coroner

4/18/31 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL April 20 1931

20 UNDERTAKER Stephen J. Fialkowski

ADDRESS 1000 S. Kenwood

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67919 HEALTH DEPARTMENT—CITY OF BALTIMORE E 67919

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 5107 Belleville Ave 28-67 STREET WARD)

2. FULL NAME John T. Walsh

(a) RESIDENCE NO. (Usual place of abode) 5107 Belleville Ave WARD

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Walsh

6 DATE OF BIRTH (month, day, and year) May 26 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) U. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER Micheal Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs Charles J. Walsh 6521 Fleet Ave

15 [illegible] 19 [illegible] E. HAMILTON JONES, M. D. (Registrar)

18 1931 ARH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-17-31

17 I HEREBY CERTIFY, That I attended deceased from April 16 1931 to April 17 1931 that I last saw h[illegible] alive on April 17 1931 and that death occurred, on the date stated above, at 11.40 A. M.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Irvin Etzwiler M. D.

(Address) 700 West North Ave

Apl 20 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Apl 20 1931

20 UNDERTAKER John F. Denny ADDRESS 713 Light St

Spec.—9-30—A. & Co.—250 Blks.

67920

HEALTH DEPARTMENT—CITY OF BALTIMORE

67920

CERTIFICATE OF DEATH

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1410 E Chase St (WARD) 10-13

2 FULL NAME Wm N Crosley

(a) RESIDENCE NO. 1410 E Chase St (Usual place of abode) WARD

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fish Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer O'H's

9 BIRTHPLACE (City or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Wm Crosley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Eliza —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mabel Scheer 1410 E Chase St

15 Filed APR 8 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14 1931

17:

I HEREBY CERTIFY, That I attended deceased from April 10, 1931, to April 14, 1931

that I last saw h[illegible] alive on April 13, 1931

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Endocarditis & Hypertension

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young M. D.

4/15 1931 (Address) 1429 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wm. Aitcheson Con. DATE OF BURIAL: 4/18 1931

20 UNDERTAKER: Samuel T Hawley ADDRESS: M Biddle

EXAMINED BY: HARRISON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

E 67921 HEALTH DEPARTMENT—CITY OF BALTIMORE 02 67921

CERTIFICATE OF DEATH.

82

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 517 W Biddle ST. 17-24 (WARD)

2-FULL NAME Laura Harriday

(a) RESIDENCE NO. 517 W Biddle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col-	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Agnes Woman Shelter
(Address) 517 W Biddle

15 Filed Apr 18 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 31

17 I HEREBY CERTIFY, That I attended deceased from April-10, 1931, to April 17, 1931, that I last saw her alive on April 16, 1931, and that death occurred, on the date stated above, at 6-A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 7 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home of Death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel A Bann, M. D.

, 19 (Address) 137 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glenwood Md — DATE OF BURIAL 4 18 1931

20 UNDERTAKER Samuel D Hemsley — ADDRESS 928 N Eden St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67922

93-003

I 67922

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 903 W. Fulton st. 16-22 Ward)

2-FULL NAME Margaret Sanders.

(a) RESIDENCE NO. 903 W. Fulton st., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 25-1866

7 AGE: Years 64 | Months 10 | Days 20 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Geo W. Sanders

11 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant (Address) Jane M. Williams 1532 Stone Va

15 Filed APR 18 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death as stated (autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leo Bunk M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Apr 18 1931

20 UNDERTAKER: H. George Smith — ADDRESS 1537 Hollins St

REGISTERED APR 18 1931

OF DEATH is plain terms, as exact as may be. Avoid use of terms not generally understood. Every question must be answered. Write plainly with pen and ink. Do not use lead pencil. Be particularly careful to fill correctly the items, as the information is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67923

E 67923

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) West Balto Gen Hosp St., 15-61 Ward)

2-FULL NAME Edna L Morris

(a) RESIDENCE NO. 2202 Poplar grove St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of No

6 DATE OF BIRTH (month, day, and year) Jan 8 1931

7 AGE Years	Months	Days	IF LESS than 1 day... hrs. or ... min.
	3	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Louis E Morris

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Lucretia Bracken

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Louis Morris
(Address) 2202 Poplar Gr

15 Filed Nov 1 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Otitis Media
Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H Bruck M. D.
Coroner

(Address) Oct 17

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Oct 18 1931
20 UNDERTAKER George J Smith	ADDRESS 1532 Hollins

OF DEATH is given in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 | E 67924

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 8-17 Ward)

2. FULL NAME Edith Green

(a) RESIDENCE No. 1743 Bond St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 14 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At School.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. Green

11 BIRTHPLACE OF FATHER (city or town) Balto Md.
(State or country)

12 MAIDEN NAME OF MOTHER Grace Hoffman

13 BIRTHPLACE OF MOTHER (city or town) Balto Md.
(State or country)

14 Informant Mrs Richard Carley
(Address) 1240 S Bond St. Balto. Md

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-18-31

17
I HEREBY CERTIFY, That I attended deceased from 4-11-31, 19 to 4-18-31 19

that I last saw her alive on 4-18-31, 19

and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration
Chronic Nephritis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Lawrence M. Sears M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Freedom Pa

DATE OF BURIAL: 4/15 1931

20 UNDERTAKER: Hartenstein Stonemarker Md

ADDRESS: Lutherville Md.

Spec.—9-30—A. & Co.—250 Blks

67925 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. × 107-001 L 67925

REGISTERED NO.....

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No 4-7 ST. ..WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Joseph Prometeo

(a) RESIDENCE NO Johnnycake Rd ST. ..... WARD Catonsville Md
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 34 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 27 77

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER John Prometeo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Hospital Records
(Address)

(Date) 4 16 1931 (Signed) C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1931

17
I HEREBY CERTIFY, That I attended deceased from
4/13, 1931, to 4/16, 1931
That I last saw h[illegible] alive on 4/16, 1931
and that death occurred, on the date stated above, at 2 40 P. m.

The CAUSE OF DEATH* was as follows:

Cellulitis of neck
(duration) yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home Incisor
Did an operation precede death? Yes Date of 4-14-31
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Operation

(Signed) J. Leyko M. D.
4/16 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	April 9 x.
20 UNDERTAKER Wendell & Heppel	ADDRESS 300 N Eden St

Spec.—9 30—A. & Co.—250 Blks

67926 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH

93-B 67926

1 PLACE OF DEATH Baltimore City Hospitals 5-8 REGISTERED NO.

CITY OF BALTIMORE: (No.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Webster

(a) RESIDENCE NO. 1008 E. Lexington St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-15-31

17:

I HEREBY CERTIFY, That I attended deceased from 3-9-31, 19, to 4-15-31, 19

that I last saw him alive on 4-15-31, 19

and that death occurred, on the date stated above, at 4:15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic and acute (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? ~~No~~ Yes.

What test confirmed diagnosis? Clinical Exam.

(Signed) Paul Padget. M. D.

4-17 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lutheran Cem

DATE OF BURIAL: 4-18 1931

20 UNDERTAKER: Byrod & Wright 1248 Mc Cabe Derry St

ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 67927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 72-001

REGISTERED NO. 67927

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1418 Eutaw Place ST. WARD)

2. FULL NAME Col. Harry R. Hyllie

(a) RESIDENCE NO. Huntington W. Va. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet M. McAdoo

6 DATE OF BIRTH (month, day, and year) Sept 1. 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Manufacturer

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER John R. Hyllie

11 BIRTHPLACE OF FATHER (City or town) (State or country) England

12 MAIDEN NAME OF MOTHER Fannie Arnold

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ind.

14 Informant Harriet McAdoo Hyllie (Address) Huntington W. Va.

15 Filed [illegible] Registrar

R 19 1931 C. HAMPSON JONES, M.D.

Per [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 3 1925 to April 17 1931.

that I last saw him alive on April 17 1931

and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

Splenomyelogenous leukaemia.

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) General Involvement

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Blood + clinical signs.

(Signed) Malcolm Neill M. D.

4-18 1931 (Address) 1418 Eutaw Pl. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL E. Lucas Ford DATE OF BURIAL April 21 1931

20 UNDERTAKER John A. Little & Sons ADDRESS 1400 Eutaw Place

CROSS OUT WORD NOT APPLICABLE. TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 67928

E 67928

HEALTH DEPARTMENT—CITY OF BALTIMORE

246

CERTIFICATE OF DEATH

55-004

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL St. 7-9 WARD)

2. FULL NAME Bertha Wisniewski

(a) RESIDENCE NO. Jeffersville - Va St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Friends
(Address) JOHNS HOPKINS HOSPITAL

15 Filed APR 16 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15/31

17

I HEREBY CERTIFY, That I attended deceased from March 29, 1931, to April 15, 1931

that I last saw h[illegible] alive on April 15, 1931

and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - dural
endothelioma left
Cerebral - non malignant

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? yes Date of 3-25-31

Was there an autopsy? yes

What test confirmed diagnosis? operation

(Signed) Fred B Lee M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jeffersville, Va. DATE OF BURIAL: April 19 1931

20 UNDERTAKER: John C. Mitchell & Sons ADDRESS: 1900 Eutaw Pl.

Cor.—10-10-29—A Co.—100 Bks.

E 67929

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67929

CERTIFICATE OF DEATH

11-24 167

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Safe Deposit & Trust Co.

City of Baltimore: (No. 13 South St. St., 11-24 Ward)

2-FULL NAME John W. Marshall.

(a) RESIDENCE NO. 32 W. Biddle St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Edith Cushing Marshall

6 DATE OF BIRTH (month, day, and year) September 28, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	6	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Banker,
(b) General nature of industry, business, or establishment in which employed (or employer): Safe Deposit & Trust Co.
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER William J. Marshall

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Susan Williams.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant William M. Gardner. (soninlaw)
(Address) 32 W. Biddle St.

15 Filed APR 5 1931 C. HAMPSON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held on inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of the brain.
Self inflicted pistol shot wound of
the left temple/white temporarily
deranged.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Safe Deposit & Trust Co.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What tests confirmed diagnosis? Inquiry

(Signed) Chas. E. Pentheraf, M. D.

4/18. 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	April 20 1931
20 UNDERTAKER Henry Heuckein & Co.	ADDRESS Eutaw & Lexington

OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

Myer.—2-29-28—L. F. S.—500 Blks.

E 67930

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 124-001

E 67930

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 441 N. Curley ST. 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Krejci Jr.

(a) RESIDENCE NO. 441 N. Curley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., If foreign birth 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Emma Krejci

6 DATE OF BIRTH (month, day, and year) July 25, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer Khasilov

9 BIRTHPLACE (city or town) (State or country) Czecho-slovakia

PARENTS

10 NAME OF FATHER Jacob Krejci Sr.

11 BIRTHPLACE OF FATHER (city or town) Basilov (State or country) Czecho-slovakia

12 MAIDEN NAME OF MOTHER Marie Krivan

13 BIRTHPLACE OF MOTHER (city or town) Milcice (State or country) Czecho-slovakia

14 Informant Joseph Krejci

(Address) 201 N. Montford Ave

15 Filed APR 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1930, to April 19, 1931, that I last saw him alive on April 18, 1931 and that death occurred, on the date stated above, at 12:30 A. m.

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent V. Joska, M. D.

, 19 (Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery (Oak Hill)

DATE OF BURIAL April 22 19

20 UNDERTAKER August Pasek ADDRESS 2406 Ashland Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 67931 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 108 E 67931

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2130 Oak St ST. 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Marion A Whitaker

(a) RESIDENCE NO. 2130 Oak St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1906

7 AGE: Years 23 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Whitaker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Fannie Whitaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Fannie Whitaker (Address) 2120 Oak St

15 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 13 1931

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 17, 1931, that I last saw h-2 alive on April 17, 1931 and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) C Hall, M. D.

, 19 (Address) 1216 23d St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudenslake Carroll Co Md

DATE OF BURIAL: April 16 1931

20 UNDERTAKER: Virginia A Brooks

ADDRESS: 1637 N. Gay St

APR 16 1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67932 108 ✓ E 67932

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No. Provident Hosp 4-14-20 (Ward)

2-FULL NAME Mazzie Smith.

(a) RESIDENCE NO. 945 Laurens St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Fmale	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) July 6-1915 1913

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	17	9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country) "

PARENTS

10 NAME OF FATHER John Smith
11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)
12 MAIDEN NAME OF MOTHER Paulina Nut
13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant John Smith
(Address) 945 Laurens

15 Filed ..... 19 ..... G. HAMPDEN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 cc 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Regular

(Signed) H. Erick Cooper M. D.
(Address)

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
White Stone Va	April 17 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 130 Pierstmont

OF DEATH in plain terms, so that it may be properly classified. Each statement of fact is important. See instructions on back of certificate.

R 19 1931

Spec.—1-12-23—M&T—500 Blks.

E 67933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67933

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 441 E. 23rd St. 12-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nicholis Warfield Cole

(a) RESIDENCE NO. 441 E. 23rd St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie White Cole

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tabor

(b) General nature of industry, business, or establishment in which employed (or employer): Cork

(c) Name of employer: Delony

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Waitsone Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Cole

(Address) 26-27 Bridle Ridge

15 [illegible]

R 19 1931

C. HUMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-17- 1931

17 I HEREBY CERTIFY, That I attended deceased from 4-8-, 1931, to 4-17th, 1931, that I last saw him alive on April 17th, 1931, and that death occurred, on the date stated above, at 8.50 a. m.

The CAUSE OF DEATH* was as follows:

Nephritis & Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Jas. Upton, M. D.

, 19 (Address) 1433 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	4-20 1931

20 UNDERTAKER: Jas. M. Skinner ADDRESS: 1620 E. Mad. St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67934 E 67934

CERTIFICATE OF DEATH

46

1 PLACE OF DEATH Hebrew Home for Aged & Infirm (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-4 ST. WARD)

2 FULL NAME Celia Waldorf

(a) RESIDENCE NO. Belvedere Apartments (usual place of abode) ST. 2220 W. Rolf St WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Morris Waldorf

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE — Years: 31 | Months: — | Days: — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed [illegible] 1931 Registrar

R T S 1934 C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/17/31

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1931, to April 17, 1931, that I last saw her alive on April 17, 1931, and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Rt. peritoneal sarcoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Edmund Levin M. D.

4/17, 1931 (Address) Towndale

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Home Rus | DATE OF BURIAL: 4/19 1931

20 UNDERTAKER: Jack Levis | ADDRESS: 1439 E Baltimore St

SIGMUND FEINBLATT SUPERINTENDENT BALTIMORE & ROSEDALE AVE.

TION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks.

L 67935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

L 67935

23

REGISTERED No.

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 12-4 ST. WARD)

2. FULL NAME William Shipley

(a) RESIDENCE No. 1634 Aliceanna st. ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Shipley

6 DATE OF BIRTH (month, day, and year) Nov. 29, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert H. Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed APR 16 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1931, to Apr. 16, 1931

that I last saw him alive on Apr. 16, 1931

and that death occurred, on the date stated above, at 6.55 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Leuser M. D.

4-17, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship Md. DATE OF BURIAL 4/19/1931

20 UNDERTAKER E. J. Baker & Son ADDRESS 1318 Light

(Back of Certificate.) ATION is very important. See instructions on Back

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 67936

E 67936

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 512 East (Hosp.) Ward) 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Bendt

(n) RESIDENCE NO. 512 E. Fort Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: August Bendt

6 DATE OF BIRTH (month, day, and year): Sept 21 1854

7 AGE: Years 76 Months 6 Days 25 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employrr)

(r) Namr of employer

9 BIRTHPLACE (city or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant (Address): Katherine VanDyke 512 E. Fort

APR 19 1931 C. HAMILTON JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1 1928 to Apr 17 1931

that I last saw h[illegible] alive on April 17 1931

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

5 yrs. (duration)

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease rontrarted —

If not at place of death? —

Did an operation precede drath? No Date of

Was thrre an autopsy? No

What test confirmed diagnosis?

(Signed) Edgar V. Faircloth M. D.

. 19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

UNDERTAKER: Charles L. Storms

Date of Burial: April 20 1931

ADDRESS: 10 E Fort Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 7-11-28—3 Co.—200 Blks.

E 67937

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 67937

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Aged Home 1400 W Lexington St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis A Flamm

(a) RESIDENCE NO. 1400 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 13 - 1851

7 AGE: Years 80 Months 3 Days 5

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Peter Flamm

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary M Flamm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Aged Home Home Records

Filed . 19 Registrar

APR 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 30 1931 to April 18, 1931

that I last saw him alive on ? March 1931

and that death occurred, on the date stated above, at 10½ A m.

The CAUSE OF DEATH* was as follows:

Myocarditis Acute

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) ? yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin E Garrett M. D.

. 19 (Address) 1105 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — Date of Burial 4/20 1931

20 UNDERTAKER: Geo J Smith — ADDRESS 1532 Hollins St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67938

CERTIFICATE OF DEATH.

45 E 67938

1-PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 1512 Eutaw Place St. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard B. Clark.

(a) RESIDENCE NO. 1512 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retail Hospital supplies

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard B. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Henry Fernandez Jr. (Address) 1512 Eutaw Place

15 Filed APR 19 1931 16 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-17-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1929. to Apr 17. 1931.

that I last saw him alive on Apr 17. 1931.

and that death occurred, on the date stated above, at 5:40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Throat (squamous cell)

(duration) 2 yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? microscopic exam of tissue

(Signed) Jno A Sinclair M. D.

, 19 (Address) 1 W Mulberry St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 4/20 1931

20 UNDERTAKER Geo J Smith — ADDRESS 1532 Hollins St

CAUSE OF DEATH: Physicians are required to report deaths promptly to the Health Department. Prompt burial permits will be issued by the Registrar upon receipt of certificates. TION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 67939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67939

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 3028 Armah Ave 16-68 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Cowery Cecil

(a) Residence No. 3028 Armah Ave Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widow

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Sept 23 1862

7-AGE. 68 6 24
69 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9-BIRTHPLACE (city or town). Baltimore
(State or Country). Md

PARENTS.

10-NAME OF FATHER. Anderson Warfield

11-BIRTHPLACE OF FATHER (city or town). Baltimore Md
(State or Country).

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town). Baltimore
(State or Country). Md

14- (Informant) E. Brown Informant
(Address) 3028 Armah Ave

15- Filed APR 16 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) April 17 1931

17- I HEREBY CERTIFY, That I attended deceased from April 1, 1929 to April 16, 1931, that I last saw h[illegible] alive on April 15, 1931, and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

Cardio vascular hypertension

Duration Many yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. 2 mos. 19 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical examination

(Signed) Edgar M. Cole M. D.

4/16 1931 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	April 20 1931
UNDERTAKER.	(ADDRESS.)
George J. Smith	Hollins

Instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 67940

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 67940

CERTIFICATE OF DEATH

164-001

1-PLACE OF DEATH

City of Baltimore: (No. 3420 Hickory Ave. St., 13 Ward) 13-52

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillia E. Thilcoat

(a) RESIDENCE NO. 3420 Hickory Ave St., 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Thilcoat

6 DATE OF BIRTH (month, day, and year) July 2- 1862

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	68	9	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry N. Fisher

11 BIRTHPLACE OF FATHER (city or town) Pennsylvania
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Nicol

13 BIRTHPLACE OF MOTHER (city or town) Scotland
(State or country)

14 Informant Miss Edith M. Thilcoat
(Address) 3420 Hickory Ave.

15 Filed Apr 1 1931 W. HAMPSON JONES M. D. Registrar

Pat _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Gas Poisson
Suicide

Illuminating (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Norman Jr. M. D.

4/18 1931 (Address) 357 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	April 20 1931
20 UNDERTAKER Horace F. Burgee	ADDRESS 3631 Falls Road

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 67941

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67941

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 Suffolk Road ST. 12-49 WARD)

2-FULL NAME John James Bandell

(a) RESIDENCE NO. 317 Suffolk Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs 3 mos 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Bandell

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bargh & Sons Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Phillip Bandell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Araminta Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Mrs. John J. Bandel 317 Suffolk Road

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 12 . 1931 . to April 18 . 1931 . that I last saw him alive on April 13 . 1931 . and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

1

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Arthritis Deformans

(duration) 1 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Cooke, M. D.

4-18, 1931 (Address) 6014 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Apr. 20, 1931

20 UNDERTAKER: John O. Mitchell & Sons, 1900 Eutaw Place — ADDRESS

John O. Mitchell & Sons

C. HAMILTON JONES, M. D.

R 191931

CAUSE OF DEATH to be plainly written, so that it can be understood. See instructions on back of certificates.
TION is very important.

Spec.—9-30—A. & Co.—250 Blks.

E 67942 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 67942

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Mercy Hospital St. 27-56 WARD)

2-FULL NAME Mrs. Kate B. Hitchcock

(a) RESIDENCE NO. 4500 Parkheights Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. E. Hitchcock

6 DATE OF BIRTH (month, day, and year) Dec 4 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James L. Bartol

11 BIRTHPLACE OF FATHER (city or town) (State or country) Havre de Grace

12 MAIDEN NAME OF MOTHER Emma Christmas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Orleans. La

14 Informant (Address) Daughter - Sr Eucharia Mercy Hospital

15 Filed APR 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 17, 1931

that I last saw her alive on April 17, 1931

and that death occurred, on the date stated above, at 9.50 P. M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Cardiovascular Disease (duration) 1 yr mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) G. Bowyer Manchester M. D.

4/17 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Havre de Grace Md

DATE OF BURIAL Apr 20 1931

20 UNDERTAKER John D. Mitchell Sons

ADDRESS 1700 Eutaw Place

TION is very important. See instructions on back of certificates.

C. HAMILTON JONES, M.D.

Cor.—10-10-29—A Co.—100 Bks.

E 67943

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 67943

CERTIFICATE OF DEATH

93-004

15-65

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 16 Market Place. St. _____ Ward)

2-FULL NAME Wilford C. Downs Sr.

(a) RESIDENCE NO. 3110 W-Garrison Ave. St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower

5a If ~~married, widowed, divorced~~ HUSBAND of ~~wife of~~ Sallie L. Downs.

6 DATE OF BIRTH (month, day, and year) May 7, 1881

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	49	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer): Fish business.
(c) Name of employer: _____

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Wilford C. Downs.

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Ida Carson.

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Baltimore, Md.

14 Informant (Address) Wilford C. Downs. Jr. (son) 3110 W. Garrison Ave.

15 Filed OCT 12 1931 C. HERMAN JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart.

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. Reinhardt, M. D.

4/17. 1931 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Apr 20 1931
20 UNDERTAKER	ADDRESS
John A. Metzdorf & Sons	1900 E. Lanvale

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 67944

E 67944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N Edew St. 5-8 WARD)

2-FULL NAME Annie M. Collins

(a) RESIDENCE NO. 430 N. Edew ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	~~Widowed~~ Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	approx 54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hiona Caldwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Howard Collins
(Address) 430 N Edew st

Filed 1 C 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 15 1931

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1931 to April 15, 1931, that I last saw h e alive on April 15, 1931, and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis
and Valvular Heart disease
(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Paralysis of tongue and throat muscles
Hypertension (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? ~~Hospital~~ none
Physical

What test confirmed diagnosis? X Chas E Hamilton

(Signed) _____, M. D.

4/15, 1931 (Address) 1429

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arbury Cemetery

DATE OF BURIAL April 17 1930

20 UNDERTAKER Chas R A Elliott

ADDRESS 1725 Aisquith

Spec.—9-30—A. & Co.—250 Blks.

E 67945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67945

93-003

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 18-24 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Heines

(a) RESIDENCE NO. 1204 W. Pratt ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER Michael Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Elizabeth Coates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records of
(Address) Balto. City Hosp.

15 APR 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-16-31

17
I HEREBY CERTIFY, That I attended deceased from 3-16-28 to 4-16-31
that I last saw h[illegible] alive on 4-16-31
and that death occurred, on the date stated above, at 7:50 P m.
The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 3½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Paul Padget M. D.

4-17 19 31. (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. April 20 19 31

20 UNDERTAKER John C. Miles ADDRESS 2435 E. Oliver

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 33rd St + Calvert St) 26-42 (WARD) 121

REGISTERED NO. 87946

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr Harry Utz [HARRY UTZ]

(a) RESIDENCE NO. 4208 Maryland Belair Rd Md ST. ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Harry Utz

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1901

7 AGE	29 Years	7 Months	6 Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Utz Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Theresa Friedkamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed ... 19... HAMILTON JONES, M. D. Registrar

R 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 19, 1931

that I last saw him alive on April 19, 1931

and that death occurred, on the date stated above, at 1:33 P. m.

The CAUSE OF DEATH* was as follows:

Appendicitis - acute with Abscess

(duration) 0 yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis & Bronchopneumonia

(duration) 0 yrs. 0 mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 1) 4/14/31 2) 4/18/31

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Samuel McClenahan M. D.

Apr 19 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Apr. 21 1931
UNDERTAKER Margaret E. Flynn	ADDRESS 1422 Light St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 67947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67947

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 14-26 ST., WARD)

REGISTERED NO. 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Otto Kralick

(a) RESIDENCE NO. 319 Woodyear Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept. 5, 1910

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry C. Kralick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria Hungary

12 MAIDEN NAME OF MOTHER Eva Gertrude

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria Hungary

14 Informant Mrs. C. Kralick

(Address) 319 Woodyear Ave

15 Filed PR 20 1931 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-17-31

17

I HEREBY CERTIFY, That I attended deceased from 4-16-31, 19..., to 4-17-31, 19...,

that I last saw him alive on 4-17-31, 19...,

and that death occurred, on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric Ulcer

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) General Fibrosis Peritonitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Ruptured ulcer

Did an operation precede death? Yes Date of 4-16-31

Was there an autopsy? Yes No

What test confirmed diagnosis? Physical.

(Signed) Fielmon S. Anderson M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. Cem.

DATE OF BURIAL 4/20/1931

20 UNDERTAKER Harry V. Weitzel, 1110

ADDRESS Edmondson Ave.

TION is very important. See instructions on b

Spec.—9-30—A. & Co.—250 Bks.

E 67948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-Q3 E 67948

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 61 WARD)

2. FULL NAME William Augustus Augers

(a) RESIDENCE NO. 168 E. Chase St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

6 DATE OF BIRTH (month, day, and year) May 25 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truckster

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Augers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Clara Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Interment (Address) Hospital Burials

PR 20 1931 HARRY K. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 10 1931 to April 17 1931

that I last saw him alive on April 17 1931

and that death occurred, on the date stated above, at 5-5 P. m.

The CAUSE OF DEATH* was as follows:

~~Lobar~~ Pneumonia

Rheumatic Cardiovascular disease (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy

(Signed) J. Leyko M. D.

4/21/31 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	4/20/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

'TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr Proctor 210-001

E 67949 E 67949

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hospital ST. 25-75 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis Matthew Brooklyn

(a) RESIDENCE NO 628 Patapsco Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	5	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Reuben Matthews

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary B. Finnegan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant Reuben Matthews
(Address) 628 Patapsco Ave

15 Filed Nov 17 1931 H. H. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an single (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck down by a motor truck on Curray Street

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Patapsco Ave Brooklyn

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Con.

(Signed) H. Norman Colt, M. D. Coroner

11/17 1931 (Address) 29 Squire Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral

DATE OF BURIAL 11/20 1931

20 UNDERTAKER H. M. Cook

ADDRESS 617 E Fayette St

CAUSE OF DEATH to be plainly written, so that it may be properly coded. See instructions on back of certificate. TION is very important

R 20131

Spec.—9-30—A. & Co.—250 Blks.

E 67950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67950

X 122

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Andrew J. Falls

~~Supply Information Below Where Indicated~~

(a) RESIDENCE NO. 111 Chew St. (Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Annie Falls

6 DATE OF BIRTH (month, day, and year) Aug 6th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or mdn.
	69	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Piano tuner

(b) General nature of industry, business, or establishment in which employed (or employer): Music

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John Falls

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliza Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Annie Falls (Address) 111 Chew St Olney Phila Pa

15 [illegible] HAMPTON JONES, M. D. Registrar

R 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 18, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 17, 1931, to April 18, 1931

that I last saw h/ ~~her~~ alive on April 18, 1931

and that death occurred, on the date stated above, at 10.49 p m.

The CAUSE OF DEATH* was as follows:

Strangulated right femoral hernia with intestinal obstruction

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Apr. 17, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? ~~Clinical, symptoms and operation and autopsy~~

(Signed) George H. Yeager M. D.

4-18 1931 (Address) University Hospital Baltimore Maryland

*State the Disease Causing Death, or Injuries from Violent Causes: state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 4/22/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—9-29—A. & Co.—250 Blks

67951 HEALTH DEPARTMENT—CITY OF BALTIMORE 67951

CERTIFICATE OF DEATH

54-001

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 611 Walbert Ave ST 9-46 WARD 1

2 FULL NAME Georgia Ann Grummell

(a) RESIDENCE NO 611 Walbert Ave ST WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Grummell

6 DATE OF BIRTH (month, day, and year): Nov 7 1857

7 AGE: Years 73 Months 5 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Stringer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Robt F Stringer 611 Walbert Ave

15 Date received: APR 20 1931 CHARLES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from about April 9 1931 to April 17 1931

that I last saw her alive on April 14 1931

and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Ruptured ovarian cyst

The cyst was very large

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. K. Ingram M. D.

4/18 1931 (Address) 2439 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: 4/20 1931

20 UNDERTAKER: J. M. Cook

ADDRESS: 1217 E Fayette St

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67952

CERTIFICATE OF DEATH.

E 67952

REGISTERED NO. 97 7544

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4313 Harford ~~Road~~ Street) (WARD)

2. FULL NAME Mary R. Disney

(a) RESIDENCE NO. 4313 Harford Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~ Married, Widowed, or ~~Divorced, (write the word)~~: Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Dennis A. Disney

6 DATE OF BIRTH (month, day, and year): May 30 1861

7 AGE — Years: 69 — Months: 10 — Days: 20 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Ernenger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bavarian

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Interment (Address): Dennis A. Disney 4313 Harford Road

15 Filed [illegible] 19 [illegible] Registrar

R 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 15 1931 to Apr 19 1931

that I last saw h[illegible] alive on Apr 18 1931

and that death occurred, on the date stated above, at 4 20 m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

Cardiac failure

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Charcot findings

(Signed) J. M. Matthews M. D.

19 (Address) 2147 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Apr 21 1931

20 UNDERTAKER: Jas Jacobs Son — ADDRESS: 2173 E. Pra[illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 67953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

E 67953

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 649 W. Lee ST. 27-30 WARD)

2-FULL NAME Thomas King.

(a) RESIDENCE No. 649 W Lee ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Lillian King.

6 DATE OF BIRTH (month, day, and year) apr 6 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	—	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sand blaster 08

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Standard Sanitary Co Chesterfield Co

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chesterfield Virginia

12 MAIDEN NAME OF MOTHER Emma Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Chesterfield Virginia

14 Informant Richard King

(Address) 224 N. Fremont

APR 20 1931 H. A. JOE JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April -17-1931

17

I HEREBY CERTIFY, That I attended deceased from Apr-12, 1931, to Apr-17, 1931, that I last saw h alive on April, 16, 1931, and that death occurred, on the date stated above, at 6:20 a m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Dan Trautlein, M. D.

4/17, 1931 (Address) 122 N Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Station

DATE OF BURIAL 4-20, 27

20 UNDERTAKER Dinwiddie Co Va John H. Woodrum

ADDRESS 1027 Hull St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67954 — 82-001 E 67954

CERTIFICATE OF DEATH

1 PLACE OF DEATH BALTIMORE CITY HOSPITALS — 22-31

CITY OF BALTIMORE: (No. ... St. ... Ward)

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Alexander

(a) RESIDENCE NO. 822 China St. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Philip Alexander.

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Alexandria, Va.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Lucinda Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Records

15 Filed ... 19 ... Registrar
By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18, 1931.

17
I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 18, 1931
that I last saw h[illegible] alive on April 18, 1931
and that death occurred, on the date stated above, at 12:35 P. M.
The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and Hypertension (duration) UNKNOWN yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.
4-19-1931. (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 4-22-1931

20 UNDERTAKER John H. Tradem — ADDRESS 1027 Druid Hill Ave

APR 20 1931 C. HAMPTON JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 67955 E 67955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 810 Pierce ST. 18-N (WARD)

2-FULL NAME Richard Albert Curtis

(a) RESIDENCE NO. 810 Pierce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 20, 1887

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Truck Driver (Machine)

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer Balto Transfer Co

9 BIRTHPLACE (city or town) (State or country) Queen Anne Co., Md

PARENTS

10 NAME OF FATHER Louis Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Maria Natchins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Anne Co Md

14 Informant (Address) Wellington Curtis 2311 Division St

Registrar C. HAMPSON JONES, M.D.

APR 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 18 1931

17

I HEREBY CERTIFY, That I attended deceased from Apr 8, 1931, to Apr 18, 1931, that I last saw h~~im~~live on Apr 17, 1931, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis Sputum

(Signed) J. P. Dilgher, M. D.

4/18, 1931 (Address) 825 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL 4/21/1931

20 UNDERTAKER Mrs. Lee H. Holland — ADDRESS 1631 Druid Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

2W 75-39

E 67956

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67956

23

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Le Barre

(a) RESIDENCE NO. 1501 Argyle Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 24-1928

7 AGE: Years 2½ Months 6 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER John Le Barre

11 BIRTHPLACE OF FATHER (city or town) (State or country) Martinique

12 MAIDEN NAME OF MOTHER Sothe Montgomery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N-C —

14 Informant Friends

(Address)

APR 20 1931

C. HARRISON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12-31

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 18, 1931

that I last saw him alive on April 18, 1931

and that death occurred, on the date stated above, at 12 15 P m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY: (Secondary) Marasmus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. C. Jopkin M. D.

4/18, 1931 (Address) J. H. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 4/20/1931

21 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 67957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46

E 67957

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Union Memorial.

CITY OF BALTIMORE (No. Calvert & 33rd. 12-44 WARD)

2 FULL NAME Mrs. Herbert (Florence) Langfeld.

(a) RESIDENCE NO. Princeton Inn (Usual place of abode) Princeton WARD N. Jersey. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mo. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert S Langfeld.

6 DATE OF BIRTH (month, day, and year) Feb 5, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wisconsin

PARENTS

10 NAME OF FATHER George W. Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Amelia Kleckner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) Herbert S. Langfeld. Princeton N.J.

15 [illegible] HARRISON JONES, M. D. Registrar

APR 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/19/31

17

I HEREBY CERTIFY, That I attended deceased from 10-13-30, 19 , to 4/19/31, 19

that I last saw h[illegible] alive on 4/19/31, 19

and that death occurred, on the date stated above, at 11 [illegible] p.m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) 1? yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of rectum

(Inoperable) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of 10/22/30

Was there an autopsy? no.

What test confirmed diagnosis? Exploratory Laparotomy.

(Signed) Egbert L. Mortimer Jr. M. D.

4/19/1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Apr 21 1931
20 UNDERTAKER	ADDRESS
Stewart Monroe Co	Balto

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 67958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79-001 E 67958

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for the Women of Maryland ST.) (WARD) 6744

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet Thomas Fenton

(a) RESIDENCE NO. 920 West University Parkway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Matthew C. Fenton

6 DATE OF BIRTH (month, day, and year) Dec 26, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	64	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Philadelphia (State or country) Penn.

PARENTS

10 NAME OF FATHER Edward Joseph Pauley Thomas

11 BIRTHPLACE OF FATHER (city or town) Philadelphia (State or country) Penn.

12 MAIDEN NAME OF MOTHER Martha Petrie

13 BIRTHPLACE OF MOTHER (city or town) Peterborough (State or country) N.H.

14 Informant Mr. Matthew Fenton, Jr. (Address) 305 Overton Road, Baltimore, Md.

15 Filed APR 20 1931 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 17, 1931, that I last saw h[illegible] alive on April 17, 1931, and that death occurred, on the date stated above, at 6[40] P m.

The CAUSE OF DEATH* was as follows:

Pneumococcus meningitis

Pneumococcus septicaemia

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical evidence + spinal puncture

(Signed) Lilian Arnold Gilbert, M. D.

April 17, 1931 (Address) Hospital for the Women of Maryland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Apl 20 1931

20 UNDERTAKER: Stewart Memorial Co — ADDRESS: Balto

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67959

CERTIFICATE OF DEATH

108

E 67959

1—PLACE OF DEATH Maryland General Hospital. REGISTERED NO. 15-67

CITY OF BALTIMORE: (No. 1 Greenmount ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Baillon

(a) RESIDENCE NO. 3205 Elgin Ave. ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? 3 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Baillon

6 DATE OF BIRTH (month, day, and year) Sept 1 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Gov't

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kilmarnock, Scotland

PARENTS

10 NAME OF FATHER Robert Ballingall Baillon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Beriah F. Arthur

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Glasgow Scotland

14 Informant Hospital Records
(Address)

15 Filed APR 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19 1931

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 19, 1931, that I last saw him alive on April 19, 1931 and that death occurred, on the date stated above, at 1 30 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Robert F. Brown, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Spring Ridge Cem	Apr 21 1931
20 UNDERTAKER H. Thompson Sons	ADDRESS Balto

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 67960

CERTIFICATE OF DEATH.

93-003

F. 67960

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 6110 Biltmore Ave 27-55 (Street) (Ward)

REGISTERED NO. 93-003
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Jane Kershaw

(a) RESIDENCE NO. 6110 Biltmore Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Kershaw

6 DATE OF BIRTH (month, day, and year) January 24-1856

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	18	14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hagerstown Md.

PARENTS

10 NAME OF FATHER Henry Thurner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown Md

12 MAIDEN NAME OF MOTHER Rachel Horochk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mrs Nellie L Dodd 6110 Biltmore Ave

15 Filed APR 20 1931 HARRY M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17-1931

17

I HEREBY CERTIFY, That I attended deceased from June 31, 1931, to April 17, 1931

that I last saw h[illegible] alive on April 14- 1931

and that death occurred, on the date stated above, at 12:- P m.

The CAUSE OF DEATH* was as follows:

myocarditis. (chronic)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Bronchitis

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Robert L. Underhill M. D.

1931 (Address) 1112 Mercantile Bldg

*State the Disease Causing Death, or in deaths from Violent Causes (state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery DATE OF BURIAL April 20 31

UNDERTAKER W J Freeman Sons ADDRESS Baltimore

Cross out words not applicable. Please write plainly. Use pen and ink. Do not use pencil. Read carefully the instructions on back of certificates. ATTENTION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67961

CERTIFICATE OF DEATH.

1082 67961

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 549 N. Lafayette ST. 17-24 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Willie Cook

(a) RESIDENCE NO. 549 N. Lafayette ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Aa	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Cook

6 DATE OF BIRTH (month, day, and year) Dec ? 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	4	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Tube

9 BIRTHPLACE (city or town) Camden
(State or country) S.C.

PARENTS

10 NAME OF FATHER Robt Cook

11 BIRTHPLACE OF FATHER (city or town)
(State or country) S.C.

12 MAIDEN NAME OF MOTHER Ella Stucky

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) S.C.

14 Informant Elizabeth Cook
(Address) 549 N. Lafayette

15 Date received 19 C. HAMPTON JONES, M. D. Registrar

R 201931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-17-31

17

I HEREBY CERTIFY, That I attended deceased from 4-12, 1931, to 4-17, 1931

That I last saw h in alive on 4-17, 1931

and that death occurred, on the date stated above, at 10 P in

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. E. Mackie M. D.

4-18 1931 (Address) 1126 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Camden S. C.	Apr 20 1931
20 UNDERTAKER	ADDRESS
Wm. H. Chase & Son	638 N. Gilmor

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. A Co.—250 Blks

67962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 B 67962

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2794 I/2 Tivoly ave 9-46 (Ward)

2 FULL NAME Margaret P Thompson

(a) RESIDENCE NO. 2794 I/2 Tivoly ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: George W Thompson

6 DATE OF BIRTH (month, day, and year): 2/8th/1863

7 AGE — Years: 68 — Months: 2 — Days: 10 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sallie Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs Vernon Grove

(Address): 2766 Alameda

15 [illegible] 19 [illegible] Registrar

APR 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/18/1931

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1931, to April 18, 1931, that I last saw h[illegible] alive on April 18, 1931, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 1 yr. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Thrombosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas Wm Edmunds M. D.

, 19 (Address) 2746 Alameda Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Apr 20 19 31

20 UNDERTAKER: John Ullrich — ADDRESS: 207 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67963

CERTIFICATE OF DEATH

82-001 E 67963

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 N. Washington ST., 3-13 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Augusta E. Helmbold

(a) RESIDENCE NO. 941 N. Washington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If foreign birth 46 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Helmbold

6 DATE OF BIRTH (month, day, and year) June 16/1862

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Zentgraf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. L. Hausner

(Address) 941 N. Washington St

15 Filed ... 19 ... Registrar

APR 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17/31

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1931, to April 17, 1931, that I last saw h[illegible] alive on April 16, 1931 and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arterial Hypertension, Senile arteriosclerosis (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Joseph Peterson, M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	4/20/31
20 UNDERTAKER Philip Henry	ADDRESS 2006 Orleans St.

IMPORTANT—Fill in all items possible. Please write plainly. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

67964

HEALTH DEPARTMENT—CITY OF BALTIMORE

67964

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green ST. 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Hartel

(a) RESIDENCE NO. 1631 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April, 15, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas Hartel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Sue Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Thomas Hartel 1631 W Fayette st

15 Filed APR 20 1931 H. A. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April, 18, 1931.

17 I HEREBY CERTIFY, That I attended deceased from April 15 , 1931 , to April 18 , 1931 , that I last saw h[illegible] alive on April 18 , 1931 , and that death occurred, on the date stated above, at 12 [illegible] P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & Symptoms

(Signed) Henry F. [illegible] M. D.

4/18. 1931 (Address) [illegible] Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	4-20 1931
20 UNDERTAKER	ADDRESS
Robert Brooks & Son	Baltimore Hoffman st

CAUSE OF DEATH to be filled in plain terms, so that any person can understand it. Do not use abbreviations or technical terms. See instructions on back of certificates. TION is very important.

Spec.—12-9-21—A Co.—200 Bks.

67965

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 E 67965

CERTIFICATE OF DEATH.

REGISTERED NO. W2640

1-PLACE OF DEATH

City of BALTIMORE: (No. 1308 Myrtle ave St. 7-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Myrtle Williams

(a) RESIDENCE NO. 1308 Myrtle ave St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. ____ mos. ____ da. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced RUSBAND of (or) WIFE of: James Williams

6 DATE OF BIRTH (month, day, and year): Feb 7 1873

7 AGE: Years 58 | Months two | Days | IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Towson

(State or country)

PARENTS

10 NAME OF FATHER: Wm Mathews

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Va.

12 MAIDEN NAME OF MOTHER: Sarah Sheridan

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Towson Md

14 Interment (Address): Geo. Evans 1308 Myrtle ave

15 Filed _____ 19 _____ _____ Registrar

APR 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): April 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 10 1930 to April 16 1931, that I last saw h[illegible] alive on April 15 1931, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows: Rheumoma of uterus

(duration) ____ yrs. 7 mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab and Med. Exam.

(Signed) Wm H. Watts, M. D.

(Address) 928 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — Date of Burial: April 20 1931

20 UNDERTAKER: Mrs. Rodie R. Williams — ADDRESS 522 Edgecumb St.

Fill in all items if possible. Data should be carefully supplied. All items should be stated EXACTLY. PHYSICIANS must fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

E 67966

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001
E 67966

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1521 Division St. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John D. Smith

(a) RESIDENCE NO. 1521 N. Dallas ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/2/30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	6		12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Benjamin Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sadie Jeffries

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Benjamin Smith
(Address) 1521 Dallas

15 Date [illegible] 1931 CHARLTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April-18 1931

17 I HEREBY CERTIFY, That I attended deceased from April-16 1931 to April-18 1931, that I last saw him alive on April-17 1931 and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows: Bronchial pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. S. Pillman, M. D.

1931 (Address) 2057 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. DATE OF BURIAL April 20 1931

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1725 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly coded. See instructions on back of certificates. TION is very important

APR 20 1931

Spec.—9-30—A. & Co.—250 11's

67967 HEALTH DEPARTMENT—CITY OF BALTIMORE 67967

CERTIFICATE OF DEATH 1082

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1108 Jenkins St. 11-24 (Ward)

2 FULL NAME Noble N. Thomas

(a) RESIDENCE No. 1108 Jenkins St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma R Thomas

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: Years 76; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Res. Co. Md

PARENTS

10 NAME OF FATHER: Henry Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Mallen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Emma R Thomas 1108 Jenkins St

15 Filed APR 20 1931 19 C. Clampton Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 17 31

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to April 17, 1931, that I last saw h— alive on April 16 1931, and that death occurred, on the date stated above, at 9-55 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 11 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

What test confirmed diagnosis?

Was there an autopsy?

(Signed) H. C. Pettelaine M. D.

(Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 4/20 19 31

UNDERTAKER: Samuel Townsley

ADDRESS: 918

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Anatomical Seat of DISEASE TION is very important. See instructions on back of certificate.

Spec—9-20—A. & Co.—250 Blks.

E 67968

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67968

CERTIFICATE OF DEATH

15 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2104 Jefferson St 710 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Lobry

(a) RESIDENCE NO. 2104 Jefferson St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 4 yrs. mos 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 30/31

7 AGE — Years — Months — Days: 19 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER Ludwig Lobry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER Louise Frederick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Ludwig Lobry

(Address) 710 Jefferson St

15 [illegible] 19 C. HALLSON JONES M. D. Registrar

PR 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19/31

17

I HEREBY CERTIFY, That I attended deceased from April 16, 19 31 to April 19, 19 31

that I last saw h[illegible] alive on April 19, 19 31

and that death occurred, on the date stated above, at 11-30 A m.

The CAUSE OF DEATH* was as follows:

Empyema (Focal),

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rogers M. D.

19 31 (Address) 812 Eutaw Pl

*State the Disease causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 20 1931

UNDERTAKER: Enoch Brooks & Woodward — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT INFORMATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67969

REGISTERED NO. E 67969

1-PLACE OF DEATH

City of Baltimore: (No.) Provident Hosp. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel Bond.

(a) RESIDENCE NO. 239 Camel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Fmle	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Percy Bond

6 DATE OF BIRTH (month, day and year) Feb 20 1906

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	25	1	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Woodville
(State or country) Md.

PARENTS

10 NAME OF FATHER Isaac Mongo
11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)
12 MAIDEN NAME OF MOTHER Lizzie Brooks
13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Percy Bond
(Address) 239 Camel

15 Filed 19 Registrar

APR 20 1931 H. W. [illegible] M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Death Caused by Drowning

(duration) yrs. Hours

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) H. H. Gish M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Apr 20 1931
20 UNDERTAKER	ADDRESS 916
Edwards Eaton	St

All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67970

CERTIFICATE OF DEATH

131 E 67970

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 1709 N. Bruce St., 15-21 Ward)

2-FULL NAME Martha Barnes.

(a) RESIDENCE NO. 1709 N. Bruce St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Fmd	Col	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Nothing

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer Dr.

9 BIRTHPLACE (city or town) Dr.
(State or country)

PARENTS

10 NAME OF FATHER Nothing

11 BIRTHPLACE OF FATHER (city or town) Dr.
(State or country)

12 MAIDEN NAME OF MOTHER Nothing

13 BIRTHPLACE OF MOTHER (city or town) Dr.
(State or country)

14 Informant Eleanor Dennis
(Address) 1706 Lauren

15 Filed APR 20 1931 C. HAMPSON [illegible] Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Regular

(Signed) [illegible], M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	4-20-31
20 UNDERTAKER David Carlin	ADDRESS 916 Bruce

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-26—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67971

CERTIFICATE OF DEATH.

159 E 67973

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 E. Fort Ave. ST. ~~[illegible]~~ WARD) 24-34

2. FULL NAME Infant of Mr & Mrs John J. Brethauer

(a) RESIDENCE NO. 501 E. Fort Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 19-1931

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John J Brethauer

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Evelyn M Trebruger

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mr John J Brethauer

(Address) 501 E Fort Ave

15 C. HAMILTON JONES, M. D. Registrar

APR 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 19-1931

17

I HEREBY CERTIFY, That I attended deceased from Apr 19, 1931, to Apr 19, 1931

that I last saw her alive on Apr 19, 1931

and that death occurred, on the date stated above, at 10.30P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Atelectasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) R. K. Campbell M. D.

Apr 20. 1931 (Address) 16 X X Stanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem.

DATE OF BURIAL 4/20 1931

20 UNDERTAKER J. J. Jakey & Bro

ADDRESS 1318 Light

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 67972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67972

REGISTERED NO. 167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John ~~Bonikowski~~ Bontkowski

(a) RESIDENCE NO. 217 President ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	~~unknown~~ Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Leszepan Bontkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Rosalia Kaminska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Eastern Police Dept.

(Address)

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Pistol shot in left breast & temple

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Shot himself at 604 S. Ann St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... M. D.
Coroner

4/11/31 (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

C. HAMILTON JONES, M. D.
Commissioner of Health

APR 20

Information should be carefully supplied. Exact statement of OCCUPATION should be properly classified. Avoid use of abbreviations. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67973 47 E 67973

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2407 Westwood ave St. 5-68 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Fox

(a) RESIDENCE No. 2407 Westwood ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: Katie Fox

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 44 (44) Months — Days — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Elazar Fox

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachel Goodelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Katie Fox 2407 westwood ave

15 Filed ____, 19__ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/19/31

17

I HEREBY CERTIFY, That I attended deceased from October, 1928, to Feb. March 5, 1931

that I last saw h[illegible] alive on March 5, 1931

and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Primary Carcinoma of lung

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Tracheal Stenosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Repeated Examination x-ray

(Signed) Jack Cohen M. D.

4/20, 1931 (Address) 223 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Workmen circle Cem

DATE OF BURIAL: 4/20 1931

20 UNDERTAKER: Jack Levis

ADDRESS: 1439 E Baltimore

Information should be carefully supplied. Exact statement of OCCUPATION should be properly classified. Avoid use of abbreviations. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 67974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

E 67974

REGISTERED NO. 27-44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome V. Dunn

(a) RESIDENCE NO 3504 Southern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 4/1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	2	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Formaly Chemist
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James E. Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Mary E. McCarron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Catherine Dunn (Sister)

(Address) 3504 Southern Ave

15 Filed C. HAMPTON JONES, M. D. Registrar

Pat

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 18/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture 5th Cervical Vertebra on Apr 16/31. Accidently fell cellar steps in his home.

(duration) yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3504 Southern Ave

Did an operation precede death? yes Date of Apr 16/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

Apr 18/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL April 21 1931

20 UNDERTAKER M. W. E. Appel — ADDRESS 37 S Am St

mation should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—2-29-28—L. F. S.—500 Blks.

E 67975

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 67975

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2023 E. Biddle ST. 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie M. Katenhauser

(a) RESIDENCE NO. 2023 E. Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Katenhauser

6 DATE OF BIRTH (month, day, and year) April 17 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Gerner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Annie Boldey

(Address) 2014 E. Biddle St

15 Filed ..., 19.. HARRISON JONES, M. D. Registrar

OF DEATH in plain terms, so that it may be understood. Use no abbreviations or terms of doubtful meaning. Be particular and exact. Every question is important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1931

17 I HEREBY CERTIFY That I attended deceased from Nov 18 30 to April 17 31

that I last saw h alive on April 17 31

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Arterio Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J. Boos M. D.

4/18 19 31 (Address) 423 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	April 21 19 31
20 UNDERTAKER	ADDRESS
William G. Schaeffer	1816 Monument

1-30—M. & T.—100 B—50L

E 67976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 67976

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2580 Fayette (West) ST. 20-64 WARD)

2-FULL NAME Edgar Leroy Doxzon

(a) RESIDENCE NO 2580 Fayette (W.) ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs 4 mos 1 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mamie Russell

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Pipe Fitter
(b) General nature of industry, business, or establishment in which employed (or employer): Unemployed
(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Isaac Doxzon

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ethel G. Fischer

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. Mamie Doxzon

(Address) 2580 Fayette St

15 Filed ..., 19.. ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic myocardial disease
(Myocarditis)

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & history

(Signed) Guy N. Cromwell, M. D. Coroner

4/18, 1931 (Address) 203 Patapsco Ave. Brooklyn Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 4/20/31

UNDERTAKER: F. B. Hufford — ADDRESS: 300 Eutaw Place

mation should be carefully supplied. AGE should be
CAUSE OF DEATH in plain terms, so that it may be p
TION is very important. See instructions on back of c

Spec.—2-29-28—L. F. S.—500 Bks.

E 67977

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 67977.

CERTIFICATE OF DEATH

1—PLACE OF DEATH 2405

CITY OF BALTIMORE: (No. 2405 Lafayette Ave ST. 70-69 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John B Rausch

(a) RESIDENCE NO. 30 Gorman Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rausch

6 DATE OF BIRTH (month, day, and year) March 14 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) = = = 013

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Dont Knew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dont Knew

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Barbara Farrell

(Address) 2405 Lafayette Ave

15 Filed ..... 19 ..... Registrar

R 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18-31-

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to April 18, 1931;

that I last saw him alive on April 18, 1931

and that death occurred, on the date stated above, at 7 15 P. m.

The CAUSE OF DEATH was as follows:

Mitral Stenosis C

Hypostatic Bronchitis (Pneumonia)

Aortic Sclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

15 Where was disease contracted if not at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Norbert C Wirth M. D.

(Address) 2157 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	April 21 1931
20 UNDERTAKER	ADDRESS
H. Miles Sons & Finck	2012 Wilkens Ave

OF DEATH is plain, legible, and as complete as possible. Every question must be answered or the reason for omission explained. Typewriting or indelible pencil is important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

247478

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67978

CERTIFICATE OF DEATH.

E 67978

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 3-497 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Pearl Smith

(a) RESIDENCE NO. 228 S-Bethel ST. ST- WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35- yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	35-			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): 0/0
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md-

PARENTS
10 NAME OF FATHER: Edgar Smith
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md-
12 MAIDEN NAME OF MOTHER: Deceased
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md-

14 Informant: Friends-
(Address): JOHNS HOPKINS HOSPITAL

15 (Date received) R 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18 31

17
I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 18, 1931
that I last saw h[illegible] alive on April 18, 1931
and that death occurred, on the date stated above, at 11 3/4 a m.
The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary): Enteroloschesis
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Uroanalysis - Blood Chem

(Signed) J. W. Parsons M. D.

April, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: asbury cemetery — DATE OF BURIAL: April 21 31

20 UNDERTAKER: Edward Bryan — ADDRESS: 1631 orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Blks.

E 67979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67979

CERTIFICATE OF DEATH

46

1—PLACE OF DEATH

REGISTERED NO. 15-67

CITY OF BALTIMORE: (No. 2802 Allendale Road WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha S. Robbins

(a) RESIDENCE NO. 2802 Allendale Road WARD

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edwin A. Robbins

6 DATE OF BIRTH (month, day, and year): 2-21-1851

7 AGE: Years 80 | Months 1 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Conn.

PARENTS

10 NAME OF FATHER: Isaac Shelton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Conn.

12 MAIDEN NAME OF MOTHER: Caroline Palmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant: Grace R. Yates

(Address): 2802 Allendale Road

15 APR 20 1931 19 Nov 27

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-18-1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 15, 1930, to April 18, 1931, that I last saw h alive on April 6, 1931 and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Carcinoma Stomach

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? —

(Signed) Georgia Hiscock M. D.

(Address) 904 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waterbury Conn. | DATE OF BURIAL: April 22 1931

20 UNDERTAKER: John O. Mitchell Sons | ADDRESS: 1300 Eutaw Place

OF DEATH in plain terms, so that it may be properly classified. Last Statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—9-30—A. A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 67980

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL St. 19 WARD)

2 FULL NAME Edward Foote

(a) RESIDENCE NO. 225 E. 6th St. St. WARD Hutchinson - Kan

(Usual place of abode) (If non resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 31 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Ella J. Pettigrew

6 DATE OF BIRTH (month, day, and year) Oct 12 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None - ✓

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wis -

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant (Address) Friends -

15 Filed APR 20 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20 - 31

17

I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to April 20, 1931

that I last saw him alive on April 20, 1931

and that death occurred, on the date stated above, at 2 50 P.M.

The CAUSE OF DEATH* was as follows:

Teratoma Intra abdominal

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Mar 25, 1931

Was there an autopsy? Yes partial

What test confirmed diagnosis? Operation

(Signed) Fowley M Pancoast Jr - M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hutchison, Kansas

DATE OF BURIAL Apr. 20 1931

20 UNDERTAKER John C. Mitchell & Son

ADDRESS 1900 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks.

E 67981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X115 E 67981

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST. 2780 WARD 27)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Anne Artrip

(a) RESIDENCE NO. Shattuck Va ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 18, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Va

(c) Name of employer: State of Va

9 BIRTHPLACE (city or town) (State or country): Shattuck Va

PARENTS

10 NAME OF FATHER: Wilburn Artrip

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sally Childress

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: A. H. Artrip

(Address): Box 66 Shattuck Va.

APR 20 1931 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/20/31

17

I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1931, to Apr 20, 1931

that I last saw her alive on Apr 20, 1931

and that death occurred, on the date stated above, at 12.00 Noon m.

The CAUSE OF DEATH* was as follows:

Ulcers of Mouth, Chronic (Origin Unknown) with Lymph Stages. (about) 3 mos. ds.

(duration)

CONTRIBUTORY (Secondary) Secondary Anemia (about) 2 mos. ds.

(duration)

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes. Date of See Back →

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Chas D. Stokes Jr. M. D.

. 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shattuck Va

DATE OF BURIAL: 4/20 1931

20 UNDERTAKER: J M Cook

ADDRESS: 1574 Fulton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

Spec.—9-20—A. & Co.—250 Blks.

67982 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23

CERTIFICATE OF DEATH. 67982

1. PLACE OF DEATH Union Memorial Hospital REGISTERED No. 157

CITY OF BALTIMORE: (No. 27-53 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Walter Rutland Jr.

(a) RESIDENCE No. 311 Edgevale Rd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if not a foreigner? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Dependent
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Thomas, Georgia

PARENTS

10 NAME OF FATHER John Walter Rutland Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER Jane Howell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Georgia

14 Informant (Address): Mother 311 Edgevale Rd City

15 Filed APR 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20 1931

17
I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 20, 1931

That I last saw h— alive on April 20, 1931

and that death occurred, on the date stated above, at 1:15 P m.

The CAUSE OF DEATH* was as follows:

Congenital heart disease
Asthma 6 months

(duration) 2 yrs. 1 Smos. 29 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Jesse S. Fifer M. D.

19 (Address) Union memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Atlanta, Ga	Apr 20 1931
UNDERTAKER: Wm J Fleckner Sons	ADDRESS: Atl Ga

R 20 1931

Information should be carefully supplied. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 67983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67983

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-9 WARD)

2-FULL NAME Unknown

(a) RESIDENCE NO. _____ ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Probably sea faring

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Northeastern Police Dept.

(Address)

15 Filed _____, 192 _____ Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Alcoholism
Found Wolfe St side of 1900 E.
Fairmont Ave

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. O'Brien, Coroner, M. D.

4/1, 1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

APR 20 1931

Commissioner Health

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67984

CERTIFICATE OF DEATH

57-003 ✓ E 67984

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 822 Harlem St. 7-23 Ward)

2-FULL NAME Infant Flight

(a) RESIDENCE NO. 822 Harlem St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 11-1931

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
			3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Robt Flight
11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)
12 MAIDEN NAME OF MOTHER Frances Barnes
13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Floyd Flight
(Address) 822 Harlem St

Filed APR 20 1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Blue Baby

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Inquest

(Signed) C. Harrison Jones M. D.

(Address) Border

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND
Commissioner Health
APR 20 1931
THE MORGUE

WRITE PLAINLY, WITH UNFADING INK—THIS CERTIFICATE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 67985 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 - OE 67985

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1616 E. 31st st. St. 9-46 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ottilia Svec.

(a) RESIDENCE No. 1616 E. 31st St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Anton F. Svec

6 DATE OF BIRTH (month, day, and year) Jan. 21/80

7 AGE: Years 51 Months 3 Days 28 If LESS than 1 day, hrs. or min. 27

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Chas. Langer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Katherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mrs. Lawrence A. Maney 1616 E. 31st st.

15 1931 APR 20 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18/31

17

I HEREBY CERTIFY, That I attended deceased from APR 17 1931, 19... to APR 18 1931, 19...

That I last saw h... alive on APR 18 1931

and that death occurred, on the date stated above, at 11.20 P. M.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart

(duration) X yrs. X mos. 1 ds.

CONTRIBUTORY (Secondary) Subacute Endocarditis

(duration) X yrs. 2 mos. XX ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Otto H. Decker M. D.

(Address) 928 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL 4/21 19 31

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

R 20 1931

C. H. LAWSON JAMES M. ... A.M., Registrar

INFORMATION NEEDED MUST be carefully supplied. Any CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.— 100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 67986

82-001 ✓

E 67986

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (a) Dennison & Edmondson (Ward) 23-27

2-FULL NAME Fred L. Shipley

(a) RESIDENCE NO. 507 N. Monroe St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R.

6 DATE OF BIRTH (month, day, and year) June 22 1861

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	69	9	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Commission Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) & (State or country) Germany Md.

PARENTS

10 NAME OF FATHER John W. Shipley

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Kircher

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Mrs. Helen Ingalls
(Address) 2013 Sasafras St.

15 Filed _____, 19__ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Coroner, autopsy or inquiry) find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

_____ (duration) Sudden

CONTRIBUTORY _____
(Secondary)

_____ (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Edmondson Ave

Did an operation precede death? No Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Regular

(Signed) H. Leak Gorsuch, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	April 21- 1931
20 UNDERTAKER	ADDRESS
Charles J. Schwab	505 N. Monroe St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. ALL ITEMS should be answered. CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should state CAUSE tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—4-30—A. & Co.—250 Blks.

D 67937

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 67987

CERTIFICATE OF DEATH

1-PLACE OF DEATH St. Joseph's Hospital

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: 4 No ~~[illegible]~~ Caroline ST. [illegible] WARD 1 St

2-FULL NAME Ignatius Gracik

(a) RESIDENCE NO. 828 S. Bond St. ST. ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1-1916

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
15	2	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School boy.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Paul Gracyk.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.
12 MAIDEN NAME OF MOTHER Victoria Samel
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Victoria Gracyk
(Address) 828 S Bond St

15 Date received APR 20 1931 Geo. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-19-31

17
I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to April 19, 1931
that I last saw him alive on April 14, 1931
and that death occurred, on the date stated above, at 7 15 p. m.
The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) ____ yrs. ____ mos. 13 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ____ yrs. ____ mos. 4 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of ____
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) M. Bielawski M. D.
19 (Address) 1 Mapl Heights

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	April 21 1931
UNDERTAKER	ADDRESS
F. W. Ozazewski	1900 Eastern

Information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67988

210-001 ✓

E 67988

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Hosp. for Women of Md. St., 13-59 Ward)

2-FULL NAME Bettie N. Coleman

(a) RESIDENCE NO. 2443 Callow Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Nathan Coleman

6 DATE OF BIRTH (month, day, and year) Aug. 24, 1847

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	83	7	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER Simon Stein

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Lena Bergman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Miss. B. Coleman
(Address) 2443 Callow Ave

C. EAMPSON JONES, M. D. Registrar

R 20 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry find that said deceased came to death
(Inquest, autopsy or inquiry)
on the day stated above.

The CAUSE OF DEATH* was as follows:
Fract. Skull struck & knocked down by auto - while crossing street

(duration) Fract. Skull yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? in front of 810 N Wolfe

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Strauss, M. D.

4/20 1931 (Address) 2939 W. Eldery

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltmore Hebrew Cem.	4/21/ 1931
20 UNDERTAKER David Sandhammerson	ADDRESS 1902 Linden Place

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Each question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67989

CERTIFICATE OF DEATH

3 E 67989

27-47

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith S. Wayson

(a) RESIDENCE NO 4003 Chesmont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Vernon J. Wayson

6 DATE OF BIRTH (month, day, and year) Nov 21/1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	4	26 27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Henry C. Allaire

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Odelia A. Ruth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Irene Allaire (Sister)

(Address) [illegible]

15 Filed C. HAMPSON JONES, M. D. Registrar

R 20 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to pistol shot of abdomen. Homicide

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of Apr 16/31

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

4/20/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Apr. 21 1931

20 UNDERTAKER Wm. C. Black ADDRESS 927 N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks.

✓ 6 to 8

E 67990 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 93-002 67990

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1205 Rutland Ave 8-13 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Grammer

(a) RESIDENCE NO 1205 Rutland Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, ~~widowed, or divorced~~ ~~the name of~~ (or) WIFE of Aaron C. Grammer

6 DATE OF BIRTH (month, day, and year) Dec 13th 1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of Industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Aaron C Grammer
(Address) 1205 Rutland Ave

15 [illegible] 19 [illegible] Registrar

APR 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from APR 13 1931, 19 to APR 20 1931, 19

that I last saw h alive on APR 20 1931, 19

and that death occurred, on the date stated above, at 10.45 A.M.

The CAUSE OF DEATH* was as follows:

acute dilatation of heart

(duration) 7 yrs. 7 mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 10 yrs. 7 mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evt

(Signed) Chas Duke M. D.

APR 20 1931 (Address) 928 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetary — DATE OF BURIAL 4/23/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. A Co.—250 Blks

67991 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-067

67991

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 218 W. Monument St. (Hospital or Institution) 11-24

2 FULL NAME Emma L. S. Moore

(a) RESIDENCE NO. 218 W. Monument ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of Enoch Bennett Moore

6 DATE OF BIRTH (month, day, and year) Sept 10th 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thos. B. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Joseph Pyle 218 W. Monument St

15 Filed APR 20 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 19th 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 31 - 1931, to Apr 19 - 1931

that I last saw h[illegible] alive on Apr 19 - 1931

and that death occurred, on the date stated above, at 5:35 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) — yrs. — mos. 14 ds.

CONTRIBUTORY (Secondary) Advanced age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical

(Signed) Chas. J. Keller M. D.

4/20 1931 (Address) 2226 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	4/21/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Information should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR

Spec.—9-30—A. & Co.—250 Blks

67992 HEALTH DEPARTMENT—CITY OF BALTIMORE 67992

CERTIFICATE OF DEATH

23

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1229 Scott 21-29 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Metzger

(a) RESIDENCE NO 1229 Scott ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of William Metzger

6 DATE OF BIRTH (month, day, and year) Sept 26th 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	6 6	2 3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Shamokin Pa

PARENTS

10 NAME OF FATHER John Sandler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Shamokin Pa

12 MAIDEN NAME OF MOTHER Maria Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant (Address) William Metzger 1229 Scott St

15 C. HAMPSON JONES, M. D. Registrar

R 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19th 1931

17

I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1931, to Apr. 19, 1931

That I last saw HER alive on Apr. 19, 1931

and that death occurred, on the date stated above, at 2 A m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. B. Campbell M. D.

4/20 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL 4/21/1931

20 UNDERTAKER Wm Cook — ADDRESS 1207 St Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. Particulars should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

Spec.—1-30—M. & T.—250 Bks.

E 67993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67993

CERTIFICATE OF DEATH

121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen ST. 2263 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Jacob Fries Jr

(a) RESIDENCE NO. 1636 Hanover ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 9 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 30 - 1927

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Jacob Fries

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Rosalie Raesler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant Charles Fries
(Address) 1636 Hanover St

15 Filed APR 20 1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18-31

17

I HEREBY CERTIFY, That I attended deceased from April 17, 1931, to April 18, 1931,

that I last saw him alive on April 18, 1931,

and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH* was as follows:

Acute Gangrenous Perforated Appendicitis

Acute diffuse Peritonitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 17-31

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Wm J Sullivan M. D.

19 (Address) Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lindenhill Cem	April 21 19 31

20 UNDERTAKER J Howard Evans ADDRESS 35 E Preston

Exact statement of OCCU... it may be properly classified. ...on back of certificates.

CAUSE OF DEATH in plain terms, so that it m... TION is very important. See instructions on ba...

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67994

CERTIFICATE OF DEATH

E 67994

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2223 Etting St. 14-59 Ward 9)

2-FULL NAME Catherine Thompson

(a) RESIDENCE NO. 2223 Etting St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmale

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: N

6 DATE OF BIRTH (month, day, and year): June 9-1930

7 AGE: Years | Months: 10 | Days: 11 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Irvin Thompson

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Penn

12 MAIDEN NAME OF MOTHER: Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Penn

14 Informant (Address): Irvin Thompson 2223 Etting

15 [illegible] 19[illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): April 20th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. C. Faith M. D.

(Address) Coroner

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: April 22 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pressman

APR 20 1931

R—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 67995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67995

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3803 Bonner Road ST. 15-65 WARD 10 6 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thora E. Nagel

(a) RESIDENCE NO. 3803 Bonner Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Henry Nagel

6 DATE OF BIRTH (month, day, and year) Feb. 25, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Robert Bishop

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER I. Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant (Address) Mr. Henry Nagel 3803 Bonner Rd.

15 Filed APR 20 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 19/31

17 I HEREBY CERTIFY, That I attended deceased from Apr 12, 1931, to Apr 19, 1931, that I last saw h- alive on Apr 18, 1931, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Labor pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Labor pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W S Tibbett, M. D.

Apr 20 31 (Address) 2220 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 4/21/31

20 UNDERTAKER Harry Hartzler — ADDRESS 4101 Edmondson Ave.

R 20 1931

mation should be entirely supplied. Exact statement of OCCU-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—6-9-19—H. P. Co.—1000 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 67996

CERTIFICATE OF DEATH.

25 E 67996

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1814 Memphis ave. DIST. 26-36 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Mary West

(a) RESIDENCE No. 1814 Memphis ave DIST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): Mar. 1-1914

7 AGE: Years 17 Months 1 Days 17 18 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Ind.

PARENTS

10 NAME OF FATHER: James H. West

11 BIRTHPLACE OF FATHER (city or town) (State or country): A. Carolina

12 MAIDEN NAME OF MOTHER: Anna Costello

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Ind.

14 Informant: James West (Address) 1814 Memphis ave

15 Filed . 19 C. HAMPSON JONES, Registrar

APR 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 18 '31, to Apr 18, 1931, that I last saw h is alive on Apr 17, 1931, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Peritonitis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mar 18. 31

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. T. McSherry, M. D.

(Address) 2338 E. 3rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Cathedral Cem

DATE OF BURIAL: 4/21/31

20 UNDERTAKER: J. A. Moran

ADDRESS: E Balto.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 67997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54-09 E 67997

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 12-49 ST. WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucille Grant Albaugh

(a) RESIDENCE NO. New Windsor Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 3 1910

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
20	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm J Albaugh.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Ella Grant
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm J Albaugh
(Address) New Windsor

15 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-20-31

17
I HEREBY CERTIFY, That I attended deceased from April 17, 1931, to April 20th, 1931
that I last saw her alive on April 20th, 1931
and that death occurred, on the date stated above, at 6:05 p.m.
The CAUSE OF DEATH* was as follows:

Brain Tumor (pituitary)

(duration) 4 yrs. mos. days

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Apr. 28th 31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Richard Trance M. D.

4/29/1931 (Address) New Windsor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmount Cemetery Libertytown April 23 1931
DATE OF BURIAL

20 UNDERTAKER: Powell & Albaugh
ADDRESS: Woodsboro

APR 20 1931

information should be carefully supplied. AGE should be stated EXACTLY; PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 67998

107-001

E 67998

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 903 N. Spring St., 7-13 (Ward)

2-FULL NAME Richard Sewell

(a) RESIDENCE NO. 903 N. Spring St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Prince Geo. Co.

9 BIRTHPLACE (city or town) Md.

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant: Robert Tinson

(Address) 90 3rd N. Sterling St.

15 Filed ... E. H. Anderson JONES, M. D.

Registrar

APR 21 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20, 1931

17 I HEREBY CERTIFY that I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

Upon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) And that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

Duration 3 yrs. mos. 3 ds.

Contributory (Secondary) Pulmonary Tuberculosis

Duration 1 yrs. mos. 1 ds.

Attended ... M. D.

(Coroner)

(Address) 1430 Pitcairn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the state ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial: Apr 22 1931

Ashley Cemetery

20 UNDERTAKER: Chas. H. Jenkins ADDRESS 711 N. Carlton

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Ages should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 67999

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001

E 67999

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen. ST. 25-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Chas Irwin Krafft

(a) RESIDENCE NO 2220 Sidney ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/9/1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Louis B Krafft

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Lake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Louis B. Krafft

(Address) 2220 Sidney Ave

15 Filed APR 21 1931, 19.. H. LEE JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by a moving auto as he ran across street

(duration) ..... yrs. Fract Skull mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Maryland & Windsum

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. Frame Jr., M. D. (Coroner)

4/19 1931 (Address) 2939 W. Clay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL April 21 1931

20 UNDERTAKER Josiah Syfer

ADDRESS 1600 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Bks.

E 68000

HEALTH DEPARTMENT—CITY OF BALTIMORE

68000

CERTIFICATE OF DEATH.

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 12-50 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs Benjamin Frer (Ellen A.)

(a) RESIDENCE No. 3215 Guilford Ave ST.
(Usual place of abode)

WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr Benj. Frer

6 DATE OF BIRTH (month, day, and year) Jan 30th 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joel Houston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hallie Gregory

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant R. F. Frer
(Address) 3215 Guilford Ave

15 Filed Apr 21 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20th 1931

17

I HEREBY CERTIFY, That I attended deceased from Apr 17th, 1931, to Apr 20th, 1931

that I last saw her alive on Apr 20th, 1931

and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4/15/31

Was there an autopsy? Yes Removal of Lung

What test confirmed diagnosis? Autopsy

(Signed) Richard Harlan M. D.

19 (Address) U. M. H.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem. Baltimore Co. DATE OF BURIAL 19 APR 23 1931

20 UNDERTAKER Geo W Sittler

ADDRESS 2700 EDMONDSON AVE

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68001

CERTIFICATE OF DEATH.

E 68001

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Raymond Freestman 1920-78 ST. WARD)

2 FULL NAME Margaret Wild Glarman

(a) RESIDENCE NO. 252 N. Hilton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Glarman

6 DATE OF BIRTH (month, day, and year) Dec. 25 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	3	25 31	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jos. Peter Lattier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. David F. Ickes (Address) 252 N. Hilton St.

15 Filed ....., 19.... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1931

17

I HEREBY CERTIFY, That I attended deceased from March 31, 1931, to April 8, 1931

that I last saw her alive on April 8, 1931

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Was disease contracted in the place of death? —

Did operation precede death? No Date of

Was there an autopsy? No Clin. Exam.

What test confirmed diagnosis?

(Signed) Louis T. Levy M. D.

4/9 1931 (Address) 1844 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery | DATE OF BURIAL April 21 1931

20 UNDERTAKER W. H. Pickett Sons | ADDRESS North Ave

TION is very important. See instructions on back of certificate.

Spec.—8-15-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68002

CERTIFICATE OF DEATH

97 ✓ E 68002

1—PLACE OF DEATH

REGISTERED NO. 14-20

CITY OF BALTIMORE: (No. 1405 Madison Av ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Williams

(a) RESIDENCE NO. 1405 Madison Av ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1878			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa

PARENTS

10 NAME OF FATHER Charles Williams

11 BIRTHPLACE OF FATHER (city or town) Pa
(State or country)

12 MAIDEN NAME OF MOTHER Margaret Wilson

13 BIRTHPLACE OF MOTHER (city or town) Pa.
(State or country)

14 Informant Howard Williams
(Address) 1405 Madison Ave Baltimore Md.

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to April 18, 1931, that I last saw h Er alive on April 17, 1931 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Gen. Arteriosclerosis

(duration) 2 ~~yrs.~~ mos. ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) yrs. 1 mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCard M. D.

4/18, 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	April 21st 1931
20 UNDERTAKER	**ADDRESS**
Archibald A. Gaddis	1840 Mt. Carmel St.

(1) Important. See instructions on back of certificates.

1-20—M. & T.—100 M—501.

E 68003

HEALTH DEPARTMENT—CITY OF BALTIMORE

118 E 68003

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2916 E Pratt ST., 1-V WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J Pittenger

(a) RESIDENCE NO 2916 E Pratt ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanch Pittinger

6 DATE OF BIRTH (month, day, and year) Oct. 8, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	5	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Residence Mgr.
(b) General nature of industry, business, or establishment in which employed (or employer) Fruit Department.
(c) Name of employer 186

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Richard Pittinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Blanch Pittinger

(Address) 2916 E. Pratt St. M.

15 Filed ..... 192 ..... C. HAMPSON JONES, M. D. Registrar

PR 21 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Dea death on the day stated above.

The CAUSE OF DEATH* was as follows:

AC Indigestion
Errors of Diet (duration) 1 yrs. ..... mos. 2 Hrs

CONTRIBUTORY (Secondary) AC Cardiac Dilation (duration) ..... yrs. ..... mos. 1 Hrs

18 Where was disease contracted if not at place of death? —

Did operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H C Stades, M. D.
Coroner

, 19 (Address) 1436 Bunday

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lawn Cem	April 22 1931
UNDERTAKER	ADDRESS
Chas. E. Wilkinson	2034 Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT LANGUAGE IS VERY important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

F 68004

2476 8004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 159

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL ST. 14-20 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Woodland

(a) RESIDENCE NO. 535 Presstman ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Black	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-20-31

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——— 0d

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Leander Woodland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alice Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr-20-1931

17

I HEREBY CERTIFY, That I attended deceased from Apr-18, 1931, to Apr 20, 1931

that I last saw her alive on Apr 20, 1931

and that death occurred, on the date stated above, at 6.40 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Dan'l K. Kaffner M. D.

.19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral — DATE OF BURIAL. Apr 22 1931

UNDERTAKER Fannie E. Wright — ADDRESS 710 Mcmahen Av

CAUSE OF DEATH must be plainly written, and all questions answered. See instructions on back of certificates. TION is very important.

APR 21 1931

Spec.—8-30—A. & Co.—250 Blks.

E 68005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68005

CERTIFICATE OF DEATH. X 93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-17 WARD)

2-FULL NAME Wesley Day

(a) RESIDENCE NO. Guilford, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Day

6 DATE OF BIRTH (month, day, and year) June 15 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) 073

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER — Day

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER — Hobbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Alice Evans 922 Edmondson Ave.

21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21 1931

17

I HEREBY CERTIFY, That I attended deceased from 4-13-31, 19 to 4-21-, 19 31

That I last saw h~~im~~ alive on 4-21-31, 19 ~~*~~

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lawrence McSorley, M. D.

19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield Cemetery DATE OF BURIAL: Apr 23 19 31

UNDERTAKER: Freeborn Sons ADDRESS: Govanstown

TION is very important. See instruction on

1-20—M & T—100 B—50L

E 68006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152 E 68006

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3212 Flest ST., 76-7 WARD)

2-FULL NAME Darlene D. Adams

(a) RESIDENCE NO 3212 Flest ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female.

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced (write the word) Sngle

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 3. 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Charles E. Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Florence Konanes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles E. Adams

(Address) 3212 Flest ~~Pk~~

15 Filed APR 21 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Abcess Left Side of Back

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Foxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of — —

Was there an autopsy? —

What was confirmed diagnosis? Exam.

(Signed) A C Blades, M. D. Coroner

19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	4/21- 1931
20 UNDERTAKER I Fenw McCully	ADDRESS 48E Fort Ave

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—1-12-29—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 68007

REGISTERED NO. B 68007

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1044 Harford St. 10-14 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norman S. Thompson

(a) RESIDENCE No. 1044 Harford St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 31-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	18	

14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Dalton, Md.

PARENTS

10 NAME OF FATHER George Thompson

11 BIRTHPLACE OF FATHER (City or town) (State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Stickel, Doris

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Dalton Md.

14 Informant George Thompson

(Address) 1044 Harford

Filed 4-21-1931 C. HAMILTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/19 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/12, 1931, to 4/19, 1931, that I last saw h[illegible] alive on 4/19/31, and that death occurred, on the date stated above, at 3:07 P. m.

The CAUSE OF DEATH* was as follows:

Measles, Complicated Double Bronchio Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Measles & Bronchitis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jas. A. R. Blatchford, M. D.

(Address) 924 Fregeaux

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery — DATE OF BURIAL: Apr. 24 1931

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 Eastlund Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 68008

HEALTH DEPARTMENT—CITY OF BALTIMORE

97 VE 68008

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH: Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-30 ST. WARD)

2. FULL NAME: Joseph Hopkins

(a) RESIDENCE NO. (Usual place of abode): 46 W. Lombard ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Records of Balto. City Hosp.

APR 21 1931 Registered ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from 5-17-22, 19..., to 4-18-31, 19...

that I last saw him alive on 4-18-31, 19...

and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Gangrene, senile, left foot (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, general (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1. Hospital 2. Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

4-21, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19...

20 UNDERTAKER: [illegible]

ADDRESS [illegible]

APR 21 1931

TION is very important. See instructions on back of

Spec.—9 30—A. & Co.—250 Bks

68009

HEALTH DEPARTMENT—CITY OF BALTIMORE

68009

CERTIFICATE OF DEATH

107-001

1 PLACE OF DEATH Baltimore City Hospitals 22-30 REGISTERED NO.

CITY OF BALTIMORE. (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Monroe Hill

(a) RESIDENCE NO. 513 W. Montgomery ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Matilda

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer; odd jobs

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Petersburg Va.

PARENTS

10 NAME OF FATHER Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Sue Gooden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 19 Registrar

APR 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-19-31

17 I HEREBY CERTIFY, That I attended deceased from 7-31-30, 19, to 4-19-31, 19

that I last saw him alive on 4-19-31, 19

and that death occurred, on the date stated above, at 10:40 A m.

The CAUSE OF DEATH* was as follows:

Bronchiectasis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? 1, Home 2 Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) Paul Padget. M. D.

4-20 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health

ADDRESS

APR 21 1931

TION is very important. See instructions on B

Spec.—1-30—M. & T.—250 Bks.

E 68010 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68010

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyden Hospital (ST.) 21-31 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Reed

(a) RESIDENCE NO. 1027 Bricel St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) July 31 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John S. Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Lillian Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant John S. Reed

(Address) 927 So. Paca St

15 FILED 4-21 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1931, to April 20, 1931,

that I last saw him alive on April 20, 1931,

and that death occurred, on the date stated above, at 11 20 A m.

The CAUSE OF DEATH* was as follows: Measles

(duration) 0 yrs. 1 mos 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 25 ds.

18 Where was disease contracted if not at place of death? 1027 Bricel St.

Did an operation precede death? no Date of no

Was there an autopsy?

What test confirmed diagnosis? Physical Examination + X-ray

(Signed) L. Peter Meranchi, M. D.

, 19 (Address) Lyden Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C & Co. DATE OF BURIAL 4-21 1931

UNDERTAKER Bernard C Harle ADDRESS 1000 S Paca St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68011 E 68011

CERTIFICATE OF DEATH

12-3082-002

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 430 E. 28th Street ST. 12 WARD)

2 FULL NAME Jacob Eigner

(a) RESIDENCE NO. 430 E. 28th Street ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Eigner

6 DATE OF BIRTH (month, day, and year) June 4 1869

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	10	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10 NAME OF FATHER John Eigner
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Herold
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gamany.

14 Informant Mr. George W. Eigner
(Address) 420 E. 28th St.

15 Filed APR 21 1931 19 ... M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/19/31

17
I HEREBY CERTIFY, That I attended deceased from Mar 19, 1931, to April 19, 1931
that I last saw h alive on April 19, 1931
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:
Cerebral Thrombosis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Chas. Simmons M. D.
4/21 19 31 (Address) 4706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 4/22/31

20 UNDERTAKER John A. Moran — ADDRESS 3800 E. Baltimore

1

Spec.—9-30—A. & Co.—250 Blks.

E 68012 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-903

E 68012

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1705 Wilkens Avenue (St.) 19-28 (Ward)

2 FULL NAME Annie Lloyd

(a) RESIDENCE NO. 1705 Wilkens Avenue (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John C. Lloyd

6 DATE OF BIRTH (month, day, and year) August 12, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER John Houck

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Tresie (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. John C. Lloyd
(Address) 1705 Wilkens Ave.

15 Filed [illegible], 19[illegible] C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20, 1931

17
I HEREBY CERTIFY, That I attended deceased from March 12, 19 31, to April 20, 19 31
That I last saw h er alive on April 19, 19 31.
and that death occurred, on the date stated above, at 10.45 A. m.
The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) James W. Kirkbride M.D.

4/21 19 31 (Address) 721 Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: April 22, 1931

UNDERTAKER: Joseph B. Cook

ADDRESS: 1003 West Baltimore St.

TION is very important. See instructions on back of certificate.

2 1 1931

Spec.—1-30—M. & T.—250 Bks.

68013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001 E 68013

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 Bolton St. St. 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Winer

(a) RESIDENCE No. 2126 Bolton St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Heller Winer

6 DATE OF BIRTH (month, day, and year) Sept. 15, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant 45

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Moses Winer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Bertha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. N. Winer

(Address) 2126 Bolton St

15 Filed 2 T 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/16, 1931, to 4/20, 1931, that I last saw h[illegible] alive on 4/20, 1931, and that death occurred, on the date stated above, at 2:15 m.

The CAUSE OF DEATH* was as follows:

Cellulitis of left chest

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? ~~Clinical findings~~ No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkins Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem.	4/22/ 1931
20 UNDERTAKER	ADDRESS
Harry Sondheim & Son	1902 Eutaw Plac

Spec.—9-30—A. & Co.—250 Blks.

E 247342 8014

HEALTH DEPARTMENT—CITY OF BALTIMORE

60 E 68014

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST 25-32 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Albert Smith

(a) RESIDENCE NO. 2600 Puget St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 5 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ood

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Gordon Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Gordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 C. HAMPSON JONES, M. D. Registrar

21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 20 1931

17

I HEREBY CERTIFY, That I attended deceased from April 15, 19 31, to April 20, 19 31

that I last saw h[illegible]live on April 20, 19 31

and that death occurred, on the date stated above, at 5 00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Malnutrition

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Scurvy

(duration) ..... yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Dan E Kuttner M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	4-21 1931
20 UNDERTAKER John H Frazier	ADDRESS 1027 Druid Hill

Spec.—1-30—M. & T.—250 Blks

E 68015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68015

CERTIFICATE OF DEATH

59

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 19-37 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Peters (Mason)

(a) RESIDENCE NO. Essex, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Henrietta V. Meyer

6 DATE OF BIRTH (month, day, and year) June 1, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Turnkey 061

(b) General nature of industry, business, or establishment in which employed (or employer) Balto Co. Police

(c) Name of employer Essex Station

9 BIRTHPLACE (City or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Hannah Kahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Henrietta Peters (Address) Dorsey Ave. Essex

15 Filed 2 1 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-31

17

I HEREBY CERTIFY, That I attended deceased from 4-9, 19 31, to 4-21, 19 31, that I last saw him alive on 4-21, 19 31 and that death occurred, on the date stated above, at 2 PM m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Hypertensive Cardio vascular Renal disease.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Cellulitis rt leg

(duration) yrs. mos. 18 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4-16-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C W [illegible] M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL 4/24/1931

20 UNDERTAKER John J. Connelly — ADDRESS Essex

Spec.—9-30—A. & Co.—250 Blks.

E 68016 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 21

CERTIFICATE OF DEATH. 107 E 68016

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 96-37 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Andy Levitsky

(a) RESIDENCE NO. no home ST. WARD
(If usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	?

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Levitsky

6 DATE OF BIRTH (month, day, and year) Dec. ?, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Warsaw Poland

PARENTS

10 NAME OF FATHER Martin Levitsky
11 BIRTHPLACE OF FATHER (city or town) Warsaw (State or country) Poland
12 MAIDEN NAME OF MOTHER Kate ?
13 BIRTHPLACE OF MOTHER (city or town) Warsaw (State or country) ~~Poland~~

14 Informant Records of (Address) Balto. City Hosp.

15 Filed 5-21-1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-20-31

17
I HEREBY CERTIFY, That I attended deceased from 12-16-30, 19 , to 4-20-31, 19
that I last saw him alive on 4-20-31, 19
and that death occurred, on the date stated above, at 3:10 P m.
The CAUSE OF DEATH* was as follows:

Heart disease, arteriosclerotic
More than (duration) yrs. 4 mos. ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam
(Signed) Paul Padget. M. D.
4-21-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart
UNDERTAKER: John J. Kahey Sons
DATE OF BURIAL: 4/22 1931
ADDRESS: 1318 Eutaw St

TION is very important. See instructions on reverse side.

Spec.—9-30—A. & Cn.—250 Blks

E 68017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68017

CERTIFICATE OF DEATH

95-003

1 PLACE OF DEATH S-E- ~~Hospital~~ Catholic Hospital

CITY OF BALTIMORE: (No 1027 St Paul St.) REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James A Smith

(a) RESIDENCE NO. 1028 Hillman St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Smith (Nee Mackenzie)

6 DATE OF BIRTH (month, day, and year) Nov. 13, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66 yrs	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bridge Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) United Railways

(c) Name of employer " "

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Margaret Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Mrs. Francis Smith (Address) 1628 Hillman st

15 Filed APR 21 1931 G. HAMPSON JONES, M. D. Registrar By Estell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1930, to April 21, 1931

that I last saw h alive on April 21, 1931

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Car. Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H B Sindey, M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	April 24, 1931

20 UNDERTAKER Edward C Conklin ADDRESS 924 E Eager st

HOW TO BE MADE OUT: See instructions on reverse side.

Spec.—9-30—A. & Co.—250 Blks

68018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

121 E 68018

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 11-20 (Ward)

2 FULL NAME John H. Ballard

(a) RESIDENCE NO. 1933 Park Ave (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 28, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER Frederick Ballard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Katherine Schley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs. Edna Cigle 1933 Park Ave

15 Apr 21 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to April 21, 1931

that I last saw h[illegible] alive on April 21, 1931

and that death occurred, on the date stated above, at 4.25A m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis (duration) — yrs. — mos. 9-10 ds.

CONTRIBUTORY (Secondary) Peritonitis + ileus (duration) — yrs. — mos. 7-8 ds.

18 Where was disease contracted if not at place of death? 1933 Park Ave

Did an operation precede death? Yes Date of April 14, 1931

Was there an autopsy? Partial

What test confirmed diagnosis? Clinical-operation + autopsy

(Signed) J. Geyer M. D.

4/21, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 4/23 1931

20 UNDERTAKER: H. O'Meara & Son

ADDRESS: 1057 W. Calvert St.

TION is very important. See instructions on reverse side.

Spec.—1-30—M. & T.—250 Bks

E 68019 ✓ E 68019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-15-82-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 219 E. Biddle ST. (WARD)

2-FULL NAME William C. Ditman

(a) RESIDENCE NO. 219 E. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nettie Barrow

6 DATE OF BIRTH (month, day, and year) -------- 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	--	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer): Ofc

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas M. Ditman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER Maria L. Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mrs. S. Henry Hamilton 219 E. Biddle Street

15 Filed 2 1 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 2d, 1931, to April 20th, 1931,

that I last saw h.. alive on April 20th, 1931,

and that death occurred, on the date stated above, at 11 30A m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) ... yrs. ... mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? u Date of —

Was there an autopsy? u

What test confirmed diagnosis? Signs + symptoms

(Signed) C. C. Whitehead, M. D.

(Address) 120 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: 4/22 1931

20 UNDERTAKER: Henry U. Mears & Son

ADDRESS: 705 N. Calvert

1-20—M. & T.—100 B—50L

E 68020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-10 ✓3

E 68020

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Jos Hosp (St.) 2-4 (Ward)

2-FULL NAME Samuel K. Hadfield

(a) RESIDENCE NO 208 S Ann St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Naomi Baxter

6 DATE OF BIRTH (month, day, and year) Jan 23 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	2	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Am Cab Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Daniel Hadfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eng

12 MAIDEN NAME OF MOTHER Jane McElwee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Jennie Hadfield
(Address) 220 S. Collington Ave

15 Filed ... 1931 ... 192 HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Auto in which he was driving collided with another auto

(duration) Fract Skull yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bridle & Tallaway

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. H. Kramer, M. D. Coroner

4/21, 1931 (Address) 2939 W. Eldorado

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 4/23/31

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto

CAUTION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

68021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-021 68021

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4926 Harford Rd. ST. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa D. Zimmerman

(a) RESIDENCE NO. 4926 Harford Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 69 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Zimmerman

6 DATE OF BIRTH (month, day, and year) June 8-1861

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	69	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto-Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Mrs. B. Sachs (Address) 4926 Harford Rd

Filed APR 21 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 19th 31

17

I HEREBY CERTIFY, That I attended deceased from April 2d, 1930, to April 19th, 1931

that I last saw h... alive on April 17th, 1931

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nuclear Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arnulfo J. Gilmore M. D.

Apr 21, 1931 (Address) 1900 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 4/22/31

20 UNDERTAKER John A. Moran — ADDRESS 3100 E. Balto St.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 68022 — 68022

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (a) Carlins Park St. 15-58 Ward

2-FULL NAME Charles G. Blixt

(a) RESIDENCE NO. Carlins Park St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred, yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14 1866

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	65	- 1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Showman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Sweden
(State or country)

PARENTS

10 NAME OF FATHER Carl Blixt

11 BIRTHPLACE OF FATHER (city or town) Sweden
(State or country)

12 MAIDEN NAME OF MOTHER Evelyn Blixt

13 BIRTHPLACE OF MOTHER (city or town) Sweden
(State or country)

14 Informant Mr Carl Gustafson
(Address) Cleveland Ohio

15 Filed [illegible] 19 C. HARRISON JONES, M. D. Registrar

21 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Sudden
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Carlins Park

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Haskell M. D.
Coroner
Apr 20 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	April 23 31
20 UNDERTAKER John O Mitchell & Son	ADDRESS 19 E Eutaw

OF DEATH in plain terms, so that it may be properly classified. important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Pds

68023 HEALTH DEPARTMENT—CITY OF BALTIMORE 68023

CERTIFICATE OF DEATH. 91-001

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 28 E Cross St. 24-33 WARD

REGISTERED NO. (If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME George Wm. Reviol

(a) RESIDENCE NO. 28 E Cross ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 6 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: George Reviol

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: LOUISA ~~George~~ Bothe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): George Reviol 28 E Cross St

15 [illegible] 21 1931 . 19 [illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20/31

17
I HEREBY CERTIFY, That I attended deceased from April 19. 1931 to April 20 1931
that I last saw him alive on April 20 1931
and that death occurred, on the date stated above, at 5 45 A m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) C. F. Nicola M.D.
4/21 1931 (Address) 1279 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	4-22 1931

20 UNDERTAKER: E + B Harder ADDRESS 115 E West St

Spec.—9-30—A. & Co.—250 Bks.

68024 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 66-02 68024

REGISTERED NO.....

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hospital ST.) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Virginia Crowder

(a) RESIDENCE NO. Eccleston Md ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of John C. Crowder

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) John C. Crowder Eccleston Md

15 Filed 21 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-31

17

I HEREBY CERTIFY, That I attended deceased from March 22 . 1931 . to April 21 . 1931

That I last saw her alive on April 21 . 1931

and that death occurred, on the date stated above, at 12 50 P m.

The CAUSE OF DEATH* was as follows:

Exophthalmic goitre

about 5
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Complete heart block

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? yes Date of Apr. 17, 1931.

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical signs and symptoms and autopsy

(Signed) George N. Yeager M. D.

4/24 1931 Address University Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lot 1 Grave 6 Woodlawn

DATE OF BURIAL April 23 1931

20 UNDERTAKER C. Marfeldt

ADDRESS Ft. Wayne Kentlestown Md

TION is very important. See instructions on

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68025

CERTIFICATE OF DEATH

53 E 68025

1—PLACE OF DEATH Children's Hospital School. REGISTERED NO.

CITY OF BALTIMORE: (No. Greenspring Ave & Keyworth ST. 176 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Benjamin (Bonifacio) De Felice

(a) RESIDENCE NO. 618 So Bolton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 — — How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 10, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (City or town) (State or country) West Jersey. Penna.

PARENTS

10 NAME OF FATHER Louis De Felice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Foggia, Italy.

12 MAIDEN NAME OF MOTHER Annie Breeds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pittsburg

14 Informant Louis De Felice

(Address) 618 So Bolton St

15 Filed APR 21 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-20-31

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1930, to April 20, 1931, that I last saw him alive on April 20, 1931 and that death occurred, on the date stated above, at 11:45 p m.

The CAUSE OF DEATH* was as follows:

Sarcoma Multiple

(duration) 0 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) General Cachexia.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? Biopsies Date of 12/10/30, 1/22/31, 3/7/31, 3/25/31

Was there an autopsy?

What test confirmed diagnosis? Pathological Report

(Signed) A Campbell Thompson, M. D.

April 21, 1931 (Address) Children's Hospital School.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — DATE OF BURIAL 4/24/31.

20 UNDERTAKER George J Ruth Inc — ADDRESS 1731 Hanford

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68026

CERTIFICATE OF DEATH.

46 E 68026

1-PLACE OF DEATH Balto. City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 76-37 ST. WARD)

2-FULL NAME Robert Bamberger

(a) RESIDENCE NO. Erdman Hill, Belair Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 2, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robert Bamberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 C. HAMPSON JONES, M. D. Registrar

APR 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-18-31

17

I HEREBY CERTIFY. That I attended deceased from 9-17-28, 19..., to 4-18-31, 19...

That I last saw him alive on 4-18-31, 19...

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bile ducts

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, cerebral hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1. Hospital 2. Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

4-20 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Apr. 22 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager st

1-30—M. & T.—100 B—50L

E 68027

HEALTH DEPARTMENT—CITY OF BALTIMORE

165 ✓ E 68027

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 606 S Ellwood ST. 1-V WARD)

2-FULL NAME Louise Schmieder

(a) RESIDENCE NO 606 S Ellwood ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert H. Schmieder

6 DATE OF BIRTH (month, day, and year) May 1-1893.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Henry W. Baumsfeld

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Hangler

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Albert H. Schmieder

(Address) 606 S. Ellwood ave

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Hanging by Rope (duration) ..... yrs. ..... mos. 4 hrs
CONTRIBUTORY (Secondary) Asphyxia (duration) ..... yrs. ..... mos. 1 hr

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) G C Wades, M. D.
Coroner

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Apr 23 1931

20 UNDERTAKER George W. Zirkle

ADDRESS 1737 E Eager st

TION is very important See instructions on back of c

Spec.—9-30—A. & Co.—250 Blks

68028 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68028

V 34

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 13-54 ST. (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dennis Adams

(a) RESIDENCE NO. 2515 McCulloh ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Adams

6 DATE OF BIRTH (month, day, and year) Mar. 20. 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gardening

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

PARENTS

10 NAME OF FATHER Isaac

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maria Stevens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 APR 22 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-19-31

17

I HEREBY CERTIFY, That I attended deceased from 8-3-30, 19..., to 4-19-31, 19...

that I last saw him alive on 4-19-31, 19...

and that death occurred, on the date stated above, at 10:25 P. M.

The CAUSE OF DEATH* was as follows:

Syphilis of aorta with aortic insufficiency

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency, Congestive (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam; lab.

(Signed) Paul Padget M. D.

4-20, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. DATE OF BURIAL 4/22/31

UNDERTAKER Samuel Hemsley ADDRESS W Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—60L

E 68029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68029

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604 Lancaster ST. 7-4 (WARD)

2-FULL NAME Andrew Schneidt.

(a) RESIDENCE NO. 1604 Lancaster ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): 062
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Henry C. Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Anna Saffron

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant Mrs. Arthur Baker

(Address) 3606 Gibbons ave.

15 Filed APR 22 1931

C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) yrs. 6 mos. 3 ds.

CONTRIBUTORY (Secondary) Phaustin

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) J. C. Wades, M. D.

(Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 23 1931

20 UNDERTAKER: Jos. J. Neu 1064 E. Lafayette ave. — ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68030

CERTIFICATE OF DEATH.

X. 24 ✓ E 68030

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Bolton Ave ST. (WARD) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Talbott W. Carpenter

(a) RESIDENCE NO. Willows, Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7	8	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Carpenter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Virgie Talbott.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Thomas Carpenter (Address) Willows Md.

15 Filed ... 19 ... Registrar C. HAMPSON JONES, M. D.

R 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-22-31

17 I HEREBY CERTIFY, That I attended deceased from 4-20-31, 1931, to 4-22, 1931, that I last saw him alive on 4-22, 1931, and that death occurred, on the date stated above, at 6 40 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical findings

(Signed) Joseph T. Laudenslager, M. D.

(Address) 1213 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Cem Interment

DATE OF BURIAL 4/24/31

20 UNDERTAKER Harry E Witzke

ADDRESS 1101 Edmondson Ave

Spec.—9-30—A & Co.—250 Blks.

E 68031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

E 68031

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Woman's Hospital 13-52 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Brooks

(a) RESIDENCE NO. (Usual place of abode) 3828 Tudor Arms ave. ~~ST.~~ WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr 21, 1931

7 AGE: Years | Months | Days | If LESS than 1 day 4 hrs. or 22 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James Vincent Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Clare Boyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Libertytown Md.

14 Informant (Address) O. V. Brooks - 3828 Tudor Arms ave.

15 [illegible]

R 22 1931

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 21, 1931, to April 21, 1931

that I last saw him alive on April 21, 1931

and that death occurred, on the date stated above, at 12:55 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity (6 mo.)

(duration) ✓ yrs. mos. ds.

CONTRIBUTORY ✓

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Rudolph L. Schorb M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	April 22 1931
20 UNDERTAKER	ADDRESS
Henry W. Meamber	805 N. Calvert

TION is very important. See instructions on back of certificates.

Gillen

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68032

CERTIFICATE OF DEATH

208

E 68032

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp ST. 27-43 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo L. Gillen

(a) RESIDENCE NO 3727 Hamilton ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Roberta Gillen

6 DATE OF BIRTH (month, day, and year): 12/8/1883

7 AGE: Years 47 | Months 4 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Dononic Gillen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Anna Wilk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Mrs Bertha Gillen

(Address) 3323 Ruscombe

15

Filed 4/22 1931 By HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

CAUSE OF DEATH* was as follows: Auto in which he was riding collided with street car

(Duration) CONTRIBUTORY (Secondary) Fract Skull yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Edgewood & Harford

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clin

(Signed) H. H. Braun Coroner, M. D.

1931 (Address) 29 3911 S Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Linkwood Cem

DATE OF BURIAL: 4-22 1931

20 UNDERTAKER: Leonard J Rush

ADDRESS: Telfair

SECTION is very important See instructions on back of certificate.

Coc.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68033

CERTIFICATE OF DEATH

82-001 ✓ E 68033

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital St. 22-31 Ward)

2-FULL NAME Mallard Ballard.(C)

(a) RESIDENCE NO. 24 N.Churchill St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married,

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Mary Ballard.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	40	-------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Mary Ballard.(C) wife.
(Address) 24 N.Churchill St.

Filed 4-22 1931 19. [illegible] Registrar

R 22 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.
(duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted If not at place of death? 24 N. Churchill St.
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Inquiry

(Signed) Chas. F. Eichard, M. D.
4/21. 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	4/22/31 19
20 UNDERTAKER	ADDRESS
Isaac L. Brown Son	101 Montgomery

OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 68034

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 68034

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 6 000 Bellona ave

CITY OF BALTIMORE: (No. 6 000 Bellona ave St. 15-64 WARD)

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Hannah millsaon

(a) RESIDENCE NO. 2725-W-north ave. WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND OF~~ or) WIFE OF Max L. Millsaon.

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, __ hrs. or __ min.
	54	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Riga Russia

PARENTS
10 NAME OF FATHER Meyer Goldberg
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Husband (Address)

15 Filed APR 27 1931 E. HAWKEN, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-31

17 I HEREBY CERTIFY, That I attended deceased from April 4, 1931, to April 21, 1931, that I last saw her alive on April 4, 1931, and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart disease
arteria - Sclerosis - Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) yrs. 2nd mos. ds.

18 Where was disease contracted if not at place of death? Home - 2725 W North Ave
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam.
(Signed) Milford Levy, M. D.
, 19 (Address) 812 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood Cemetery — DATE OF BURIAL 4-22-1931

20 UNDERTAKER Jack Lewis — ADDRESS 1439 E. Baltimore

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68035 68035

CERTIFICATE OF DEATH.

34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N Carey St.) (or) 16-23 WARD

2-FULL NAME Thomas J McCall

(a) RESIDENCE NO. 1115 N Carey St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if alien or foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary McCall

6 DATE OF BIRTH (month, day, and year): Mar 27 1869

7 AGE: Years 62; Months 0; Days 12 26; If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter 670

(b) General nature of industry, business, or establishment in which employed (or employer): Private Employed

(c) Name of employer: Mr. Thomas B Guilford

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry McCall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen R Pittington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Walter Dyson

(Address): 1115 N Carey St.

15 Filed ... 19 ... Registrar

22 1931

TION is very important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20, 31

17

I HEREBY CERTIFY, That I attended deceased from April 18, 1931, to April 20, 1931

that I last saw him alive on April 20, 1931

and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Nephritis Retention due to Prostate Obstruction (duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)? Paraplegia (Tumor Spinal) (duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? West Chester, Pa

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical - Blood - X Ray

(Signed) Wm. H. Wright M. D.

4/21, 1931 (Address) 1209 Preston St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lorp

DATE OF BURIAL: April 23 1931

20 UNDERTAKER: Clement A Wright for Cameron

ADDRESS

Spec. 7-17-26—A Co.—200 Bks.

E 68036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68036

131

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1133 E Chas St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward N. Nicholas

(a) RESIDENCE NO. 1133 E Chas St. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 7 1877.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Butler Md.

9 BIRTHPLACE (city or town) Butler Md.

(State or country)

PARENTS

10 NAME OF FATHER Chas. Nicholas

11 BIRTHPLACE OF FATHER (City or town) Butler Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Hubbard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mary Nicholas
(Address) 1420 Lexington

15 Filed _____, 19__ Registrar

C. HAMPSON JONES, M. D.

Plat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/19 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1931, to Apr. 19th 1931, that I last saw h[illegible] alive on Apr. 19th 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's Disease

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arterio

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted X

If not at place of death? No

Did an operation precede death? No. Date of X

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. Neumann, M. D.

. 19 (Address) 134 E Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery Date of Burial Oct 31 1931

20 UNDERTAKER Margaret E. Flynn ADDRESS 1417 Light St.

OF DEATH in plain terms. Indefinite or unscientific terms and abbreviations are not sufficient. Cause of death must be certified to in every case. Physicians are required to report deaths promptly to the Health Department. Neglect to do so may result in a fine for each case. See page 3 of certificates. very important. See instructions on back of c

R 22 1931

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68037

CERTIFICATE OF DEATH.

X 24-001 ✓

E 68037

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 9-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Marshall Hall

(a) RESIDENCE NO. Bristol Maryland ST. WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred Non Resident yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 19, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	2 3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Thom W. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Margaret Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Thom W. Hall
(Address) Bristol Md

15 Filed 19 Registrar

S166 Oct

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1931, to April 22, 1931, that I last saw him alive on April 22, 1931, and that death occurred, on the date stated above, at 9 05 P m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis (stapto coccic)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Myron G. Tull, M. D.

4/22, 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bristol Md. — DATE OF BURIAL April 23, 1931

20 UNDERTAKER Jas. S. Snyder & Sons. — ADDRESS Annapolis Md.

Spec-12-23-21-E.B.P.S.-400 Bks.

E 68038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68038

CERTIFICATE OF DEATH.

Registered No. 21-6992-01

1-PLACE OF DEATH

City of BALTIMORE: (No.) 217 Penrose Ave (Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Elizabeth Fleming

(a) Residence No. 217 Penrose Ave st., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widowed

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of Thomas B. Fleming

6-DATE OF BIRTH (month, day and year) Apr. 17-1851

7-AGE 80 yrs. — mos. 4 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). England

PARENTS.

10-NAME OF FATHER. George Turner

11-BIRTHPLACE OF FATHER (city or town) (State or Country) England

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). England.

14- (Informant) Harry Fleming

(Address) 2540 Wilkens Ave.

15- Filed APR 22 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Apr. 22-1931

17- I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931 to April 20, 19..

that I last saw h.. alive on April 20, 19..

and that death occurred, on the date stated above, at 12 10 a m.

The CAUSE OF DEATH* was as follows:

*Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Westview Cemetery

DATE OF BURIAL. Apr. 24, 1931

20-UNDERTAKER. George L. Schwartz

ADDRESS 3201 Frederick Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 68039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68039

CERTIFICATE OF DEATH

REGISTERED NO. 131

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 Hamilton Ave ST. 27-43 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothea Kunigunda Snyder

(a) RESIDENCE NO. 2908 Hamilton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. ? mos. ? ds. How long in U. S., If foreign birth? 2 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Knight Snyder

6 DATE OF BIRTH (month, day, and year) June 4 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	9 10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER Valentine Baumbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Schantz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Leah Hughes

(Address) 2908 Hamilton Ave.

15 FILED PR 22 1931 C. BOWLES JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from August, 1926, to April 20, 1931, that I last saw h er alive on April 20, 1931 and that death occurred, on the date stated above, at 9:10 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & Hypertension

Chr. Myocarditis & Endocarditis

Chr Nephritis (duration) about 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical evidence

(Signed) Fred B. Sybert, M. D.

, 19 (Address) 2803 Hartford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Apr 23 1931
UNDERTAKER Thos Jacobs & Son	ADDRESS 2178 Pa.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68040

E 68040

CERTIFICATE OF DEATH.

9-467

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Homestead ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cletus Elmer Snyder,

(a) RESIDENCE NO. 1706 Homestead ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 16, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York, Penna.

PARENTS

10 NAME OF FATHER Ammon E. Snyder,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Red Lion Penna,

12 MAIDEN NAME OF MOTHER Josephine R. Benfer,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carlisle Penna,

14 Informant (Address) Mrs Josephine R. Snyder, 1706 Homestead St.

15 Filed ... C. HARPER JONES, M.D. Registrar

APR 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 21 1931

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to April 21, 1931, that I last saw him alive on April 21, 1931, and that death occurred, on the date stated above, at 8 30a p. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) — yrs. — mos 7 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) — yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? at place of death.

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical

(Signed) John Fenley, M. D.

4/22 1931 (Address) 43 Preston st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL APR 23, 1931

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Cor.—10-10-29—A Co.—100 Blks.

E 68041

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68041

CERTIFICATE OF DEATH

108

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph's Hospital/ St. 10-14 Ward)

2-FULL NAME Philomena Campbell Reinhardt

(a) RESIDENCE NO. 1007 E. Preston St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. M. Reinhardt

6 DATE OF BIRTH (month, day, and year) May 22nd. 1867.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	63	11	10 29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of indostry, business, or establishmeot to which employed (or employer)
(r) Name of emplover

9 BIRTHPLACE (city or towo) _____
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Peter J. Campbell

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Bennett

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Ireland.

14 Informant (Address) Mrs. J. Waldron McGovern 2920 Cresmont Ave.

15 Filed _____ By _____ Registrar

PR 22 1931

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21st. 1931. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rt. Lobar Pneumonia

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? unknown

Did on operation precede death? no Date of _____

Was there on autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Bowen, M. D.

4/23/31 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Cem. Govans.	4/24 1931.

20 UNDERTAKER Chas. F. Kane & Son ADDRESS 1181 W. Mt. Royal Ave

OF DEATH in plain terms, so that it may be properly important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68042

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Balto City Hospitals 6-9 (WARD)

2 FULL NAME Stella Holley

(a) RESIDENCE NO 281 N. Eden St. ST. ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/1/1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Holley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wash. D.C.

12 MAIDEN NAME OF MOTHER Rebecca Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Emma Tibbs

(Address) 721 N. Eden St.

15 Filed ..... 19 ..... C. HARRISON JONES, M.D. Registrar

By .....

APR 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-20-31

17

I HEREBY CERTIFY, That I attended deceased from 4-6, 19 31, to 4-20, 19 31

that I last saw h[illegible] alive on 4-20, 19 31

and that death occurred, on the date stated above, at 6:55 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho. pneu

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? autopsy & Clinical

(Signed) Lucius E. Little M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvery	April 24, 1931

20 UNDERTAKER Edward Lorjan

ADDRESS 1631 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 68043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68043

108

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Orleans ST., 69 WARD)

2-FULL NAME James R. Harper

(a) RESIDENCE NO 1628 Orleans ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7/30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chattanooga, Tenn.

12 MAIDEN NAME OF MOTHER Henrietta Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pittsburg, Pa.

14 Informant James Harper
(Address) 1628 Orleans St

15 4/21/31 C. Hamson Jones M.D.
(Signature) (Address) (Registrar)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ricketts
Lobar Pneumonia *Left Lower lobe

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? .....

(Signed) John H Cullen Coroner, M. D.

(Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL April 24 1931

20 UNDERTAKER Edward Bryson

ADDRESS 1631 Orleans. st.

FOR EVERY important statement, see that it is supported by evidence.

22 1931

Spec.—1-30—M. & T.—250 Blks

68044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 68044

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 1-13 ST. (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Eis

(a) RESIDENCE NO. 1005 N. Castle Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Emil Eis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Louise Muchna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mary Eis

(Address) 1005 N Castle St

15 Filed 2-2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-31

17 I HEREBY CERTIFY, That I attended deceased from 4-15 1931 to 4-21 1931

that I last saw her alive on 4-21 1931

and that death occurred, on the date stated above, at 5 PM m.

The CAUSE OF DEATH* was as follows:

Rt. Lobar pneumonia

(duration) yrs. mos 16 da.

CONTRIBUTORY (Secondary) Right empyema

(duration) yrs. mos. 10 da.

18 Where was disease contracted if not at place of death? (Thoracotomy)

Did an operation precede death? Yes Date of 4-19-31

Was there an autopsy? No

What test confirmed diagnosis? Aspiration

(Signed) C. W. Peake, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Feb 2 1931

20 UNDERTAKER: Frank Bracken 1906 E Baltimore — ADDRESS

TION is very important. See instructions on

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68045 92-001 E 68045

REGISTERED NO. 2332

1-PLACE OF DEATH

City of Baltimore: (No. 1507 Race St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary E. Oches.

(a) RESIDENCE NO. 1507 Race St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed~~ ~~divorced~~ (or) WIFE of Charles A. Oches.

6 DATE OF BIRTH (month, day, and year) July 14th. 1892

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	38	9	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Mitchell.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Ellen Callan.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant (Address) Charles A. Oches. (husband. 1507 Race St.

APR 22 1931

15 Filed ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

4/22 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: April 25 1931

20 UNDERTAKER: J. G. Heuisler Son ADDRESS: 703 Hanover St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

Duplicate

E 68046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 13 | 91089

1 PLACE OF DEATH Provident Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1514 Division St. 304 WARD)

2 FULL NAME Charles King

(a) RESIDENCE NO. 503 Spring St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella King

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) British West Indies.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Stella King (Address) 503 Spring St.

15 Filed 4 22 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-17-31

17 I HEREBY CERTIFY, That I attended deceased from 3-11-, 1931, to 4-17-, 1931

that I last saw him alive on 4-17, 1931

and that death occurred, on the date stated above, at 1.10 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio vascular renal disease, Arteriosclerosis

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

4-18, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnsons — DATE OF BURIAL April 22 1931

20 UNDERTAKER Wendell J. Dobbel — ADDRESS 800 S Eden

Tother Johnson

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 68047 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68047

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Durst St. WARD) 24-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Edna May Viola Smith

(a) RESIDENCE NO. 1205 Durst ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	9 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Joseph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Plantsville Connecticut

12 MAIDEN NAME OF MOTHER Edna V Moon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) John Smith 1205 Durst St.

Filed APR 23 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22/31

17 I HEREBY CERTIFY, That I attended deceased from 4/21, 1931, to 4/23, 1931,

that I last saw h[illegible] alive on 4/22, 1931,

and that death occurred, on the date stated above, at 5.40 A. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Acute bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Wm J Sullivan M. D.

, 19 (Address) So. Balto. Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill cem.

DATE OF BURIAL April 23 19 31.

20 UNDERTAKER Leo F Cook

ADDRESS 1723 Pattersonpk ave

THIS IS VERY IMPORTANT. See instructions on

Spec.—9-30—A. & Co.—250 Blks.

E 68048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003-8048

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 35 St (Ward)

*REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eliza Cooper

(a) RESIDENCE No. 1003 Salisbury Alley or Court St WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1862 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) ? Va.

PARENTS
10 NAME OF FATHER Herber Brown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Joan Brown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-19-31

17
I HEREBY CERTIFY, That I attended deceased from 7-21-28, 19..., to 4-19-31, 19...
that I last saw her alive on 4-19-31, 19...
and that death occurred, on the date stated above, at 7:05 P. m.
The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padget. M. D.
4-20 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND
DATE OF BURIAL 19
20 UNDERTAKER
ADDRESS
APR 22 1931

Spec.—9 30—A. & Co.—250 Bks

68049 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 68049

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) REGISTERED NO.

CITY OF BALTIMORE: (No 17-324 St.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Boston

(a) RESIDENCE NO 592 Greenwillow st. ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 2, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
62	52	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ex-actor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Hospital Records
(Address)

15 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from Apr1 14, 19 31, to Apr. 17, 19 31

That I last saw him alive on Apr. 17, 19 31

and that death occurred, on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Turner M. D.

4-17-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health — ADDRESS APR 22 1931

Spec.—1-30—M. & T.—250 Bks

E 68050

HEALTH DEPARTMENT—CITY OF BALTIMORE E 68050

CERTIFICATE OF DEATH.

154

REGISTERED NO.

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No.) Lombard & Green ST. 4-30 WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby Boy Hoffler

(a) RESIDENCE NO. Devern Maryland ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 3 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
			9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) child
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Hugo Hoffler
11 BIRTHPLACE OF FATHER (city or town) Devern
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Flora Kozlowski
13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant
(Address)

15 Filed 4-2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12, 1931.

17 I HEREBY CERTIFY, That I attended deceased from April 3, 1931, to April 12, 1931,
that I last saw him alive on April 12, 1931,
and that death occurred, on the date stated above, at 2 00 m.
The CAUSE OF DEATH* was as follows:
Premature child-3 4 lbs

(duration) yrs. mos 9 da.
CONTRIBUTORY (Secondary) Pulmonary T.B. (Maternal)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical signs
(Signed) Ernest H Kelly M. D.
4-3, 1931 (Address) 1211 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND
DATE OF BURIAL 19
ADDRESS

20 UNDERTAKER Commissioner Health
APR 22 1931

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68051

CERTIFICATE OF DEATH

131 E 68051

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 N. Calvert ST. 12-5b WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Elliott Smith

(a) RESIDENCE NO. 2702 N. Calvert ST. 14 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Burleigh Smith

6 DATE OF BIRTH (month, day, and year) Jan 1, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) 68

(c) Name of employer

9 BIRTHPLACE (city or town) Marlow
(State or country) New Hampshire

PARENTS

10 NAME OF FATHER Joseph Elliott Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Hampshire

12 MAIDEN NAME OF MOTHER Mary E. Livermore

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New Hampshire

14 Informant Julia B. Smith

(Address) 2702 N. Calvert St

15 Filed 4-22 19 31 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to April 22, 1931, that I last saw h in alive on April 22, 1931 and that death occurred, on the date stated above, at 11:30a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) about 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Findings

(Signed) J. J. Roland, M. D.

, 19 (Address) 1117 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Denver Colorado — DATE OF BURIAL Apr 23 19 31.

20 UNDERTAKER Fun. Dirs. John M. Turpin & Son — ADDRESS 801 W. Fayette St

Spec—9-30—A. & Co.—250 Bks.

68052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED No. E 68052

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1548 N Carey St. 15-21 WARD) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Scott Parsons

(a) RESIDENCE No. 1548 N Carey St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Fannie Parsons

6 DATE OF BIRTH (month, day, and year) Nov 17, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer) O&C

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Scott Parsons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Smallwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Hanley
(Address) 1548 N Carey St.

15 Apr 22 1931 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 20/31

17

I HEREBY CERTIFY, That I attended deceased from Dec 21, 1930, to Apr 20, 1931

that I last saw him alive on Apr 20, 1931

and that death occurred, on the date stated above, at 1045 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

6
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum

(Signed) C. William Frey M. D.

4/21 1931 (Address) 1921 Pennsylvania Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Apr 23 1931

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pennsylvania Ave

Spec.—1-30—X. & T.—250 Bks.

E 68053 HEALTH DEPARTMENT—CITY OF BALTIMORE - 002 E 68053

CERTIFICATE OF DEATH. 82

REGISTERED NO. 13-59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Brookfield Ave. St. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Kaufmann

(a) RESIDENCE NO. 2103 Brookfield Ave ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Gertrude J. Kaufmann

6 DATE OF BIRTH (month, day, and year) Mch. 6, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work China Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 047

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis Kaufmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bettie Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. E. Kaufmann (Address) 2103 Brookfield Ave.

22 1931 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mch 23, 1931, to April 21, 1931, that I last saw him alive on April 20, 1931, and that death occurred, on the date stated above, at 11.05 A. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular (Coronary Thrombosis)

(duration) yrs. 1 mos 30 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1hr ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Cardiogram

(Signed) W. J. Love M. D.

, 19 (Address) 836 West North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oheb Shalom Cem.	4/23/ 1931

20 UNDERTAKER Harry Sondheim & Son

ADDRESS 1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks.

Pimlico
274 So 1 Ave

68054 HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 68054

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 302 N. Hilton St. (Ward) 20-10

2 FULL NAME Mary Zucker

(a) RESIDENCE NO. 302 N. Hilton St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (Husband of / Wife of) William F. Zucker

6 DATE OF BIRTH (month, day, and year) Jan - 12-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm F Waggoner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) William F Zucker 302 N Hilton St

15 Filed Apr 22 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22/31

17 I HEREBY CERTIFY, That I attended deceased from Mch. 20, 1931, to Apr. 21, 1931

That I last saw her alive on Apr. 22, 1931

and that death occurred, on the date stated above, at 1.05 o m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis Arterio-Sclerosis

(duration) 1 yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wm M Pamebaker M. D.

19 (Address) 2745 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: April 24 31

20 UNDERTAKER: William Cook — ADDRESS: 1217 St Paul

Spec.—9-30—A. & Co.—250 Blks.

Dr Hoyestein 733 Eutaw St
July 1783 - Lb 7293

HEALTH DEPARTMENT—CITY OF BALTIMORE

68055

CERTIFICATE OF DEATH

82-001

REGISTERED NO. 68055

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1021 Homewood Ave STREET) (WARD)

2 FULL NAME Harry E. Robertson

(a) RESIDENCE NO. 1021 Homewood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of ~~(or WIFE of)~~ Louise M. Robertson

6 DATE OF BIRTH (month, day, and year) July 14th 1882

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mill Worker

(b) General nature of Industry, business, or establishment in which employed (or employer) Lumber

(c) Name of employer Hirshmeyer Lumber Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George Robertson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary E. Belt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mt Washington Md

14 Informant Louise M. Robertson (Address) 1021 Homewood Ave

15 Filed 4 21 1931 W. SAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21st 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/15, 1931, to 4/20, 1931

that I last saw him alive on 4/20, 1931

and that death occurred, on the date stated above, at 3 30 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) A. H. Hornstein M. D.

4/22, 1931 (Address) 733 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 4/23/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 lbs.

1331 E. North Ave. 2 Wks 1933

68056 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23 E 68056

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1907 E. Preston St. 8-13 (WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Thelma N. Harrison

(a) RESIDENCE No. 1907 E. Preston St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced (a) HUSBAND of (or) (b) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 15th 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	0	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): House Keeper

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Florida

PARENTS

10 NAME OF FATHER: Emory Y. Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emma L. Nickel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Emory Y. Harrison 1907 E. Preston St

FILED 2 2 1931, 19 C. BAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 20th 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 7, 1927 to April 20, 1931.

that I last saw h[illegible] alive on April 20, 1931.

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows: Chronic Pulmonary Tuberculosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1331 Rum

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical - X-Ray

(Signed) Samuel S. Wolfe M. D.

19 (Address) 1331 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 4/20/1931

20 UNDERTAKER: Wm. Cook

ADDRESS: 1217 E. Pratt St

1-20—M & T—200 B—501.

E 68057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

E 68057

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. of America Hospital ST. ..... WARD)

2-FULL NAME Bernard Ratchford

(a) RESIDENCE NO 415 St. Paul ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown

14 Informant (Address) U.S. V.B. Fort McHenry

15 4 22 1931 19 ..... Residence

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 13, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

4/22, 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U.S. National Cem

DATE OF BURIAL 4/23 1931

20 UNDERTAKER Harry A. Witzke

ADDRESS 1101 Edmondson Ave

TION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks

E 68058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. 16-23 WARD

2 FULL NAME Charles P. Bolding

(a) RESIDENCE NO. 822 N. Caroline ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/21/37 43

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs. Robinson
(Address) 822 Caroline St.

15 Filed , 19 C. HAMILTON JONES, M. D. Registrar
By

APR 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-1931

17

I HEREBY CERTIFY, That I attended deceased from 12/31, 1931, to 4/21, 1931

that I last saw h in alive on 4/21, 1931

and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dil

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 2/25/31

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Z. Z. Evans M. D.

4/21/31, 19 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	4-24-1931
20 UNDERTAKER Bryan N. Trader	ADDRESS 402 N. Howard St.

Spec.—2-29-28—L. F. S.—600 Blks.

E 68059 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68059

CERTIFICATE OF DEATH 52

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1501 Linden Avenue ST. 14-20 WARD)

2—FULL NAME Mary Anna Reese

(a) RESIDENCE NO. 1501 Linden Avenue ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ? mos. ? ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Reese

6 DATE OF BIRTH (month, day, and year) May-4-1838

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Alexandria Va

PARENTS

10 NAME OF FATHER: Robert H. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? ? Va

12 MAIDEN NAME OF MOTHER: Anna Janney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? ? Va.

14 Informant: Mrs. Albert M. Rose (son)

(Address) Morgantown W. Va.

Filed APR 23 1931 C. HARRISON JONES, Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/20/31

17 I HEREBY CERTIFY, That I attended deceased from 4/19, 1930, to 4/19, 1931, that I last saw her alive on 4/19, 1931, and that death occurred, on the date stated above, at 9:10 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Lacrimal

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) M. B. Hebbard, M. D.

4/21, 1931 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friends Burying Ground	Apr. 23/31.
20 UNDERTAKER	ADDRESS
Stewart & Mowen Company	Balto. Md.

Spec.—2-29-28—L. F. S.—500 Blks.

E 68060

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 68060

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 12-56 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Max Fellerbaum

(a) RESIDENCE NO. 1134 Barclay ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Fellerbaum

6 DATE OF BIRTH (month, day, and year): Sept 7 1869

7 AGE: Years 61 | Months 7 | Days 8 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): $0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hungary

PARENTS

10 NAME OF FATHER: Fanny Fellerbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary

12 MAIDEN NAME OF MOTHER: Betty Hamger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hungary

14 Informant: Sister Brooks

(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

R 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/22/31

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to April 22, 1931, that I last saw h[illegible] alive on April 21, 1931 and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - Chronic Interstitial Nephritis

(duration) yrs. 3 mos. 20 ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) Robert T. Chenowith, M. D.

19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rood Mt. Carmel

DATE OF BURIAL: 4-23-1931

UNDERTAKER: Race Rehns

ADDRESS: 1439 E Balto St

Spec.—1-10-21—M&T—1500 Bks.

E 68061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68061

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N Parish ST. 7 WARD) 4-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Brooks

(a) RESIDENCE NO. 211 N. Parish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Jobbing

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City Dont Know

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Patience Brooks (Address) 211 N. Parish St

APR 23 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 22 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Apr 22 1931,

that I last saw h alive on Apr 22 1931,

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) C. J. Grandon M. D.

Apr 23, 1931 (Address) 1379 Arunah

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL April 23rd 1931

20 UNDERTAKER H. Jones

ADDRESS 119 S. Gilmor

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 68062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-103

E 68062

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hos. ST., 19-27 WARD)

2-FULL NAME Geo Sims

(a) RESIDENCE NO 208 N. Gilmor ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dont know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18		6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lab
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Dont know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know

12 MAIDEN NAME OF MOTHER Addie Sims

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Edna Sims

(Address) 208 N. Gilmor St

15 Filed APR 23 1931 192 HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/20 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Tuberculosis Laryngitis

(A) (duration) yrs. 1 mos ds

CONTRIBUTORY (Secondary) Tract Tuberculosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mosher & Gilmor

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) L. J. Braune Coroner, M. D.

(Address) 39 29th & Elm Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL April 23rd 1931

20 UNDERTAKER A. Jones

ADDRESS 111 S. Gilmor St

TION is very important. See instructions on

1-30—M. & T.—100 B—60L

E 68063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-103

E 68063

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq Hosp ST., WARD

2-FULL NAME Lloyd Palmer

(a) RESIDENCE NO 207 N. Mount ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 19-02 unquo

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lat
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Elam Palmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bettie Tern

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Betty Palmer

(Address) 207 N. Mount st

15 Filed APR 23 1931 Registrar

TION is very important! See instructions on back.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/20 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cuts Back Contused

Crushing Skull

(H) 1 yr. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mount Gilmor

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H Jones M. D. (Coroner)

4/22 19 31 (Address) 1919 Hill Ellen

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL April 23rd 1931

20 UNDERTAKER A. Jones

ADDRESS 1111 S Gilmor st

Spec.—1-12-23—M&T—500 Blks.

68064

HEALTH DEPARTMENT—CITY OF BALTIMORE

68064 E

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Balt. General Hospital 59

CITY OF BALTIMORE: (No. 13-52 ST. WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary S. Steigerwald

(a) RESIDENCE NO. 3509 Hickory Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard Steigerwald

6 DATE OF BIRTH (month, day, and year): May 25, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	47	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Conrad Bolte

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Sarah Gallmeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Howard Steigerwald

(Address): 3509 Hickory Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to April 22, 1931,

that I last saw her alive on April 22, 1931,

and that death occurred, on the date stated above, at 6:45 A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary): Diabetic Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Laboratory

(Signed) H. Cohnman, M. D.

, 19 (Address) W. Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cemetery

DATE OF BURIAL: April 25 1931

20 UNDERTAKER: Blumenthal Son

ADDRESS: 216 Hartford Ave

Spec.—9-30—A. & Co.—250 Blks.

E 68065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 68065

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1704 John St. St. 14-20 Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emily Emerson Lantz

(a) RESIDENCE NO. 1704 John St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 67 yrs. 4 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 18 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Lancaster Penna

PARENTS

10 NAME OF FATHER: Jacob P. Lantz

11 BIRTHPLACE OF FATHER (city or town) Lancaster (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER: Emily Emerson

13 BIRTHPLACE OF MOTHER (city or town) Lancaster (State or country) Pennsylvania

14 Informant: Mrs. Josephine Lantz (Sister)
(Address) 1704 John St

15 Filed R 2 9 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22nd 1931

17

I HEREBY CERTIFY, That I attended deceased from April 4th, 1931, to April 22nd, 1931

that I last saw her alive on April 21st, 1931

and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

CHRONIC NEPHRITIS

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) MYOCARDITIS

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Thomas L. Shears M. D.

4/22 1931 (Address) 905 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Apr 24 1931

20 UNDERTAKER: Edward H. Combs ADDRESS: Baltimore

Spec.—2-29-28—L. F. S.—500 Bks.

68066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001
E 68066

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 E Lafayette Ave ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Ann Stuhlmann

(a) RESIDENCE NO. 1725 E. Lafayette Ave. WARD

(Usual place of abode) (If non-resident give city or town, and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

6 DATE OF BIRTH (month, day, and year): Dec 21st 1848

a If married, widowed, or divorced HUSBAND of (or) WIFE of: John W. Stuhlmann

7 AGE: Years 82 | Months 4 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York.

PARENTS

10 NAME OF FATHER: Paul Boule

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sofa Lord, (Address) 1725 E Lafayette Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-21-31

17 I HEREBY CERTIFY, That I attended deceased from 3-1 . 1931 . to 4-21 . 1931 .

that I last saw h alive on 4-21 . 1931

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows: Uremia Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M.D.

(Address) 800 N. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel

DATE OF BURIAL: April 24th 31

20 UNDERTAKER: Leo G. Cook

ADDRESS: 1723 Patterson Park Ave

Spec.—9-30—A. & Co.—250 Bks.

E 68067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 VE 68067

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD) 16-26

2 FULL NAME Nelson Boyer

(a) RESIDENCE NO. 943 W. Fayette St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Jeanie Boyer 1497

6 DATE OF BIRTH (month, day, and year) 4-20-31

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) 0 2 3

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Interment Jeanie Boyer
(Address) 943 W. Fayette St

15 Filed 23 1931, 19

C. HAMPSON JONES, M.D.
Registrar

23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-20-31

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to April 20, 1931

That I last saw h[illegible] alive on April 20, 1931

and that death occurred, on the date stated above, at 12 00 Noon

The CAUSE OF DEATH* was as follows:

Acute Alcoholic gastritis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Balto. Md.

Did an operation precede death? Yes Date of Apr. 15, 1931

Was there an autopsy? Yes Exploratory.

What test confirmed diagnosis? Clinical signs and symptoms and autopsy and operation.

(Signed) George H. Yeager, M. D.

4/21, 1931 (Address) University Hospital

*State the Disease Causing Death, or If deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL 4-23 1931

20 UNDERTAKER Louis Eaton

ADDRESS 946 Park Ave

Spec.—9-30—A & Co.—250 Blks

Dr McGarrell, 633 S Conkling St

HEALTH DEPARTMENT—CITY OF BALTIMORE

68068

CERTIFICATE OF DEATH

124 E 68068

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 416 N. Chapel St. 6-9 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lena Snyders

(a) RESIDENCE NO 416 N. Chapel ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Snyder

6 DATE OF BIRTH (month, day, and year): July 6 1847

7 AGE: Years 83 Months 9 Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At home

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Fritz Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Route 6 City

APR 23 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22 1931

17

I HEREBY CERTIFY, That I attended deceased from 3/31/31, 19 to 4/21 19 31

that I last saw h er alive on 4/21 19 31

and that death occurred, on the date stated above, at 7:15 a m

The CAUSE OF DEATH* was as follows:

Chronic atrophic Arthritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. D. McGarrell M. D.

4/22/31 Address 633-5-Conkling

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville

DATE OF BURIAL: 4/25 1931

20 UNDERTAKER:

ADDRESS 1210 Eutaw St

1930—M. & T.—200 B—50L

E 68069

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 210-004 E 68069

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST. [illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Martin

(a) RESIDENCE NO 706 S Regester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fanney Martin

6 DATE OF BIRTH (month, day, and year) 9/2-81

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	20 16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rich. Va

PARENTS

10 NAME OF FATHER Jas. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sally Bartlett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Fanney Martin

(Address) 706 S Regester st

15 R 23 1931 192 C. Hampson Jones, M.D.

COMMISSIONER OF HEALTH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Struck & Knocked down when he walked into side of moving auto (car)

(A) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Alleghany & Boston

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clin

(Signed) L D Hamm, M. D. Coroner

23 19 31 (Address) 3936 Mt Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	Apr 25 1931
20 UNDERTAKER	ADDRESS
Martin W. E. Oppelt Inc	372 S Gay St

TION is very important. See instructions on

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68070

CERTIFICATE OF DEATH.

46 E 68070

REGISTERED NO. C.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2521 N Calvert St. 17-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Nuss

(Residence in Baltimore: No. 2521 N Calvert St. ...yrs.,...mos.,...ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Dec (Month) 2nd (Day), 1873 (Year)

7-AGE. 57 yrs. 4 mos. 17 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): Self

9-BIRTHPLACE. (State or Country). Germany

PARENTS.

10-NAME OF FATHER. Philip Nuss

11-BIRTHPLACE OF FATHER (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Margaret Yaker

13-BIRTHPLACE OF MOTHER (State or Country). Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Mary Nuss

(Address) 2521 N. Calvert St.

15- Filed ..... 191.....

THOMPSON JONES Registrar.

APR 23 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April (Month) 20 (Day), 1931 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 20 1927, to April 20 1931, that I saw him alive on April 20 1931, and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon + Stomach

(Duration) 1 yrs. 7 mos. ...ds.

CONTRIBUTORY (Secondary) ..... (Duration) ...yrs. ...mos. ...ds.

(Signed) Thos. Dean M. D.

April 22, 1931. (Address) 705 Mercantile

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
London Park Cem.	April 23. 1931.
20-UNDERTAKER	ADDRESS
Jos. J. Feckert & Sons	Fourth & Pa.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68071

CERTIFICATE OF DEATH.

X 13

E 68071

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd St. Calvert St. 12-49 WARD)

2 FULL NAME T. (PLINY) (6 Long) Dashiell

(a) RESIDENCE NO. 139 Market St. ST. WARD Denton, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	w	M

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mrs. T. (Long) Dashiell

6 DATE OF BIRTH (month, day, and year) May 13, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS
10 NAME OF FATHER Jas. H. Dashiell
11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware
12 MAIDEN NAME OF MOTHER Sara Smith
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant T. (Long) Dashiell
(Address) Hospital Records

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 31

17
I HEREBY CERTIFY, That I attended deceased from March 23, 1931, to April 22nd, 1931
that I last saw h[illegible] alive on April 22nd, 1931
and that death occurred, on the date stated above, at 1[illegible] P m.
The CAUSE OF DEATH* was as follows:
Benign hypertrophy of Prostate Gland

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Post operative shock
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? Yes Date of 4/21/31
Was there an autopsy? Yes.
What test confirmed diagnosis? Operation
(Signed) Ralph G. Hills M. D.
19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Denton Md — DATE OF BURIAL April 25 1931

20 UNDERTAKER Wm J. Tickner & Son — ADDRESS North Pa

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68072

CERTIFICATE OF DEATH

13 A 68072

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 256 S Robinson St (St.) (12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Hughes

(a) RESIDENCE NO. 256 S Robinson st (St.) (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred: 82 yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of William J Hughes

6 DATE OF BIRTH (month, day, and year) 9/16/1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	5 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Fuchs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Sauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

11 Informant (Address) Mrs Susan Kane 418 S East ave

13 APR 23 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/20/1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 6 1930 to April 20 1931

that I last saw h alive on April 20 1931

and that death occurred, on the date stated above, at 10.57 pm

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. L. Rupplemeyer M. D.

4/22/1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: April 23 1931

UNDERTAKER: John Ulbrich — ADDRESS: 2600 Eastern

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 68073

E 68073

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1821 W. Mmo St. 15-21 Ward)

2-FULL NAME Emma B. Ziegler

(a) RESIDENCE NO. 1821 W. Mmo St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 8 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Fem	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6 DATE OF BIRTH (month, day, and year) March 3 1870

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	61	1	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Leonard Harr

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Lillian Bertin

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Frank Ziegler
(Address) 1821 W. Mmo St

Filed 2 1931 19 H. LOWNDES JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) H. Lowndes Jones, M. D. Coroner

At (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Jan 24 1931
20 UNDERTAKER Henry A. Ehlen	ADDRESS 1949 W. North Ave

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 68074

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 68074

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lady Hospital ST. 18-26 (WARD)

2-FULL NAME Mons Fasco (Baster)

(a) RESIDENCE NO. 1037 N. Saratoga ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence Fasco

6 DATE OF BIRTH (month, day, and year) March 2, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	1	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): O'Donnell
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West River Md

PARENTS

10 NAME OF FATHER Emil Fasco

11 BIRTHPLACE OF FATHER (city or town) (State or country) West River Md

12 MAIDEN NAME OF MOTHER Rachel Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Florence Fasco
(Address) 1037 N Saratoga St

15 [illegible] C. HAMPSON JONES, M. D. Registrar

APR 23 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

Duration: yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) H. G. Wades, M. D.
Coroner

19 (Address) 173 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	April 24, 1931
20 UNDERTAKER	ADDRESS 322 Aisquith St
Mrs Kate R Williams	

TION is very important. See instructions on back

Spec.—9 30—A. & Co.—250 Blks

E 68075

HEALTH DEPARTMENT—CITY OF BALTIMORE

68075

CERTIFICATE OF DEATH.

117-002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3427 E. Baltimore St. 10-37 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME EMMA DRAGER

(a) RESIDENCE No 3427 E. Baltimore St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) Feb. 27, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Drager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta C. Pickelberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. George A. Drager (Brother)

(Address) 3427 E. Baltimore St.

15 Filed APR 23 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 25, 1931, to April 21, 1931

that I last saw her alive on April 21, 1931

and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows:

Duodenal ulcer.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hemorrhage Internal

Starvation (duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Schleuder, M. D.

4-22-31 (Address) 3307 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Apr. 23 1931

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS Baltimore St & Broadway

Spec.—9-30—A. & Co.—250 Blks

E 68076 ✓ E 68076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 227 S. Ellwood Ave. St. 1-7 (WARD)

2. FULL NAME HENRY GUTSMUTH

(a) RESIDENCE NO. 227 S. Ellwood Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Gutsmuth

6 DATE OF BIRTH (month, day, and year) October 7, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cigar Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 9 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Segal Gutsmuth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Maryanna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Elizabeth A. Gutsmuth 227 S. Ellwood Ave.

15 [illegible] Registrar

R 2-3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21. 1931

17 I HEREBY CERTIFY, That I attended deceased from April 17. 1931 to April 21. 1931

that I last saw him alive on April 21. 1931

and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Valvular Dis Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Edwin D. Neer M. D.

4/22/31 (Address) 408 Park Park ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: Apr. 24. 1931

20 UNDERTAKER: Henry Sander & Sons. Inc.

ADDRESS: BALTIMORE ST. & BROADWAY.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68077

173 ✓ E 68077

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Union Memorial Hospital (Ward) 15 68

2-FULL NAME John H. Anderson

(a) RESIDENCE NO. 2042 Braddish ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C.

6 DATE OF BIRTH (month, day, and year) Oct 31 1891

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	39	5	20	

8 OCCUPATION OF DECEDENT
(a) Trade, profession or particular kind of work Milkwagon driver
(b) General nature of industry, business, or establishment in which employed (or employer) 023
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Pa

PARENTS

10 NAME OF FATHER John Anderson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Anna C. Anderson
(Address) 2042 Braddish ave

15 [illegible] HAMPSON JONES, M. D.
Registrar

R 23 1931

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above and held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH was as follows:

Gun Shot wound Through body

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Thomsen M. D.

4/22 1931 (Address) 3632 Roland ave

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	April 23 1931
20 UNDERTAKER F. Emerson Keehner	ADDRESS 1532 Hollins

Cor.—10-10-29—A Co.—100 Bks.

E 68078

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002 E 68078

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Montgomery House

City of Baltimore: (No. Fallsway & Fayette St. St., 5-8 Ward)

2-FULL NAME Walter P. Moore.

(a) RESIDENCE NO. Montgomery House. Fallsway & Fayette St. St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ---------- mos. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	71	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work U.S. Veteran.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Indiana.
(State or country)

PARENTS

10 NAME OF FATHER Do not know

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Police Report. C.D.
(Address) C. Hillsey Clerk, [illegible] St.

15 [illegible] Registrar

APR 27 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 17, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt M. D.

4/28, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	4/30/31
UNDERTAKER Harry H. Wright	ADDRESS 4161 Eastern Ave.

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 68079

E 68079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 30-062

1. PLACE OF DEATH St. Joseph Hospital

CITY OF BALTIMORE: (No Caroline or Alisa St 15-23 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Sarah Maynard

(a) RESIDENCE NO. 1405 Calhoun ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F Fem	Col-	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25-	June 10	15 7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Seamless 069
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): St Margrets a a Co Md

PARENTS

10 NAME OF FATHER: Albert Maynard

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Margrt a a Co Md

12 MAIDEN NAME OF MOTHER: Daisy Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Margrt a a Co Md

14 Informant (Address): Mrs Daisy E Maynard

Filed APR 23 1931 C. HUNSON JONES, M. D. Registrar

Dat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 22/31

17
I HEREBY CERTIFY, That I attended deceased from 4-15, 1931, to 4-22, 1931

that I last saw h or alive on 4-22, 1931

and that death occurred, on the date stated above, at 10.05 a m.

The CAUSE OF DEATH* was as follows:

Acute Bilat. Salpingitis (Strep.)

(duration) yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis Cardiac Dilatation

(duration) yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? yes Date of 4-20-31

Was there an autopsy? no

What (est confirmed) diagnosis? Operative + clinical

(Signed) M M Hundley M. D.

. 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cmtl a a Co Md

DATE OF BURIAL: 4 26 1931

20 UNDERTAKER: E H B Parker

ADDRESS: 47 Washington Annapolis Md

Spec.—9-30—A. & Co.—250 Blks

E 68080

247661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

149-E68080

1-PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anita Jones

(a) RESIDENCE NO. 1127 E. Lexington St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in City or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

8a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Thomas Jones

6 DATE OF BIRTH (month, day, and year) Oct. 9, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz. Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 22 1931

17

I HEREBY CERTIFY, That I attended deceased from April 15, 19 31, to April 22, 19 31

that I last saw her alive on April 22, 19 31

and that death occurred, on the date stated above, at 11 9- m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis terminal uraemia

Pyelo-nephritis (duration) Not known yrs. mos. ds.

CONTRIBUTORY (Secondary) Incid. pregnancy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 1924

Was there an autopsy? yes Clearcut testimony

What test confirmed diagnosis?

(Signed) E. P. Hammon Jr. M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem. DATE OF BURIAL: Apr. 26, 1931

UNDERTAKER: Wm. N. Johnson & Co. ADDRESS: 416 N. Carolyn St.

Spec.—9-30—A. & Co.—250 Blks.

E 68081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68081

CERTIFICATE OF DEATH

108

1 PLACE OF DEATH Provident Hosp. S 12-59 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1514 Division

2 FULL NAME Charles Haines

(a) RESIDENCE NO. 2517 Madison Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Lillian M. Haines

6 DATE OF BIRTH (month, day, and year) — 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lillian Haines
(Address) 2517 Madison Ave

15 Filed ... 19 ... Registrar

23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-31

17

I HEREBY CERTIFY, That I attended deceased from 3-6-, 1931, to 4-21-, 1931

that I last saw h[illegible] alive on 4-21-, 1931

and that death occurred, on the date stated above, at 3 45/A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Cerebral Haemorrhage,

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

4-21-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL ... DATE OF BURIAL ...

Mt. Calvary Apr 23 31

UNDERTAKER ... ADDRESS ...

Samuel F. Hemsley W. Balto

Spec.—9-30—A. & Co.—250 Blks

E 68082

HEALTH DEPARTMENT—CITY OF BALTIMORE

68082

CERTIFICATE OF DEATH

108

1 PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE. (No. 1514 Dunbar St.) WARD 13

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Laura Roye

(a) RESIDENCE No. 1502 McCulloh St. Balto. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest Roye

6 DATE OF BIRTH (month, day, and year): June 17-1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Benjamin Stanbury

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wills Co.

12 MAIDEN NAME OF MOTHER: Laura Stanbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant: Ernest Roye

(Address) 1502 McCulloh St.

15 Filed APR 23 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/20/31

17

I HEREBY CERTIFY, That I attended deceased from 4/18, 1931, to 4/20, 1931

that I last saw h alive on 4/20, 1931

and that death occurred, on the date stated above, at 7:20 A m

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

3 weeks duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculosis of lungs

Tuberculosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum examination

(Signed) Chas. S. DeCosmo M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

UNDERTAKER: Samuel Hensley

DATE OF BURIAL: 4/23 1931

ADDRESS: 928 E. Biddle St.

G. H. STEVENSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

E 68083 ✓ E 68083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals — ST. 76-37 WARD — REGISTERED NO.

CITY OF BALTIMORE: (No. ... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward Patrick Riley

(a) RESIDENCE NO. none ST. ... WARD ... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) July 3, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	9	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer): 0/7
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ? N.J.

PARENTS

10 NAME OF FATHER: John Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.J.

12 MAIDEN NAME OF MOTHER: Mary Ann ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ermany

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ... 19 ... G. HAMPSON JONES, M. D. ... Registrar

APR 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-31

17
I HEREBY CERTIFY, That I attended deceased from 11-17-26, 19..., to 4-21-31, 19...
that I last saw him alive on 4-21-31, 19...
and that death occurred, on the date stated above, at 5:10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... Arteriosclerosis, general (duration) unknown yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home.
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget. M. D.
4-22 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jacob Heathen — DATE OF BURIAL: 4-24 19 31

20 UNDERTAKER: ... — ADDRESS: ... 1916 Eutaw and

Spec.—9-30—A. & Co.—250 Blks.

E 68084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68084

CERTIFICATE OF DEATH

23

9-18

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1339-E.North Avenue ST. (WARD)

2 FULL NAME John D. McGonigle

(a) RESIDENCE NO 1339-E.North Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? - yrs. - mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (Kelly)

6 DATE OF BIRTH (month, day, and year) 11/24/1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	26	XXXXXX

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Prop. Store

(b) General nature of industry, business, or establishment in which employed (or employer) Sugg.Supply Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Daniel McGonigle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Starck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Mary McGonigle

(Address) 1339-E.North Ave.

APR 23 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20, 1931

17

I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1931, to Apr 20, 1931

that I last saw h[illegible] alive on Apr 19, 1931

and that death occurred, on the date stated above, at 8:-- P. M.

The CAUSE OF DEATH* was as follows:

Cardiac Arterio Sclerosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Tuberculous Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. H. Hayward M. D.

Apr 23, 1931 (Address) 1124 Calvert

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL 4/24/31

20 UNDERTAKER George J. Kelly Inc

ADDRESS 1305 Light

1-30—M. & T.—100 B—501.

E 68085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002 L 68085

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp WARD 16-37

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Not Known

(a) RESIDENCE NO Not Known ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Don't Know

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years about 50 Months Days

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 APR 3 1931 192

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by auto while walking along road (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Skull (duration) mos. ds.

(a)

18 Where was disease contracted if not at place of death? Arlington Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed) J. Grauer, M. D.

Apr 23 1931 (Address) 3939 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER Supervisor Health.

ADDRESS APR 23 1931

IF NOT SIGNED WITHIN 24 HOURS AFTER DEATH, NOTIFY IMMEDIATELY THE HEALTH OFFICER. SEE INSTRUCTIONS ON REVERSE SIDE.

BE MORGUE

Spec.—9-30—A. & Co.—250 Blks.

68086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 68086

1 PLACE OF DEATH Baltimore City Hospitals (C.H.) REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 46-22 ST. WARD)

2 FULL NAME Bernard Joseph Mitchell
Bernard Mitchell

(a) RESIDENCE NO. 903 McKean ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	5	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS
10 NAME OF FATHER: Thomas Mitchell
11 BIRTHPLACE OF FATHER (city or town) Limerick (State or country) Ireland
12 MAIDEN NAME OF MOTHER: Annie Lennahan
13 BIRTHPLACE OF MOTHER (city or town) Roscommon (State or country) Ireland

14 Informant: Hospital Records
(Address)

15 4-23-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1930, to Apr. 22, 1931
that I last saw him alive on Apr. 22, 1931
and that death occurred, on the date stated above, at 7.25 p. m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. 5 mos. ds.
CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of .....
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & autopsy

(Signed) David Lauer M. D.
4-23 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peter's Cemetery — DATE OF BURIAL: Apr. 25 1931

20 UNDERTAKER: Joseph B. Cook — ADDRESS: 1003 West Baltimore St.

Spec.—9-30—A & Co.—250 Blks.

68087 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68087

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1204 E Lafayette Ave (St.) 9-18 (Ward)

2 FULL NAME Isaac B Greenly

(a) RESIDENCE NO. 1204 E Lafayette Ave St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 If single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elizabeth Greenly

6 DATE OF BIRTH (month, day, and year): 1/12/1863

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Construction 0 30

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town) (state or country): Baltimore

PARENTS

10 NAME OF FATHER: William Greenly

11 BIRTHPLACE OF FATHER (city or town) (state or country): Balto

12 MAIDEN NAME OF MOTHER: Emeline Burley

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Balto

14 (Informant) (Address): Mrs Elizabeth Greenly, 1204 E Lafayette Ave

15 [illegible] 19 [illegible] Registrar

2-3-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/21/1931

I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931, to Apr 21st, 1931

that I last saw h in alive on April 21st, 1931

and that death occurred, on the date stated above, at 11.30 P m

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arthritis, Chr. Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & signs

(Signed) Arthur E Mennuger M. D.

(Address) 800 E North Ave

*(State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Apr 24 1931

20 UNDERTAKER: John Allrich

ADDRESS: 208 Preston

TION is very important. See instructions on back

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. 68088

1 PLACE OF DEATH

CITY OF BALTIMORE, (No.) 511 N Highland Ave (WARD) 16-11

2 FULL NAME Mary Ray South

(a) RESIDENCE NO. 511 N Highland Ave (Usual place of abode)

WARD

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louis A Ray South

6 DATE OF BIRTH (month, day, and year): June 9 1862

7 AGE: Years 68 Months 10 Days 12 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs John De. Ford

(Address) 507 N Highland Ave

231931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 21-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 6 1926 to April 21 1931

That I last saw [illegible] alive on April 21 1931

and that death occurred, on the date stated above, at 11 30 [illegible]

The CAUSE OF DEATH* was as follows:

Arteriosclerosis and Fatty regurgitation

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Ethel S. Dingwall M. D.

4/24/1931. (Address) 613 E. North Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Apr 24 1931

20 UNDERTAKER: John Ulrich

ADDRESS: 2008 Eden

1-30—M. & T.—100 B—50L

E 68089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 E 68089

REGISTERED NO. 21-53

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp University Parkway & Charles ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry B. Wilcox

(a) RESIDENCE NO 2 Wyndhurst Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 0 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katharine Estelle Wirt

6 DATE OF BIRTH (month, day, and year) May 23, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11 10/30	0 29/30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Banker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William L. Wilcox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Susannah Perry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mrs. Katharine E. Wilcox

(Address) 2 Wyndhurst Road

25 Filed ..... 192 C. HARVEY JONES, M. D. Registrar

APR 24 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by auto while attempting to cross street @ Mt Vernon Place (Location) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract skull (C.S.) fract humerus (C.S.) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Chas & Mont Pkwy

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) E. J. Crum Coroner, M. D.

23 1931 (Address) 2934 Mt Eddy

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 4/25 1931

ADDRESS

UNDERTAKER Henry W. Myers Son 805 W. Calvert St.

1-20—M. & T.—100 B—50L

E 68090

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68090

CERTIFICATE OF DEATH

REGISTERED NO. 9

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. 5-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Edwards

(a) RESIDENCE NO. 1504 Mullikin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 11 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 10/30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Smithfield, Va.

12 MAIDEN NAME OF MOTHER Ida May Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bennesville, S.C.

14 Informant William Edwards
(Address) 1504 Mullikin St

15 Filed 4 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) his find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Probably Pertusis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D. Coroner

4/23/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Osbuns cemetery

DATE OF BURIAL April 24, 1931

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans st

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68091

82-001 E 68091

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 6-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Bailey

(a) RESIDENCE NO. 1637 E Fayette ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Colord	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bailey

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) SC

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Gilbert Stella

(Address) 405 South Carolina St

Filed APR 24 1931 C. Emerson Jones, Registrar

By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
apoplexy
(duration) ... yrs. ... mos 4 dys

CONTRIBUTORY (Secondary) Hypertension
(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Eaton & Lombard St

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H C Blades M. D.
Coroner

19 (Address) 230 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon South Carolina	April 24, 1931
20 UNDERTAKER Edward Bryan	ADDRESS 1631 Orleans st

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68092

REGISTERED NO. E 68092

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1103 Whatcoat St., 16-27 Ward)

2-FULL NAME Robt H. Lake

(a) RESIDENCE NO. 1103 Whatcoat St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 12-1925

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	5	4	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Balto
(State or country)

PARENTS

10 NAME OF FATHER: Edw Lake

11 BIRTHPLACE OF FATHER (city or town): Balto
(State or country)

12 MAIDEN NAME OF MOTHER: Minnie Letts

13 BIRTHPLACE OF MOTHER (city or town): Md
(State or country)

14 Informant: Minnie Lake
(Address): 1103 Whatcoat St

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(duration) 2 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Measles
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) Harold Hamblin, M. D.

(Address) 1303 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Feb 24 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

Important. See instructions on back of certificate.

2-24-1931

1-30—M. & T.—100 B—50L

E 68093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68093

REGISTERED NO. 10-1493-004

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1232 E. Madison St. (WARD) 10-14

2-FULL NAME Wm. Thos. Henry

(a) RESIDENCE NO. 1510 E. Monument ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 22/1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	3	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Penna R.R.

9 BIRTHPLACE (city or town) (State or country): Atlanta, Georgia

PARENTS

10 NAME OF FATHER: Jacob Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Alabama

12 MAIDEN NAME OF MOTHER: Alice E. Howell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Atlanta, Georgia

14 Informant: Joseph C. Whitaker

(Address): 320 N. Calhoun St

15

Filed ... 192 ... Registrar

APR 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Price, M. D.
Coroner

(Address) 508 E. North Ave

4/23/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem

DATE OF BURIAL: 4/24 1931

20 UNDERTAKER: Samuel Bradley

ADDRESS: Mt Eddie

Spec.—1-30—M. & T.—250 Bks.

E 68094 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68094

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD) 97

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jane Bown

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Samuel Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Little Sisters of the Poor
(Address) Preston & Valley

15 Date Received 2 4 1931, 19... M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23rd 1931

17 I HEREBY CERTIFY, That I attended deceased from March, 1931, to April 23, 1931, that I last saw her alive on April 22, 1931, and that death occurred, on the date stated above, at 3. p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Senility

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. Bernstein M. D.

April 24 1931 (Address) 1216 E Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL April 24 1931

20 UNDERTAKER Rita Wiedefeld

ADDRESS 914 Greenmount Ave

Spec.—1-30—M. & T.—250 Blks

E 68095 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68095

CERTIFICATE OF DEATH. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 912 Shields Pl (ST.) 17-24 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kathrine Dorsey

(a) RESIDENCE NO. 912 Shields Pl ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Geo W. Dorsey

6 DATE OF BIRTH (month, day, and year) March 10. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cheltenham Maryland

PARENTS

10 NAME OF FATHER John Wener

11 BIRTHPLACE OF FATHER (city or town) (State or country) maryland

12 MAIDEN NAME OF MOTHER Annie Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Sadie Taylor
(Address) 912 Shields st

Filed Apr 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 25. 1931. to April 21. 1931.

that I last saw h[er] alive on April 21. 1931.

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis & Nephritis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National

DATE OF BURIAL April 24 1931

20 UNDERTAKER Joseph A. Lively

ADDRESS 1099 Mount st

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68096

CERTIFICATE OF DEATH.

E 68096

REGISTERED NO. 131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 N Baroline St. 10-13 WARD)

2 FULL NAME Frances Bulatta

(a) RESIDENCE NO. 1218 N Baroline ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Bulatta

6 DATE OF BIRTH (month, day, and year): 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
81	80	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS
10 NAME OF FATHER: Salvador Bunque
11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy
12 MAIDEN NAME OF MOTHER: Mary Busta
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Samuel Bulatta 1218 N Baroline St

15 Filed ... 1931 ... Registrar.

24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22-31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1930, to April 22, 1931.

that I last saw her alive on April 22, 1931.

and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis, Myocarditis, and Nephritis.

(duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation.

(duration) - yrs. - mos. 1 ds.

18 Where was disease contracted if not at place of death? ----------

Did an operation precede death? No. Date of ------

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Philibert Artigiani, M. D.

, 19 (Address) 2942 E. Fayette Street.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: April 25 1931

20 UNDERTAKER: M. W. E. Dippel Inc. — ADDRESS: 37 S. Am. St.

Spec.—9-30—A. & Co.—250 Blks

E 68097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-09 E 68097

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph Hospital ST. 16-22 WARD

2 FULL NAME Lillian Franklin

(a) RESIDENCE NO. 1029 N. Gilmor St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	black	M

6 If married, widowed or divorced (or) WIFE of Henry Franklin

6 DATE OF BIRTH (month, day, and year) Dec 8 86

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wayne Co. N. C.

PARENTS

10 NAME OF FATHER William Hubbard

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Callie Wilson (Address) 1657 Montellen Av Woods 10.6

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-22-31

17 I HEREBY CERTIFY, That I attended deceased from 4-25, 1931, to 4-22, 1931

That I last saw her alive on 4-22, 1931

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? autopsy.

(Signed) Lawrence M. Sena M. D.

4-22-31 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

UNDERTAKER Saml H Chase & Son

DATE OF BURIAL 4-26 1931

ADDRESS 638 N. Gilmor

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68098

REGISTERED NO. 82-001 E 68098

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 638 N. Gilmor ST. 16-37 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henretta M. Jackson

(a) RESIDENCE NO. 638 N. Gilmor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 14 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE C | 5 Single, ~~Married, Widowed or Divorced (write the word)~~ Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb. 8th 1877

8 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	14	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress maker

(b) General nature of industry, business, or establishment in which employed (or employer) 069

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

11 NAME OF FATHER James Jackson

12 BIRTHPLACE OF FATHER (city or town) (State or country) Md

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant P. Morton Chase

(Address) 638 N. Gilmor St

15 Filed APR 24 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22nd 31

17 I HEREBY CERTIFY, That I attended deceased from April 18 1931 to April 22 1931

that I last saw her alive on April 21 1931

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows: Paralysis Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) As Above, (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis? Characteristic Symptoms

(Signed) Charles W. Fowler, M. D.

(Address) 712 S. Mary's Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Lawn Cem

DATE OF BURIAL 4-26 1931

20 UNDERTAKER Wm. P. Chase & Son

ADDRESS 638 N Gilmor

Cor.—10-10-29—A Co.—100 Bks.

E 68099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68099

CERTIFICATE OF DEATH

178-001

70-37

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 303 N. Pulaski St. St., Ward)

2-FULL NAME Virginia M. Swigert.

(a) RESIDENCE NO. 303 N. Pulaski St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 23 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White.	Married

5a If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Charles R. Swigert.

6 DATE OF BIRTH (month, day, and year) July 31, 1881

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	49	8	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Gustave A. Remoser.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Virginia A. Matther[illegible]

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pennsylvania.

14 Informant Charles R. Swigert. (husband)
(Address) 303 N. Pulaski St.

15 Filed ... 19 ... By ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to net death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental illuminating gas asphyxia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto E. Reinhardt, M. D.

4/24/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	April 27, 31
20 UNDERTAKER	ADDRESS
Josiah Syfer	1000 W. Pratt

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68100 167 E 68100

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 805 McStenn 16-22 Ward 2

2-FULL NAME Fannie [illegible] Ritz

(Usual place of abode) 805 McKean St., Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: White

5 Single, Married, Widowed or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: La Fayette

6 DATE OF BIRTH (month, day, and year): June 7 1887

7 AGE: Years 44 Months 1 Days 5 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Woman
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer

9 BIRTHPLACE (city or town): Balto
(State or country)

PARENTS

10 NAME OF FATHER: Wm Bruce

11 BIRTHPLACE OF FATHER (city or town): Frederick
(State or country)

12 MAIDEN NAME OF MOTHER: Mary Virginia Hartle

13 BIRTHPLACE OF MOTHER (city or town): Frederick
(State or country)

14 Informant: La Fayette Ritz
(Address) 805 McKean

Filed APR 24 1931 C. HUBSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 22 1931

I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Hanging by Gas to prevent Dead Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Evidence

(Signed) H. Leffler M. D.

(Address) Boone

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Apr 25 1931

20 UNDERTAKER: Josiah Speer Son & Nephew — ADDRESS: North Ave

important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 68101 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68101

11-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1943 W. Lexington ST., 26 WARD)

2-FULL NAME Clinton Payne Cliedinst

(a) RESIDENCE NO. 1943 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Louise Cliedinst

6 DATE OF BIRTH (month, day, and year) Oct. 13 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bond Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 066

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thomas Cliedinst

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mittie Hobson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Louise Cliedinst

(Address) 1943 W. Lexington St

15 Filed APR 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23/31

17 I HEREBY CERTIFY, That I attended deceased from 4-2, 1931, to 4/22/31, 19....,

that I last saw him alive on 4/22/31, 19....,

and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) 1 yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Phlebitis

(duration) yrs. mos. 18 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thurwood Dand M. D.

(Address) 1943 W. Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL April 22 1931

20 UNDERTAKER Josiah Leffler

ADDRESS 1000 W. North Ave

1-30—M & T—100 B—50L

E 68102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68102

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE. No. Md Gen. Hosp ST. 11-24 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Evan A. Enson

(a) RESIDENCE NO ..... ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Nellie S Enson

6 DATE OF BIRTH (month, day, and year) 8/23/1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER Mordecai Enson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Mr Enson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Lawrence Enson

(Address) 5210 Reisterstown Rd. Balto Md

Filed APR 24 1931 193 C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Ran into Street and into path of moving auto. Knocked Unconscious

(a) ..... (duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Cerebral Hem (duration) Fract Skull yrs. ..... mos. ..... ds. Cerebral Shock

18 Where was disease contracted if not at place of death? Front of 5209 Reisterstown Rd

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) H Kramer, M. D. Coroner

April 24 1931 (Address) 6939 Wm & Elders

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkland Cem. Sparrows Md	Apr. 26 1931
20 UNDERTAKER	ADDRESS
Wm. C. Brooks & Son	Sparrows Md

THIS IS VERY IMPORTANT

Spec—9-30—A & Co—250 Blks

E 68103 E 68103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

REGISTERED NO. 15-66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2835 N. North ave ST. WARD

2. FULL NAME Martha Eliza Bary

(a) RESIDENCE NO. 2835 W North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 ~~single~~ Married, ~~widowed~~ or ~~Divorced~~ (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James A Bary

6 DATE OF BIRTH (month, day, and year) Dec 10th 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Forwarder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Love

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) James A Bary 2835 N North ave

15 APR 24 1931 C. HARPER JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23rd 1931

17

I HEREBY CERTIFY, That I attended deceased from April 8 , 1931 to April 23 , 1931

that I last saw her alive on April 23 , 1931

and that death occurred, on the date stated above, at 7.30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterio sclerosis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) G W Billups M. D.

. 19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Chapel Balto Co Md | DATE OF BURIAL April 25 1931

20 UNDERTAKER Bertram D Gore | ADDRESS 1723 W Lafayette Ave

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

L 68704

CERTIFICATE OF DEATH.

108 N 6

REGISTERED NO. C 69104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 Clifton Av. ST. 13-59 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frances Hazel Stine

(Residence in Baltimore: No. 1541 Clifton Av. St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Female	White	Single

6-DATE OF BIRTH, Oct 26, 1930
(Month) (Day) (Year)

7-AGE, ... yrs. 5 mos. 28 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work .....
(b) General nature of Industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Lloyd T. Stine

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Mary S. Keeney

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lloyd T. Stine

(Address) 1541 Clifton Ave

15- APR 24 1931 H. M. STARR J. JONES, M. D.

Filed ..... 191.....

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, April 23rd, 1931.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from April 18th 1931, to April 23rd 1931, that I saw her alive on April 23rd 1931, and that death occurred, on the date stated above, at 8.00 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

..... (Duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Pneumonia

Heart (Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Geo. Y. Eberhart M. D.

April 24, 1931. (Address) 1100 Virginia Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL, OR REMOVAL.	DATE OF BURIAL.
Woodlawn Cemetery	April 25, 1931.
20-UNDERTAKER John F. Deeny	ADDRESS 715 Light St

Spec.—9-30—A. & Co.—250 Blks

McDonough

E 68105

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 68105

CERTIFICATE OF DEATH.

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No 7-4 ST. WARD)

2 FULL NAME Michael McDonough

(a) RESIDENCE NO 1932 Aliceanna St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 15, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer C&D
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS
10 NAME OF FATHER Martin McDonough
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Ann
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Hospital Records
(Address)

APR 24 1931 HERMAN E. KOHLS, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 23, 1931

17
I HEREBY CERTIFY, That I attended deceased from May 8, 1930, to Apr. 23, 1931
that I last saw him alive on Apr. 23, 1931
and that death occurred, on the date stated above, at 12.45 a. m.

The CAUSE OF DEATH* was as follows:
Subacute Tuberculous Pneumonia

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical

(Signed) David Seiner M. D.
4-23-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	April 24 31
20 UNDERTAKER	ADDRESS
Stephen J. Fialkowski Inc	1000 S. Desmond Ave

Spec.—9-30—A. & Co.—250 Bks

E 68106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68106

X 124

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Francis Xavier's WARD 10-15)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mabel Green

(a) RESIDENCE NO. Chase & Bentalou St. WARD (If non-resident give city or town and State) N. Y. City

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 2, 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Leroy Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Anna Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant (Address) Estate Sisters Chase & Bentalou ave

15 Filed APR 24 1931 C. HILLMAN JENKINS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-23-31

17 I HEREBY CERTIFY, That I attended deceased from 4-16, 1931, to 4-23, 1931

that I last saw her alive on 4-23, 1931

and that death occurred, on the date stated above, at 5.30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Mary F Vogelsen M. D.

4-24 1931 (Address) 1028 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: April 24, 1931

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1705 Madison ave

Spec.—1-30—M. & T.—250 Bks

E 68107 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68107

CERTIFICATE OF DEATH. 17

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Booth St. ST. 20-64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes M. Kraushofer

(a) RESIDENCE NO. 2210 Booth St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 24, 1925.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Emil G. Kraushofer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Minnie Abeln

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mr. Emil G. Kraushofer 2210 Booth St. [illegible] M D

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23/31

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to April 23, 1931.

that I last saw her alive on April 22, 1931.

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos 4 da.

CONTRIBUTORY (Secondary) Paralysis

(duration) 3 yrs. — mos. — da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical History, Symptoms, etc.

(Signed) Einstar Bull M. D.

4/24/31 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 4/25/31

20 UNDERTAKER Harry F. Mutzke

ADDRESS 4101, Edmondosn Ave

Spec.—1-30—M. & T.—250 Bks.

E 68108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68108

CERTIFICATE OF DEATH.

54

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Aves St. 28-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Joseph W. Rusk.

(a) RESIDENCE NO. Mt. Hope Retreat ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not stated.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attendant f&b

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mt. Hope Retreat

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Joseph W. Rusk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Mooney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs. Margaret Goodrum 1707 Broadway

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-24-31

17 I HEREBY CERTIFY, That I attended deceased from 4-6, 1931 to 4-24, 1931, that I last saw him alive on 4-24, 1931, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Chronic Nephritis

(durstion) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous Infection Arm

(durstion) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Mt. Hope Retreat 4-21-31

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

4-25-31 (Signed) H. Calvin S. Anderson, M. D.

4/26/31 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Apr. 27, 1931

ADDRESS

20 UNDERTAKER P. Feeney Funeral Home, Inc.

R 24 1931 C. HAMPSON JONES, M.

Spec.—9-30—A. & Co.—250 Bks.

E 68109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 68109

15-61

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3112 Gwynn's Falls Parkway) (WARD)

2 FULL NAME Charles Wallbillich

(a) RESIDENCE NO. (Usual place of abode) 3112 Gwynn's Falls Parkway WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Elizabeth Wallbillich

6 DATE OF BIRTH (month, day, and year) Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Wallbillich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Justina Bach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Wm. August Wallbillich (Address 3112 Gwynn's Falls Parkway)

15 APR 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931 to April 21, 1931

that I last saw h[illegible] alive on April 21

and that death occurred, on the date stated above, at 4:30 A M.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ann B Emmard M. D.

4/24 1931 (Address) 711 N Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	April 27 1931
20 UNDERTAKER Henry Koch. Sons Inc.	ADDRESS

Spec.—9-30—A. & Co.—250 Fks.

E 68110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68110

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE (INK) 1835 Druid Hill Ave 4-70 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elizabeth Gail

(a) RESIDENCE NO. 1835 Druid Hill Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 If married, widowed, or divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alexander Gail

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE — Years: 71 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Lexington Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Interment (Address): Barnard P. Hennessy 1835 Druid Hill Ave

15 APR 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 22 - 31, 1931, to Apr 22, 1931

That I last saw h alive on Apr 22, 1931

and that death occurred, on the date stated above, at 10-45 PM

The CAUSE OF DEATH* was as follows:

Carpis Vascular Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed: S B Hughes M.D.

Apr 24 1931 (Address) 1413 D. Hill Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem. — DATE OF BURIAL: 4/26 1931

20 UNDERTAKER: Samuel T. Hennessy. — ADDRESS: 1538 W Biddle St

Spec.—9-30—A. & Co.—250 Bks.

E 68111

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 68111

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No ... ST 3-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Henry Brown

(a) RESIDENCE NO 227 S. Spring st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 3, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farm laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Kit Brown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Sarah ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address) UNIVERSITY OF MARYLAND

15 Filed APR 24 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20, 1931

17
I HEREBY CERTIFY, That I attended deceased from March 23, 1931, to April 20, 1931
That I last saw him alive on April 20, 1931
and that death occurred, on the date stated above, at 8 P.M.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3½ mos. ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) David Lauer M. D.
4-21 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND
DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health
ADDRESS APR 24 1931

1-30—M. & T.—100 B—50L

E 68112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68112

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hanover ST., 11 WARD)

2-FULL NAME Robert Nelson Disney

(a) RESIDENCE NO. Hanover Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 5, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student.
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: A & C Co.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Richard P. Disney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lucy S. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Miss Miriam Smith

(Address) Hanover Md.

Filed JAN 24 1931, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) find that said decessed came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Stroke was during collided with an express train of the B & O R.R. (negligence upon part of Chauffeur)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ..... yrs. ..... mos. .....

18 Where was disease contracted if not at place of death? Hanover Md

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) J. E. France Jr. M. D.

2-1 1931 (Address) 2939 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friendship Cem. A & C Co	Apl. 2 1931
20 UNDERTAKER	ADDRESS
Wm. Mackert Sons	Hanover Pa

Spec.—9 30—A. & Co.—250 Bks.

68113

HEALTH DEPARTMENT—CITY OF BALTIMORE

68113

CERTIFICATE OF DEATH.

145-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital St 9-47 (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Cecelia Callahan

(a) RESIDENCE NO. 721 E. 41st St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph C. Callahan

6 DATE OF BIRTH (month, day, and year) Nov 29-1895

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	4	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS
10 NAME OF FATHER John O'Brien
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER ~~Margaret Callahan~~ Mary Biggs
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Interment (Address) Hospital Grounds

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1931

17
I HEREBY CERTIFY, That I attended deceased from April 20, 19 31, to April 23, 19 31
that I last saw h[illegible] alive on April 23, 19 31
and that death occurred, on the date stated above, at 8 25 A m.

The CAUSE OF DEATH* was as follows:
Full term Pregnancy

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Acute diffuse Peritonitis & Puerperal ?
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 4/22/31
Was there an autopsy? No
What test confirmed diagnosis? Clinical + operation

(Signed) J H Jameson M. D.
4/23 19 31 (Address) Mercy Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St Mary's [illegible]
DATE OF BURIAL Apr 27 19 31

20 UNDERTAKER J. H. Jackson, Sons
ADDRESS 1-14

4 1931 C. HAMPSON JONES, M. D. Registrar

Spec.—9-30—A & Co.—250 Bks.

68114 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68114

CERTIFICATE OF DEATH.

9-47 122-002

REGISTERED NO.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital ST. WARD)

2. FULL NAME Roger Bobby Boy Callahan

(a) RESIDENCE NO. 721 E. 41st St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 13, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Child
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS
10 NAME OF FATHER Joseph C. Callahan
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.
12 MAIDEN NAME OF MOTHER Margaret C. O'Brien
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 24 1931 19 Mar C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to April 23, 1931

that I last saw him alive on April 23, 1931

and that death occurred, on the date stated above, at 3:52 A.m.

The CAUSE OF DEATH* was as follows:
Pertussis 2

(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Paralytic Ileus
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No. Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) J. H. Gardner M. D.
4/23/31 19
(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St. Mary's - Govans
DATE OF BURIAL. Apr 27 19 31
UNDERTAKER
ADDRESS

Spec.—2-29-28—L. F. S.—500 Blks.

E 68115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 68115

1—PLACE OF DEATH Md General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 28-66 West ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr Wm Neale

(a) RESIDENCE NO. 4616 Edmondson Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Wm Neale Grace Stupp.

7 DATE OF BIRTH (month, day, and year) Jan. 16, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer - Mech

(b) General nature of industry, business, or establishment in which employed (or employer): 030

(c) Name of employer: American Arch Co.

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: R. M. Neale

11 BIRTHPLACE OF FATHER (city or town) King Co. (State or country) Va.

12 MAIDEN NAME OF MOTHER: Kate Goldman

13 BIRTHPLACE OF MOTHER (city or town) King C. (State or country) Va

14 Informant: Hospital Records
(Address)

15 Filed Apr 24 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 23-1931

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to April 23, 1931, that I last saw h[illegible] alive on April 23, 1931 and that death occurred, on the date stated above, at 10.55 [illegible] m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Prostate and Seminal Vesicles

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Miliary Tuberculosis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tuberculin

(Signed) Robert K. Chenoweth, M. D.

4/23, 19[illegible] (Address) Md. General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bowlers Wharf Va	Apr. 27, 31
20 UNDERTAKER	ADDRESS
Wm Flickner Sons	Norfolk Va

Spec.—9-30—A. & Co.—250 Blks.

68116

HEALTH DEPARTMENT—CITY OF BALTIMORE

68116

CERTIFICATE OF DEATH X 201

1 PLACE OF DEATH University of Maryland, Hospital 4-30

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. ..... WARD)

2 FULL NAME James Alvin Bulette

(a) RESIDENCE No. Westfield, Md. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarice Jane Bulette

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Dairying
(c) Name of employer Harry P. Rose

9 BIRTHPLACE (city or town) (State or country) Fairfield, Maryland

PARENTS
10 NAME OF FATHER James Alvin Bulette
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Hannah Reese
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant (Address) Mrs. Clarice J. Bulette (wife) Westfield, Md.

15 [illegible] 19 [illegible] Registrar

24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24-31

17
I HEREBY CERTIFY, That I attended deceased from April 23, 1931, to April 24, 1931.
That I last saw him alive on April 24, 1931
and that death occurred, on the date stated above, at 6 25 A. M.
The CAUSE OF DEATH* was as follows:
Accidental Injury, struck by falling rocks while at work and fell about 40 feet at the Peach Bottom Slate Co. Quarry, Delta, Pa. (Harry P. Rose, employer)

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) [illegible]
(duration) yrs. ..... mos. ..... ds. 15 hrs.

18 Where was disease contracted, if not at place of death? Peach Bottom Slate Quarry, Pa.
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Examination of Coroner's Jury
(Signed) H. B. Anderson M. D.
4/29, 1931 (Address) University of Maryland Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Slate Ridge Cemetery — DATE OF BURIAL: April 24-31

20 UNDERTAKER: Herbert P. Hopkins, Delta, Pa. — ADDRESS: Delta, Pa

Spec.—1-12-23—M&T—500 Blks.

E 68117

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68117

CERTIFICATE OF DEATH

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Druid Hill Ave) (Ward) 7-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Healy

(a) RESIDENCE NO. 1222 Druid Hill ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cornelius Miles

6 DATE OF BIRTH (month, day, and year) 1/1/39

7 AGE: Years 92; Months; Days; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Addie Miles

(Address): 1222 Druid Hill Ave

Filed 4-24 1931 C. Hilliard Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1930, to April 22, 1931, that I last saw h Er alive on April 20, 1931 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) H. S. McCard, M. D.

, 19 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn, Md

DATE OF BURIAL: 4-25 1931

20 UNDERTAKER: Mrs. Jos. H. Collard

ADDRESS: 1631 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks

E 68118

275556

Gyn

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68118

CERTIFICATE OF DEATH

35

REGISTERED NO.

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 17-36
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Helena Spurrier

(a) RESIDENCE No. 416 Myrtle Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-2-14

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	11	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. Carolina

PARENTS
10 NAME OF FATHER: Ben
11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Carolina
12 MAIDEN NAME OF MOTHER: Serena
13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Carolina

14 Interment (Address): Leeds JOHNS HOPKINS HOSPITAL

15 4-24-1931, 19 W. H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-31

17 I HEREBY CERTIFY, That I attended deceased from 2-24-, 1931, to 4-21-, 1931
that I last saw her alive on 4-21-, 1931
and that death occurred, on the date stated above, at 6 P.M.
The CAUSE OF DEATH* was as follows:
Pelvic abscess (undetermined origin)
Secondary anaemia.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Recto-vaginal fistula
Syphilis (duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? I could not say
Did an operation precede death? Yes Date of March 25, '31
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy findings
(Signed) G. B. Hund M. D.
4-22, 1931 (Address) Johns Hopkins Hospital Baltimore Md.

*State the Disease Causing Death, or in deaths from Violence (1) state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clinton, Md.
DATE OF BURIAL: 4/24/1931
20 UNDERTAKER: Mrs. George E. Hollad
ADDRESS: 1633 Druid Hill Ave

Spmc—9-30—A. & Co.—250 Blks

E 68119

68119 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH Renewal 93-003

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No 1701 Linden Ave. ST. 14-20 WARD

2 FULL NAME Vance G. Johnston

(a) RESIDENCE NO 1701 Linden Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hammond Johnston

6 DATE OF BIRTH (month, day, and year) November 1, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	61	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer O'Neill & Co.

056

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Robert W. Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Miss Ruth Johnston
(Address) 1701 Linden Ave.

15 Filed 4-27 1931 G. Hamsen Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 24, 1931, that I last saw him alive on April 24, 1931, and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Myocarditis Fatty Infiltration with (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home death.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. E. Cook M. D.

4-27-31 (Address) 5912 Park Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Apr. 27 1931

21 UNDERTAKER W. B. Cook

ADDRESS 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8120 — 16-22-31 — E 68120

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1814 N. Lanvale St. WARD)

2 FULL NAME William E. Zumstein

(a) RESIDENCE No 1814 N. Lanvale St. ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace Kantner Zumstein

6 DATE OF BIRTH (month, day, and year) April 26, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Proprietor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Notion Store

9 BIRTHPLACE (city or town) (State or country) Frederick Maryland

PARENTS

10 NAME OF FATHER Frederick Zumstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Catherine Brengel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mr. Richard O. Blocker 746 N. Fulton Ave.

15 Apr 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec - 1 - 1930 to April - 24 - 1931 that I last saw him alive on April - 24 - 1931 and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Marion Ll. Shook M. D.

4-24-31 (Address) 806 N. Fulton Ave.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

UNDERTAKER Theo H. Cook

DATE OF BURIAL Apr. 27 19 31

ADDRESS 1005 West Baltimore St.

Spec.—9-30—A. & Co.—250 Blks

E 68121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68121

178

1-PLACE OF DEATH

CITY OF BALTIMORE: (No St. Joseph's Hospital ST. W. WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Horton S. Smith

(a) RESIDENCE NO 528 E. 21st ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S., if of foreign birth? 57 yrs. 3 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth L. Smith

6 DATE OF BIRTH (month, day, and year) Jan 23 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Law

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER David L. M. Smith

11 BIRTHPLACE OF FATHER (city or town) Comiskey (State or country) N. C.

12 MAIDEN NAME OF MOTHER Elizabeth V. Powers

13 BIRTHPLACE OF MOTHER (city or town) Gettysburg (State or country) Pa

14 Informant Wm E. S. Smith (wife) (Address) 528 E. 21st St. City

15 Filed . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-23-31

17

I HEREBY CERTIFY, That I attended deceased from 4-14-31, 19 , to 4-23-31 19

that I last saw h alive on 4-23-31, 19

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Pancreatitis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) 3 yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Lawrence Di Serra M. D.

. 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL May 2 1931

20 UNDERTAKER Howard Morris Co — ADDRESS Balto

Spec.—8-30—A. & Co.—250 Blks.

E 6812 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH. 131 E 68122

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3350 Kesmick Rd) WARD 43-57

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry Preston Baublitz-

(a) RESIDENCE No. 3350 Kesmick Rd ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married-

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Baublitz-

6 DATE OF BIRTH (month, day, and year) Aug 27, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	28 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plasterer 057

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co- Md.

PARENTS

10 NAME OF FATHER Joseph E. Baublitz-

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Laura J. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mary E. Baublitz 3350 Kesmick Road.

15 Filed 24 1931, 19 C. HUMPHREY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 24-1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to Apr. 24, 1931

that I last saw him alive on Apl. 23, 1931

and that death occurred, on the date stated above, at 7 25 A m.

The CAUSE OF DEATH* was as follows:

Chr- Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. White Jr M. D.

4/24/1931 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	April 27 1931
20 UNDERTAKER	ADDRESS
E Brenowitz Son	3615 Chestnut Ave

Spec.—6-30—A. & Co.—250 Blks. 02 Fenby 1233 N. Caroline St

68123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 68123

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 E 22nd St.) 17-50 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine T. Pearce

(a) RESIDENCE NO. 218 E. 22nd St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of John E. Pearce

6 DATE OF BIRTH (month, day, and year) July 29th 1852

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John Gaunt

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Catherine T. Pearce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Mrs Chas D. Gilmore 218 E. 22nd St.

Filed 4-24-1931 Bur. [illegible] Register

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) Apr 23rd 1931

17 I HEREBY CERTIFY, That I attended deceased from April 19th, 1931, to Apr. 23rd, 1931

that I last saw her alive on " " , 1931

and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby M. D.

4/24/1931 (Address) 1233 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery

DATE OF BURIAL: 4/25/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—2-20-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68124

CERTIFICATE OF DEATH

162 ✓ E 68124

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2353 Druid Hill Ave. 13-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Annie R. Fowler

(a) RESIDENCE No. 2353 Druid Hill Ave. St.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis H. Fowler

6 DATE OF BIRTH (month, day, and year): July 22nd 1848

7 AGE — Years: 82 — Months: 10 — Days: 1 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Emil. Blizzard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Mrs Ella Elliott

(Address): 2353 Druid Hill Ave

Filed 4 24 1931, 19 A. M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 23 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 12 1931 to Apr. 23 1931

that I last saw h alive on Apr. 22 1931

and that death occurred, on the date stated above, at 1320 P. M.

The CAUSE OF DEATH* was as follows:

Old age, with chronic fibrosis of myocardium

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Gen. Weakness

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ed Smith M. D.

23 1931 (Address) 1205 W. Mt Royal

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 4/18/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spar.—9-30—A. & Co.—250 Blks

E 68125 HEALTH DEPARTMENT—CITY OF BALTIMORE 68125

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5622 Govane ave WARD 27-48

2 FULL NAME Laura Wolbe.

(a) RESIDENCE NO. 5622 Govane St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: The late Henry

6 DATE OF BIRTH (month, day, and year): Aug 7 1845

7 AGE — Years: 85 — Months: 8 — Days: 17 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: John Bickel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Don't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Ida Riley

(Address): 5622 Govane Ave

15 Filed 4-24 1931 — C. HAMPSON JONES, M. D. Registrar

AFN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 24th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 23 - 1931 to April 24 1931

That I last saw her alive on April 24 1931

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chron. Myocarditis.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H C Haces M. D.

4-24 1931 (Address) 6600 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: April 27th 1931

20 UNDERTAKER: Tom Cook — ADDRESS 217 St Paul St

Spec.—9-30—A. & Co.—250 Blks.

68126

HEALTH DEPARTMENT—CITY OF BALTIMORE

68126

CERTIFICATE OF DEATH.

1 PLACE OF DEATH St Joseph Hospital 125

CITY OF BALTIMORE: (No.) Caroline & Eutaw (Ward) 13

2 FULL NAME Grace O'Neill

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 4206 Falls Road St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~(Husband of)~~ (or) WIFE of Louis R O'Neill

6 DATE OF BIRTH (month, day, and year) June 8th 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: August Kuether

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Kirchner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Louis R. O'Neill
(Address): 4206 Fall Rd

15 Filed 4/24/1931 19 C. HAUPEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 24 31

17 I HEREBY CERTIFY, That I attended deceased from 4-22-31, 19 ..., to 4-24-31, 19 ...

that I last saw h alive on 4-24-31, 19 ...

and that death occurred, on the date stated above, at 1.50 P. M.

The CAUSE OF DEATH* was as follows:

Acute Purulent Otitis Media

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) W. B. Hendley M. D.

(Address) City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 4/27/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 N Paul St

1-30—M. & T.—100 B—50L

E 68127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 68127

REGISTERED NO. 15-58

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3424 Park Hgts. Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry A. Voight

(a) RESIDENCE NO 3424 Park Hgts. Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a If married, ~~widowed~~, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Hattie L. Voight

6 DATE OF BIRTH (month, day, and year) May 19, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59		11	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Jeweler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

135

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Louis Voight

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Henry Voight

(Address) 3424 Park Hgts. Ave.

15 Date: 4 1931 Signature: C. HUMPSON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH was as follows:

Coronary Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

4/24 1931 (Address) 3632 Roland Ave. Coroner

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: April 25 1931.

20 UNDERTAKER: Martin Fahey & Sons

ADDRESS: 1827 N. North Ave.

1-30—M. & T.—100 B—50L

E 68128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68128

CERTIFICATE OF DEATH

79-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 3-5 WARD)

2-FULL NAME Hubert Newborne

(a) RESIDENCE NO 30 S. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ayden, N.C.

PARENTS

10 NAME OF FATHER Hubert Newborne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ayden, N.C.

12 MAIDEN NAME OF MOTHER Bertha Harries

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Craven Co., N.C.

14 Informant Hubert Newborne
(Address) 30 S. Car line St

15 R 25 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 22/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Meningitis (Purulent-type undetermined)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? —

(Signed) [illegible] Coroner. M. D.

4/24/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cement

DATE OF BURIAL April 27 1931

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St.

Cor.—10-10-29—A Co.—100 Bks.

E 68129

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68129

93-004

CERTIFICATE OF DEATH

72-33

1-PLACE OF DEATH

City of Baltimore: (No. 45 E. Hughes St. St., Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Riley. (C)

(a) RESIDENCE NO. 45 E. Hughes St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed or divorced, HUSBAND of (or WIFE of) Hattie Riley. (C)

6 DATE OF BIRTH (month, day, and year) March 18, 1878

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	53	1	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Solomon Riley. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Hattie Riley. (C) wife.
(Address) 45 E. Hughes St.

15 Filed APR 25 1931 C. HAWSEY JONES, Registrar.

Ret

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardt M. D.

4/24. 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	April 27, 31

20 UNDERTAKER Isaiah L. Brown Sons ADDRESS 1058 Monroe

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 68130 — 93-68130

CERTIFICATE OF DEATH.

1 PLACE OF DEATH: Union Memorial Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. 3 ST. 7 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME: Hyand Blakiston

(a) RESIDENCE NO. Stevenson, Md. ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: George Blakiston

6 DATE OF BIRTH (month, day, and year): June 22, 1870

7 AGE: Years 60 — Months 10 — Days 2 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: T. Buchanan Price

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Lodwig

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Union Memorial Hospital

15 Filed MAY 5 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1931, to April 24, 1931

that I last saw her alive on April 24, 1931

and that death occurred, on the date stated above, at 4:00 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) Yrs.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? B.C. and C.K.G. studies

(Signed) Francis W. Gluck M. D.

(Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Thomas Garrison Forest

DATE OF BURIAL: April 27, 1931

20 UNDERTAKER: Henry W. Jenkins Sons Co.

ADDRESS: Orchard & Eutaw

Spec.—9-30—A. & Co.—250 Blks

E 68131

24448

HEALTH DEPARTMENT—CITY OF BALTIMORE

X-44-001

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. 7-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Zabrick

(a) RESIDENCE NO. Dover N.H. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12 - 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer J W Hook Co

9 BIRTHPLACE (city or town) (State or country) Mass

PARENTS

10 NAME OF FATHER Anthony Zabrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Vanenska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 APR 25 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25-1931

17 I HEREBY CERTIFY, That I attended deceased from Apr 12, 1931, to Apr 25, 1931

that I last saw her alive on Apr 25, 1931

and that death occurred, on the date stated above, at 12.20 A m.

The CAUSE OF DEATH* was as follows:

Staphylococcus Septicemia: Pericarditis
Abscess Subdural. Cellulitis
of neck

CONTRIBUTORY (Secondary) (duration) yrs. mos. 4 ds.

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? at Johns Hopkins Hospital

Did an operation precede death? yes Date of 4/24

Was there an autopsy? yes

What test confirmed diagnosis? Bacterial Examination

(Signed) Walter T. Meyers M. D.

4/25 19 31 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, REMOVAL OR REMOVAL Dover N.H. DATE OF BURIAL 4/25 19 31

20 UNDERTAKER Jack Lewis ADDRESS 1439 E Baltimore

Cor.—10-10-29—A Co.—100 Bks.

68132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68132

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 725 S. Bond Street St., 2-4 Ward)

2-FULL NAME Zofia Audrey

(a) RESIDENCE NO. 725 S. Bond Street St., Ward

(Usual place of abode) Unknown (If non-resident give city or town and State) Unknown

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Jack Audrey

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
43				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Jack Audrey-Husband
(Address) 725 S. Bond Street

15 Filed APR 25 1931 19 C. HAMSEY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Alcoholism

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Autopsy

(Signed) A. C. Wades, M. D.

(Address) 713 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	April 27 1931
20 UNDERTAKER	ADDRESS
George A. Weber	705 Bank st

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 68133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 Sargeant St. 24-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Lamb Kelley

(a) RESIDENCE NO. 1145 Sargeant St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edith V. Kelley

6 DATE OF BIRTH (month, day, and year): Aug 22 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	49	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: W.B.A. Rail Road

PARENTS

9 BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: James Kelley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Edith V. Kelley 1145 Sergeant St.

15 Filed ... 19 ... Registrar: C. HAMPSON JONES, M. D.

MAY 25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1930, to 4-24-31, 19

that I last saw h~~e~~r alive on 4-24-31, 19

and that death occurred, on the date stated above, at 4 45 m.

The CAUSE OF DEATH* was as follows:

Stricture of Uretha

Tumor of Bladder possibly

Malignant (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency (duration) yrs. 1 mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Elwood D. Dann M. D.

(Address) 622 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	May 27 1931
20 UNDERTAKER	ADDRESS
Jos Saarderson Son	2173 Pa Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 68134

CERTIFICATE OF DEATH

E 68134

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 714 Aisquith ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie C. Potts

(a) RESIDENCE NO. 714 Aisquith ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 23rd 1856

7 AGE: Years 75; Months; Days 1; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Frederick Potts

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Shoemaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Sarah Molesworth

(Address) 802 Union Ave

15 APR 25 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24th 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/21 . 1931 . (to 4/23 . 1931.

that I last saw h[illegible] alive on 4/23 . 1931

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Ch Myocarditis

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) I. H. Bronstein, M. D.

4/23 . 1931 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: April 27 1931

20 UNDERTAKER: J. George Schilling & Sons

ADDRESS 1126 Mt

Spec.—9-30—A. & Co.—250 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68135 E 68135

CERTIFICATE OF DEATH.

1321

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1621 Normal ave S. 8-45 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ida A. Schomm

(a) RESIDENCE NO. 1621 Normal ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick W. Schomm

6 DATE OF BIRTH (month, day, and year) Mch 13, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Livingston.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ann Peregoy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Frederick W. Schomm 1621 Normal.

15 Filed APR 25 1931 19 C. Hauser Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 - 31

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to April 24, 1931

that I last saw h alive on April 23, 1931

and that death occurred, on the date stated above, at 8:05 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation Decompensated

(duration) yrs. 3 mos. 19 ds.

CONTRIBUTORY (Secondary) Chronic Pancreatic Nephritis

(duration) yrs. 3 mos. 19 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uremalysis

(Signed) Thos. A. Stevens M. D.

4 25 31 (Address) 2818 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL Apr 27 1931

ADDRESS 2008 Gilmore

20 UNDERTAKER John Merrick

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68136

CERTIFICATE OF DEATH

93-04 E 68136

12-19

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1717 N. Calvert St. St.) (Ward)

2-FULL NAME James J. McKannar.

(a) RESIDENCE NO. 1717 N. Calvert St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 27, 1871

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
59	60	10	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Harness maker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Catonsville Md.
(State or country)

PARENTS

10 NAME OF FATHER James McKannar.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine Bowes.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant Mary Brooke. (cousin)
(Address) 1717 N. Calvert St.

Filed 4-25 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.

Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt M. D.

4/24 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	April 25, 1931
20 UNDERTAKER	ADDRESS
E. Leroy Stiffler, Inc.	125 E. North ave.

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 68137

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68137

93-004

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 144 Colvin St. St., 5-8 (Ward)

2-FULL NAME John Penn.(C)

(a) RESIDENCE NO. 144 Colvin St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Married

3a If married, HUSBAND of (WIFE of) Ella Penn.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
About 55	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Junk dealer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Virginia.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Ella Penn.(C) wife.
(Address) 144 Colvin St.

APR 25 1931 C. HAMPSON JONES, M. Registrar

BY _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D.

4/24, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson's Cem.	4-27 1931
UNDERTAKER	ADDRESS
Byron Wright	1218 N. Eden St.

54

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 68138

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 E 68138

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 24-34 WARD)

2-FULL NAME Murray M. Gardiner

(a) RESIDENCE NO 1513 Williams ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5-1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): B & O R.R.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER Cyrus Gardiner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Laura Sappington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Walter Sisler (Address) 1513 Williams St

15 Date APR 25 1931 C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Erysipelas & diffuse cellulitis of right leg secondary to ~~infected~~ ~~of a papilloma~~ on end of toe ~~Hemmisty of toe~~ (Duration) ~~Accidental~~ Natural 10 ds.

CONTRIBUTORY (Secondary) Septicemia (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes No Date of 4-24-31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

(Address) 2737 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 4/27 1931

UNDERTAKER: Drew McCully

ADDRESS: 108 E Fort Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68139

CERTIFICATE OF DEATH

E 68139

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 232 N. Stricker St. St.) 19-27 (Ward)

2-FULL NAME Guy Holmes.(C)

(a) RESIDENCE NO. 232 N. Stricker St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Nettie Holmes.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	52	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia.
(State or country)

PARENTS

10 NAME OF FATHER William Holmes.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Rachael Taylor.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

14 Informant William Holmes.(C)son.
(Address) 2616 Florence St.

15 Filed APR 25 1931 C. HARRISON JONES, Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D.

4/24 1931 (Address) 101 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson	April 1931
20 UNDERTAKER Joseph A. Lively	ADDRESS 709 N. Mount St

important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

5
5-1.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68140

CERTIFICATE OF DEATH

34 V

E 68140

1 PLACE OF DEATH University Hospital (WARD) 4-38

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME Sains Stanbity

(a) RESIDENCE NO. Woodlawn Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 13a How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Stanbity

6 DATE OF BIRTH (month, day, and year) Dec 8, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

086

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Cordrew Stanbity

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Grimes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Miss Elsie M Stanbity
(Address) Woodlawn Md R 1

15 [illegible] 19 [illegible]

26 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-25-31

17

I HEREBY CERTIFY, That I attended deceased from 4-12-31, 19 , to 4-25-31, 19

that I last saw him alive on 4-25-31, 19

and that death occurred, on the date stated above, at 12 00 p m.

The CAUSE OF DEATH* was as follows:

Cerebro spinal syphilis
Chronic nephritis
Arteriosclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Geo H Yeager M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Apr 27 1931
20 UNDERTAKER Easton Stone	ADDRESS Ellicott City

Spec.—9-30—A & Co.—250 Blks

E 68141

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68141

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1 PLACE OF DEATH University Hospital ST. 15-58 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME William H. Underwood

(a) RESIDENCE No. 2634 Kate ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Taylor Underwood

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Cigar Mfg

(c) Name of employer Eutaw Factory 059 24

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph S. Underwood

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Hunter

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Ida Underwood (Address) 2634 Kate Ave.

15 Filed 2 6 1931, 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-24-31

17 I HEREBY CERTIFY, That I attended deceased from 4-23-31, 19, to 4-24-31, 19

that I last saw him alive on 4-24-31, 19

and that death occurred, on the date stated above, at 10 55 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.
Arterio sclerosis
Hypertension

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Course

(Signed) George H. Yeager M. D.

4 24 19 31 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 4/27 19 31.

20 UNDERTAKER: Harry K. Witzke 4101 E

ADDRESS: Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks

68142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

VE 68142

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 416 S. Wolf St. St. 9-4 WARD)

2 FULL NAME William Bystry

(a) RESIDENCE NO. 416 S. Wolf St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17, 30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11 M	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Walter Bystry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Miss.

12 MAIDEN NAME OF MOTHER Pieczynska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Walter Bystry (Address) 416 S. Wolf St.

15 APR 26 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 25 31

17 I HEREBY CERTIFY, That I attended deceased from April 24 31, to Apr 25 19 31

that I last saw him alive on Apr 25 19 31

and that death occurred, on the date stated above, at 8-P. m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Measles (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: Wm. J. Bauer M. D.

19 31 Address 881 N. Fremont

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus

DATE OF BURIAL: Apr 26 19 31

20 UNDERTAKER: F. W. Bazanski ADDRESS 1939 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68143

CERTIFICATE OF DEATH

7 VE 68143

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1224 Ensor ST., 10-14 WARD)

2—FULL NAME Ruth Elizabeth Brauer

(a) RESIDENCE NO. 1224 N Ensor ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) June 18th 1930

8 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	10	8	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Robt S. Brauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Rose E. Keys

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Robt. S. Brauer

(Address) 1224 Ensor St

15 Filed 4-26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 17th, 1931, to April 25th, 1931, that I last saw her alive on April 25th, 1931, and that death occurred, on the date stated above, at 7.10 m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical signs

(Signed) Gerard M. C. Corkel, M. D.

4/26, 193 (Address) 1114 Hampson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Apr 27th 1931
20 UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument St

Spec.—9-30—A. & Co.—250 Bks.

68144

HEALTH DEPARTMENT—CITY OF BALTIMORE

68144

CERTIFICATE OF DEATH.

106-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospt. (St.) 00-69 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty Jane Wittmann (Wittmann)

(a) RESIDENCE No. 222 Hollins St (St.) (WARD)

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred — yrs. 3 mos 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	s

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 3 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Christopher Wittmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Agnes Cauliflower

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Father (Address) 222 Hollins St.

15 4/26/1931 C. HAMPSON JONES, M.D. By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-25-31

17

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to April 25, 1931

that I last saw her alive on April 25, 1931

and that death occurred, on the date stated above, at 4.50 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis — Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical findings and Autopsy

(Signed) Jesse L. Tyler M. D.

4/25/1931 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Westens cemetery

DATE OF BURIAL. April 27 1931

20 UNDERTAKER Chas. G. Black

ADDRESS 742 W. North Ave

1-30—M. & T.—100 B—50L

E 68145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 E 68145

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 2-4 WARD)

2-FULL NAME James H. Crump

(a) RESIDENCE NO 521 S. Ann ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	81			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Wm E. Trexler
(Address) 1603 E. 25th St

15 Filed ..... 192 ..... Registrar

261931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Burns over Chest & back-Clothes caught [redacted] from gas cooking stove

Accidental

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 521 S. Ann St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [redacted], M. D.
Coroner

4/26/31 (Address) [redacted] E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 4/27 1931

20 UNDERTAKER [redacted]

ADDRESS 121 E. Lin[illegible]

Spec.—9-30—A. & Co.—250 Blks.

Dr Ingram ✓

68146 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68146

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 611 Walbert Ave (St.) 9-46 (Ward)

2 FULL NAME George Dunbert

(a) RESIDENCE NO. 611 Walbert ST. WARD

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elizabeth Dunbert

6 DATE OF BIRTH (month, day, and year): Nov. 3, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tinsmith Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 13 0/

(c) Name of employer: C. R.R.

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Carl Dunbert

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Winkelmann

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Elizabeth Dunbert 611 Walbert Ave

15 Filed 4-26-1931 12 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 24, 1931

17

I HEREBY CERTIFY, That I attended deceased from about 4-17, 1931, to April 24, 1931

That I last saw him alive on April 24, 1931

and that death occurred, on the date stated above, at 9 C. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage - about 5 hours (duration)

CONTRIBUTORY (Secondary): Arterio-Sclerosis (duration) Not known yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visual Exam

(Signed) W. K. Ingram M. D.

19 (Address) 2422 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 4-29 1931

20 UNDERTAKER: H. M. Cook

ADDRESS: 1317 E. Fort Ave

Spec.—1-10-21—M&T—1500 Blks.

E 68147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94 E 68147

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3340 Old Frederick Rd ST. OR AVE. 70 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Kron

(a) RESIDENCE NO. 3340 Old Frederick Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen J. Kron

6 DATE OF BIRTH (month, day and year) June 1, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Martin Sahlender

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Eichenlaub

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Stephen J. Kron 3340 Old Frederick Rd

15 APR 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/5 1931 to 4 1931, that I last saw her alive on April 1931, and that death occurred, on the date stated above, at 2:00a m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eliot W. Johnson, M. D.

4-27, 1931 (Address) 3326 Gwynns Falls Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL April 29 1931

20 UNDERTAKER Wm. Cook ADDRESS 1217 Park Ave

Spec.—9-30—A. & Co.—250 Blks

247001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68148

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2 FULL NAME Alice Fontaine

(a) RESIDENCE NO. Pocomoke City Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar

6 DATE OF BIRTH (month, day, and year) Feb-13-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Julian Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Clarke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment Records
(Address)

[illegible] 26 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26-31

17

I HEREBY CERTIFY, That I attended deceased from Mar 28, 1931, to April 26, 1931

that I last saw her alive on April 26, 1931

and that death occurred, on the date stated above, at 348A m.

The CAUSE OF DEATH* was as follows:

Post-operative Asthenia
Respiratory failure.

of Glaucoma (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Glaucoma Operation

April 21 31 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of April 21 31

Was there an autopsy? No

What test confirmed diagnosis?

4/ (Signed) William H. Rowland, M. D.

4/26 1931 (Address) J H H

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Presbyterian Church Cem Pocomoke Md	April 29 1931
20 UNDERTAKER Vernon Stevenson	ADDRESS Pocomoke Md

[illegible] P. THOMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

68149 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68149

CERTIFICATE OF DEATH.

REGISTERED NO. 89-31

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (STREET) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret McCaughey

(a) RESIDENCE No. 932 Ensor St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) May 24, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas B. McCaughey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Rhode Island

12 MAIDEN NAME OF MOTHER Virginia Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant Thomas B. McCaughey (Address) 932 Ensor St.

15 Filed 26 1931 16 HAMPSON JONES, M. D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25/31

17

I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 25, 1931

that I last saw her alive on April 25, 1931

and that death occurred, on the date stated above, at 6.30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral edema - Cause Unknown

(duration) yrs. 9½ mos. ds.

CONTRIBUTORY (Secondary) Bilateral Otitis Media

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Signs and Symptoms and Autopsy

(Signed) Wylie M. Law M. D.

(Address) 4/26/31 University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery Harford Co.	April 27, 1931

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E. Eager St

Spm.—1-12-23—M&T—500 Blks.

E 68150

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68150

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. 345-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. 2810 Reisterstown ST. WARD

2-FULL NAME Louisa M. Van Horn

(a) RESIDENCE NO. 2810 Reisterstown Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widowed

5a If married, widowed, or divorced (or) WIFE of Coleman C. Van Horn

6 DATE OF BIRTH (month, day, and year) July 14 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	73	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 03

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer none

9 BIRTHPLACE (City or town) (State or country) Hartford Co Md

PARENTS

10 NAME OF FATHER J. V. Hutchins

11 BIRTHPLACE OF FATHER (City or town) (State or country) Hartford Co - Md

12 MAIDEN NAME OF MOTHER Emma Hardesty

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Co Md

14 Informant Mrs E. Jardine (Address) 2810 Reisterstown Rd

Filed 2 8 1931, 19 A. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25/31

17 I HEREBY CERTIFY, That I attended deceased from 4/13/31, to 4/24/31,

that I last saw h[illegible] alive on 4/24/31, 19

and that death occurred, on the date stated above, at 5.30 m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular

(duration) yrs mos 11 ds.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs mos. 1hr ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) D W Taylor, M. D.

, 19 (Address) 836 W. Mosher

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk — DATE OF BURIAL 4/27/31

20 UNDERTAKER Geo Leimbach — Address Lyndhurst Md

Spec.—1-30—M. & T.—250 Blks

E 68151

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68151

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Fernhill Ave ST. 2613 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earle Perry Hailes

(a) RESIDENCE NO. 4302 Fernhill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Aug 20/1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Earle Hailes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Elizabeth L Libby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Edwin Earle Hailes (Address) 4302 Fernhill Ave

15 Filed 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1931

17 I HEREBY CERTIFY, That I attended deceased from April 9, 1931, to April 25, 1931, that I last saw him alive on April 25, 1931, and that death occurred, on the date stated above, at 11:30a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema - Acute Cardiac Dilatation

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary) Septic Sore Throat - Measles -

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) C. H. Richard M. D.

, 19 (Address) 1117 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 4/27 1931

20 UNDERTAKER Harry H Monacoot & Son

ADDRESS 1204 Rodgers Ave

Spec.—1-12-29—M&T—500 Blks.

E 68152

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68152

CERTIFICATE OF DEATH.

179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West. Balto Gen. Hosp (St.) 13-54 (Ward)

2-FULL NAME Mr. Lazarus Amolsky.

(a) RESIDENCE NO. 2408 Eutaw Pl. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah.

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	54	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Amolsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Katie Siegel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Sarah Amolsky

(Address) 2408 Eutaw Pl

15 Filed 6 1931 .19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to April 25, 1931, that I last saw him alive on April 25, 1931, and that death occurred, on the date stated above, at 9 30 A.M.

The CAUSE OF DEATH* was as follows:

1 Acute Nephritis.

(Duration) yrs. mos. 5 ds.

(Backbone Bruising)

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

Where was disease contracted (if not at place of death?

Did an operation precede death? Yes Date of 4/21/31

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) H. Ashman M. D.

4/25 1931 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	4/26 1931
20 UNDERTAKER	ADDRESS 1127
Jos Levinson & Bro	E Balto St

1-30—M. & T.—100 B—50L.

E 68153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68153

REGISTERED NO. 1568

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. Rebecca Block (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME

(a) RESIDENCE NO. 1706 E. Smallwood ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Reuben Block

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Maurice -------

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sol Levinson & Bro (Address) 1127 E. Balto St

15 Filed JUL 26 1931 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Coronary Thrombosis

(duration) yrs. mos. 3 hrs ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Weis, Coroner, M. D.

4/25/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run — DATE OF BURIAL July 26 19 31

20 UNDERTAKER S Levinson Bro — ADDRESS 1127 E Balto St

Spec.—1-30—M. & T.—250 Bks.

E 68154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68154

CERTIFICATE OF DEATH.

82-

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 509 N. Streeker ST. 13-57 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M. Mann

(a) RESIDENCE NO. 3670 Falls Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of or) WIFE of Arthur Mann

6 DATE OF BIRTH (month, day, and year) Sept. 1-1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Munzert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Arthur Mann (Address) 3670 Falls Road

15 Filed 2-5 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24-1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930, to Apr 24, 1931,

that I last saw her alive on Apr 24 1931,

and that death occurred, on the date stated above, at 9 40 A. m.

The CAUSE OF DEATH* was as follows:

Acut Cardiac Dilatation 2

(duration) ... yrs. ... mos ... da.

CONTRIBUTORY (Secondary) Chronic Hemyplegia

(duration) 4 yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. H. Mayer Jr. M. D.

4/26 1931 (Address) 15 W. Saratoga St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL: April 27 1931

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Falls Road

1-30—M. & T.—100 B—50L

E 68155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68155

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-13 WARD)

2-FULL NAME John Beatty

(a) RESIDENCE NO 1808 Ashland Ave Balto Md ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. ____ mos. 7 ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds. ____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Colotelle Beatty

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	about 45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lumber
(b) General nature of industry, business, or establishment in which employed (or employer) 087
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Low Beatty

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Henrietta ---

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Hopkins Hospital (Address)

15 Filed ____, 192 ____ Registrar

26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopay or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopay or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphillitic Aortitis
Pulmonary Odema

(duration) yrs ____ mos ____ da ____

CONTRIBUTORY (Secondary)

(duration) yrs ____ mos. ____ da. ____

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.
Coroner

4/26/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Portsmouth Va — DATE OF BURIAL 4/26/31

20 UNDERTAKER Robert F. William — ADDRESS 1518 McElderry St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68156 — E 68156

CERTIFICATE OF DEATH

1 PLACE OF DEATH Provident Hosp. — 1837 — 108

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1514 Division) (ST. OR WARD)

2 FULL NAME Louise Hunter

(a) RESIDENCE NO. 3509 Hutchins (Usual place of abode) ST. Hutchins WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE: Years 54 | Months ? | Days ? | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Provident Hosp

15 C. HAMPSON JONES, M. D. Registrar

261931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-24-31

17 I HEREBY CERTIFY, That I attended deceased from 4-21-1931, to 4-24-1931

that I last saw her alive on 4-24-1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Meningitis

(duration) Weeks months ds.

CONTRIBUTORY (Secondary)

(duration) Weeks months ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Dr. George W. Donald M. D.

4-25-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemty

DATE OF BURIAL: 4/27/31

20 UNDERTAKER: Robert B. Hutchins

ADDRESS: 1518 N. Eden

1-30—M. & T.—100 B—50L

E 68157

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68157

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 6-10 WARD)

2-FULL NAME Doloris Dimassino

(a) RESIDENCE NO 211 N. Collington Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2/1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	4	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Louis Dimassino

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Katherine Mannelli

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Louis Dimassino
(Address) 211 N. Collington Ave

15 Filed ..... 192 ..... Registrar

APR 26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 24/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Convulsions (Cause undetermined)

(Im hospital 4 hrs)

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Joseph Kaiser, M. D.
Coroner

4/25/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL April 29 1931

20 UNDERTAKER Wm. C. Miller & Son

ADDRESS 230 N. Stricker St

1-30—M. & T.—100 B—50L

E 68158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

E 68158

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST 26-30 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Wells

(a) RESIDENCE NO 3825 Phila Road ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7 /1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	10	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Harry Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Lillian Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Harry Wells
(Address) 3825 Phila. Road.

15 Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Toxemia- Burns over legs, hips and buttocks. Clothes accidentally caught on fire while playing on lot near his home, Dec 30/30 (duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? As stated

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature] M. D. Coroner

4/25/31 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	April 28, 1931
20 UNDERTAKER	ADDRESS
Wm. C. Miller & Son	2331 Jefferson St.

Spec.—9-30—A. & Co.—250 Blks.

68159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 66-002 L 68159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. W. (WARD)

2 FULL NAME Mrs Blanche Barnes

(a) RESIDENCE NO. Woodbine Md St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Ray Barnes

6 DATE OF BIRTH (month, day, and year) Nov 11 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	39	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Brashear

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Frances Hood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment Hospital Records
(Address)

15 Filed 2 6 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/31

17

I HEREBY CERTIFY, That I attended deceased from 4/22, 1931, to 4/26, 1931

that I last saw her alive on 4/26, 1931

and that death occurred, on the date stated above, at 11 40 A m.

The CAUSE OF DEATH* was as follows:

Adenoma thyroid with hyperthyroidism

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? (Thyroidectomy)

Did an operation precede death? Yes Date of 4/23/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Op.

(Signed) J. Leyko M. D.

4/26, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Taylorsville County	Sept 28 1931

20 UNDERTAKER C. M. Metz ADDRESS Westfield, Md.

Spec.—1-30—M. & T.—250 Bks.

E 68160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68160

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 25-72 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. William Pefley

(a) RESIDENCE NO. Chambersburg Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mrs Pefley

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist.

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Samuel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Rosie Lutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Interment (Address) Chambersburg Pa.

15 Filed APR 26 1931 19 C. HENSON DAVIS, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/31

17 I HEREBY CERTIFY, That I attended deceased from 4/9, 1931, to 4/26, 1931, that I last saw him alive on 4/26, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum
c/ metastases & ascites.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis (Colon bacillus).

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4/9/31. Appendicitis

Did an operation precede death? Yes. Date of 4/21/31, Colostomy

Was there an autopsy? Yes 4/24/31, Drainage Sigmoidostomy.

What test confirmed diagnosis? Autopsy.

(Signed) Robt Devine, M. D.

, 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chambersburg Pa.

DATE OF BURIAL Apl 29 19 31

20 UNDERTAKER W. S. Detrick

ADDRESS Greencastle Penna

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68161

CERTIFICATE OF DEATH.

97 E 68161

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 10 S. Patterson Pk Ave ST. 43 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Victoria Pelc

(a) RESIDENCE NO 10 S. Patterson Pk Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write One word)
F.	W	widowed

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 63

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Housework.

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Polek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant (Address) Martin Pelc Son Phila Pa.

15 Filed 2 7 1931, 19 C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 24-31

17

I HEREBY CERTIFY, That I attended deceased from April 4. 1931. to April 24. 1931

that I last saw h[illegible] alive on April 24. 1931

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? C. S. & S.

(Signed) John J. Kriger M. D.

. 19 (Address) 1621 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	April 27 19 31

20 UNDERTAKER F W Wagner & Sons ADDRESS 1950 Eastern Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68162

CERTIFICATE OF DEATH.

13 E 68162

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3103 Fleet St. 12 WARD)

2 FULL NAME Margaret Carlson

(a) RESIDENCE NO. 3103 Fleet St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U. S., if of foreign birth? 73 yrs ..... mos ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martin Carlson

6 DATE OF BIRTH (month, day, and year) Jan. 17, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Michael Wolferman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Martin Carlson
(Address) 3103 Fleet St.

15 Date Received APR 27 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1931

17:

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to April 24, 1931

that I last saw h alive on April 24, 1931

and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Cardiac Vascular Renal Dis
& Hypertension

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Coronary

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Kerpelmeider M. D.

4/25 1931 (Address) 2934 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Trinity Cemetary

DATE OF BURIAL. Apr 27 1931

20 UNDERTAKER George W. Zickler

ADDRESS 1737 E. Eager St

Spec.—P-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68163

CERTIFICATE OF DEATH.

91-001 E 68163

1 PLACE OF DEATH

BALTIMORE CITY HOSPITALS 76-37

CITY OF BALTIMORE: (No ... ST ... WARD)

REGISTERED NO .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Groetsch

(a) RESIDENCE NO 620 S. Eaton St. ST. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 3 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John Groetsch.

6 DATE OF BIRTH (month, day, and year) Feb. 18, 1908.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Lies Bros.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Michael Schmidt.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.
12 MAIDEN NAME OF MOTHER Margaret Weil
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

11 Informant (Address) Records of BALTIMORE CITY HOSPITALS

13 Filed ... Registrar

APR 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25, 1931.

17
I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 25, 1931
That I last saw h[illegible] alive on April 25, 1931
and that death occurred, on the date stated above, at 6.20 P.M.

The CAUSE OF DEATH* was as follows:

Subacute bacterial Endocarditis

(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? clinical; lab.

(Signed) Paul Podgat. M. D.
(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cem.
DATE OF BURIAL: Apr 29 1931

20 UNDERTAKER: George W. Zinkan
ADDRESS: 1737 E. Eager St

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 68164

CERTIFICATE OF DEATH

E 68164

REGISTERED NO. 6-11

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 N. Linwood Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME JOHN H. ADAMS

(a) RESIDENCE NO 437 N. Linwood Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chessie Adams

6 DATE OF BIRTH (month, day, and year) March 23,1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Marine Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Atlantic Trans. Co.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Capt. Robert Adams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia Tankersley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Chessie Adams, (wife)

(Address) 437 N. Linwood Ave.

FILED APR 27 1931

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? D. Robahal

(Signed) [signature], M. D. Coroner

4/25/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Apr. 27, 1931

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: Baltimore St. & Broadway

Spec.—9-30—A. A. Co.—200 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68165

CERTIFICATE OF DEATH.

127-002 E 68165

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 223 S. Ellwood Ave. ST. 1-2 WARD)

2-FULL NAME ELIZABETH SCHULBE

(a) RESIDENCE NO. 223 S. Ellwood Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 41 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John August Schulbe

6 DATE OF BIRTH (month, day, and year) May 28 1837

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ? Zeuch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Charles Smith (Daughter)
(Address) 223 S. Ellwood Avenue

15 Filed ..... 19.. ..... M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1931, to April 24, 1931

that I last saw h[illegible] alive on April 24, 1931

and that death occurred, on the date stated above, at 4.30p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary) Incomplete Obstruction

[illegible] Bowel (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D. T. Mahon M. D.

4-27, 1931 (Address) 301 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Paul's 5th Ref. Ch. Cem. DATE OF BURIAL: Apr. 27 1931

20 UNDERTAKER: Henry Sander & Sons, Inc. ADDRESS: ALTIMORE ST & BROADWAY.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-007

B 68166

E 68166

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2525 Hudson ST. 25-12 WARD

2 FULL NAME Wilhelmina Roeding

(a) RESIDENCE NO. 2525 Hudson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julius

6 DATE OF BIRTH (month, day, and year) Nov 6 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11.	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 87

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER David Horn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER David Horn

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Date received APR 27 1931 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1931.

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1931 to April 24, 1931

that I last saw her alive on April 24, 1931

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) ?2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. A. Strauss M. D.

4/30, 1931 (Address) 1901 Griffiss

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. [illegible] DATE OF BURIAL [illegible] 19

ADDRESS

20 UNDERTAKER [illegible]

Spec.—9-30—A. & Co.—250 Blks.

68167

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68167

CERTIFICATE OF DEATH

92-001

REGISTERED No. 26-4-21

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 7223 Belmar Ave. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William J. Browning

(a) RESIDENCE No. 4213 Belmar Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nora J. Browning

6 DATE OF BIRTH (month, day, and year) July 26 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Office

(c) Name of employer Gas & Elec. Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Fred Browning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Emma Carney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs. J. Browning 4213 Belmar Ave

15 Filed 2-7-1931 19 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26-1931

17

I HEREBY CERTIFY, That I attended deceased from December 21st 1930 to April 26th 1931

that I last saw him alive on April 21st 1931

and that death occurred, on the date stated above, at 8-30 A m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. D. Hammer M. D.

Apr 26. 1931 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 4/29 1931

20 UNDERTAKER Wm. Cook

ADDRESS 1217 St. Paul St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68166

50 E 68168

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 111 N. Stricker St. 4-19-31 WARD)

2. FULL NAME Dora Berger

(a) RESIDENCE NO. 111 N. Stricker St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	white	married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Joe Berger

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jos Rudman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dankam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joe Berger (Address) 111 N. Stricker St

15 Filed 1931 C. HARVEY JONES, M. D. Registrar By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/28/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 1931 to apr 26 1931

that I last saw her alive on apr 25 1931

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of mediastinum

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of breast

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? W. C. Radcliffe & Rhynedance

(Signed) M. D.

4/27 1931 (Address) 2225 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 4/28 1931

20 UNDERTAKER Jack Lewis 1439 E. Balto

ADDRESS

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68169 68169

CERTIFICATE OF DEATH.

82-001

90-70

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 548 S. Longwood St. (WARD)

2 FULL NAME Henriette Berger

(a) RESIDENCE NO. 548 S. Longwood St. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand Berger

6 DATE OF BIRTH (month, day, and year) Oct 20th 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Ferdinand Dudeck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Schwartz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

PARENTS

14 Informant Ferdinand Berger (Address) 548 S. Longwood St.

15 Filed 4/27/31 C. HAMPSON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/24/31

17 I HEREBY CERTIFY, That I attended deceased from Mar 4, 1931, to Apr 24, 1931

that I last saw h[er] alive on Apr 24, 1931

and that death occurred, on the date stated above, at 6 10 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) J. J. Kyger M. D.

, 19 (Address) 2321 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 4/27 1931

UNDERTAKER J. B. Hilgenhurst

ADDRESS 1300 Eutaw Place

Form —1 30— M. & T.—250 Blks.

E 68170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7 4 E 68170

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST.) 3-5 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Dannico

(a) RESIDENCE NO. 913 E. Pratt St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Feb. 27, 1929

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ....min.
	2	1	28	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jos Dannico

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Clara Clurer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Jos. Dannico

(Address) 913 E. Pratt St.

15 Filed R 21 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1931, to April 25, 1931, that I last saw him alive on April 25, 1931, and that death occurred, on the date stated above, at 4.40 p m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Bilateral Bronchopneumonia

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + X Ray

(Signed) Hyman G. Tull, M. D.

4/26 1931 (Address) Sydenham Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	April 29 1931
UNDERTAKER Randell & Hilliard	ADDRESS 3008 Eastern Ave

Spec.—9-30—A. & Co.—250 Blks.

E 68171

HEALTH DEPARTMENT—CITY OF BALTIMORE

C-00E 68171

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 3-5 ST. (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Basila Nardine

(a) RESIDENCE NO. 236 S. Exeter ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-25-31

17 I HEREBY CERTIFY, That I attended deceased from 4-22-31, 19..., to 4-25-31, 19...

that I last saw him alive on 4-25-31, 19...

and that death occurred, on the date stated above, at 8:10 A.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) UNKNOWN yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padgett M. D.

4-25-31, 19... (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: April 28, 1931

20 UNDERTAKER: Wendell J. Hippel

ADDRESS: 300 S. Eden St.

FEB 27 1930 HAMPTON JONES, M.D.

Spec.—1-30—M. & T.—250 Blks.

E 68172 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68172

CERTIFICATE OF DEATH.

REGISTERED NO. 167

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Holabird Q.M. Depot ST. 26-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph M. Zieralski

(a) RESIDENCE NO. Holabird Q.M. Depot ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Soldier do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Army

9 BIRTHPLACE (city or town) (State or country) Johnstown, Pennsylvania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Official U.S. Army Records.

(Address) Holabird Q.M. Depot, Balto. Md.

15 Filed APR 27 1931 C. HARVEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1931, to April 25, 1931, that I last saw him alive on April 25, 1931, and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows: Self inflicted bullet wound, 45 cal. Point of entrance one inch above right ear; point of exit two and one-half inches above left ear.

(duration) Instantaneous yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Probe and finger observation. Board of Officers.

(Signed) C. Whitwell, M. D.

4/26 1931 (Address) Holabird Q.M. Depot

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnstown Pa

DATE OF BURIAL 4/27 1931

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto St

Sol Levinson and Bros.
Baltimore, Maryland.

Spec.—1-30—M. & T.—250 Bks

E 68173 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68173

CERTIFICATE OF DEATH. 108

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 E Fayette St. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles H Cornish

(a) RESIDENCE NO. 1630 E Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Gertrude Cornish

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Gertrude Cornish (Address) 1630 E. Fayette St

15 Filed APR 27 1931 19 C. H. THOMPSON JONES, M. Registrar Per Life.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-25-31

17 I HEREBY CERTIFY, That I attended deceased from 4-22, 1931, to 4-25, 1931, that I last saw him alive on 4-25, 1931, and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? NW

Did an operation precede death? NW Date of

Was there an autopsy? NW

What test confirmed diagnosis? Physical

(Signed) Russell, M. D.

4-28 1931 (Address) 508 Lemmon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL 28 April 1931

20 UNDERTAKER Edward Bryan

ADDRESS 1631 Orleans St

Spec.—1-30—M. & T.—250 Bks.

E 68174 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68174

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 Callow Ave St., 13-59 WARD) REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Mayer

(a) RESIDENCE NO. 2009 Callow Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lee Mayer

6 DATE OF BIRTH (month, day, and year) About 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 86				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jacob Steinberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss F. Mayer

(Address) 2009 Callow Ave

Filed APR 27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 25, 1931.

17 I HEREBY CERTIFY, That I attended deceased from March 2d, 1931 to apl 25th, 1931, that I last saw her alive on apl 25th, 1931, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis —

(duration) 5 yrs. — mos — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of None

Was there an autopsy? no.

What test confirmed diagnosis? clinical

(Signed) Eugene Douglas —, M. D.

apl 26, 1931 (Address) 3043 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ohel Shalom Cem.

DATE OF BURIAL 4/27/1931

20 UNDERTAKER David Sondheim & Son

ADDRESS 1902 Eutaw Place

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63175

CERTIFICATE OF DEATH

108 E 68175

1-PLACE OF DEATH

City of Baltimore: (No. 1700 N. Bruce St) (Ward) 15-21

2-FULL NAME Harry Livers

(a) RESIDENCE NO. 1406 N. Bruce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 1929

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	2-	3		

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Harry Livers

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Viola Taylor

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Rose Livers

(Address) 1406 N. Bruce

15 Filed C. HAMDEN JONES, M. D. Registrar

FEB 27 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Stuff, M. D.

(Address) Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	April 2 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Pennsylvania

Important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks.

E 68176 **HEALTH DEPARTMENT—CITY OF BALTIMORE** X 121 E 68176

CERTIFICATE OF DEATH.

REGISTERED NO.

1 PLACE OF DEATH Union Memorial Hospital 12-49 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Emil Ferber

(a) RESIDENCE NO. Catonsville, Md 202 Buckwood ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Emil Ferber

6 DATE OF BIRTH (month, day, and year) Oct. 12th 1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5 6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Realtor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Emil Ferber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emilie Krueger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Interment (Address) Mrs. Lula M. Ferber 202 Buckwood ave Catons.

15 Filed [illegible] 19 Registrar [illegible]

R 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25th 1931

17

I HEREBY CERTIFY, That I attended deceased from Apr 19th, 1931, to Apr 25th, 1931

that I last saw h[illegible] alive on Apr 25th, 1931

and that death occurred, on the date stated above, at 12m noon.

The CAUSE OF DEATH* was as follows:

Generalized peritonitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Rupture of appendiceal abscess

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? ? (Infection of appendix)

Did an operation precede death? Yes Date of 4/19/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Richard Hance M. D.

19 (Address) U. M. H.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Apr 27 1931

20 UNDERTAKER John O. Hutchins Sons 1700 Eutaw Place ADDRESS

Coc.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68177

CERTIFICATE OF DEATH

82-091 E 68177

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1033 W. Lanvale St. 6-23 Ward)

2-FULL NAME Jennie E. Krull

(a) RESIDENCE NO. 1033 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Female	White	Widowed

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of James E. Krull

6 DATE OF BIRTH (month, day, and year) Sept 10 1860

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	7	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Scotland
(State or country)

PARENTS

10 NAME OF FATHER Geo Christone

11 BIRTHPLACE OF FATHER (city or town) Scotland
(State or country)

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) Scotland
(State or country)

14 Informant Walter Hawkins
(Address) 1033 W. Lanvale

15 Filed ..... 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. months

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) A. J. Gelbach M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lutheran Cem	Sept 28 1931
20 UNDERTAKER	ADDRESS
Chas O. Mitchell & Chas Goodman	Place

Important. See instructions on back of certificate.

SEP 27 1931

Spec.—9-30—A. & Co.—250 Blks

E 68178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001 E 68178

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1832 Harford ave ST 9-18 WARD)

2 FULL NAME Julia A. Raff

(a) RESIDENCE No 1832 Harford ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jany 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	3	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Chas A. Raff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Mary F. Adam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) Wm H. Raff 1832 Harford ave

15 Filed ....., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25. 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1931, to April 25, 1931

that I last saw her alive on April 24, 1931

and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Arteriosclerosis
Senility
Senile gangrene right foot
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Anthony V Bruhns M. D.

4/28, 1931. (Address) 57 S. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Apr 27 1931

20 UNDERTAKER: John O. Sindelar — ADDRESS: 1900 Eastern Ave

E. C. HUMPHREYS, M.D.

1-30—M. & T.—100 B—50L

E 68179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 68179

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Paul & 21st ST. 12-19 WARD

2-FULL NAME Bernard Reilly

(a) RESIDENCE NO 2029 St. Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 68 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J. Barton

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	--	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ------- Ireland

PARENTS

10 NAME OF FATHER James Reilly

11 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine ----

13 BIRTHPLACE OF MOTHER (city or town) ----- (State or country) Ireland

14 Informant Bernardine B. Davies
(Address) 2031 St. Paul Street

15 Filed ..... 192 ..... Registrar

MAR 27 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto while crossing street

Duration: (a) ..... (duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Heart Tumor (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Trusted Chest St Paul & 21st

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) J. J. Fraun, M. D.
Coroner

4/27, 1931 (Address) 24 39th & Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	4/28 1931

20 UNDERTAKER Emory V. Mears ADDRESS 1305 N. Calvert

Spec.—1-30—M. & T.—250 Blks

68180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131E 68180

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Fayette & Calhoun ST. 27-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Thomas A. Rose

(a) RESIDENCE NO. 5302 Park Heights Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs 3 mos. 26 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May Bilson

6 DATE OF BIRTH (month, day, and year) Dec. 30, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Frank McConnell

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Rose

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Cumberland

13 BIRTHPLACE OF MOTHER (city or town) Washington D. C.

(State or country)

14 Informant Mrs. John W. Gaffney

(Address) 5302 Park Heights Avenue

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-26-31

17 I HEREBY CERTIFY, That I attended deceased from 4-22-, 1931, to 4-26, 1931, that I last saw him alive on 4-26, 1931, and that death occurred, on the date stated above, at 2:27 A. m.

The CAUSE OF DEATH* was as follows:

Uremia from Chronic interstitial nephritis

(duration) (from history) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of -

Was there an autopsy?

What test confirmed diagnosis? Blood Chemistry

(Signed) M. B. Schreiber M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	4/29 1931
20 UNDERTAKER Henry W. Mears and Son	ADDRESS 805 N. Calvert

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 68131

REGISTERED NO. E 68131

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1540 N. Gay St. St., 8-17 Ward)

2-FULL NAME Cornelius W. Busch

(a) RESIDENCE NO. 1540 N. Gay St, St., Ward

(Usual place of abode) 44

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M, Busch.

6 DATE OF BIRTH (month, day, and year) Aug, 10 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	44	8	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ship Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Arundel Ship Builder

9 BIRTHPLACE (city or town). Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER William H. Busch

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Mary C, Owens

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) MD

14 Informant Mrs, Annie C. Tulley
(Address) 310 W. Barre St

15 Filed ..... 19.. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to 10P., death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Walker, M. D.

4/27/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	April 28 1931
20 UNDERTAKER John F Denny	ADDRESS 715 Light St

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 68132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

E 68132

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2529 Fait Ave St. 1-3 WARD)

2-FULL NAME Joseph Cieslak

(a) RESIDENCE NO 2529 Fait Ave ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs ____ mos ____ da. How long in U. S., if of foreign birth? ____ yrs ____ mos ____ da

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 19 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Labor
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Poland

PARENTS

10 NAME OF FATHER George Cieslak

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Anna C Cieslak
(Address) 2529 Fait Ave

15 Filed ____, 192 ____ (HUMPHREY JONES, M. D.) Registrar

APR 27 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above, and

The CAUSE OF DEATH was as follows:

Acc Gas Poisoning
While testing milk fed to sleep
milk boiled out (duration) 45 yrs shipped 4 hr

CONTRIBUTORY (Secondary) (duration) ____ yrs. ____ mos. 12 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

What was most on autopsy? —

What test confirmed diagnosis? Exam

(Signed) A C Glades, M. D. Coroner

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 4 27 19

20 UNDERTAKER John M Welch & Sons

ADDRESS

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68183 — 131 — E 68183

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 E. Preston ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alice M. Stanburg

(a) RESIDENCE NO. 1 E. Preston ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26-1849

7 AGE: Years 81 82 | Months 11 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Minnstalt Balto Co Md

PARENTS

10 NAME OF FATHER Wm. E. Stanburg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Christina Jost

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant Mrs. Ripley (Address) 1 E Preston St

15 Filed C. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26/31

17 I HEREBY CERTIFY, That I attended deceased from January, 1931, to April 26, 1931, that I last saw h[illegible] alive on April 26, 1931 and that death occurred, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac disease

- Mitral -

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. Julius Thomas, M. D.

4/26, 1931 (Address) Med. Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Taylors Chapel — DATE OF BURIAL: 4-29 1931

20 UNDERTAKER: Leonard J. Rauch — ADDRESS: Baltimore

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68184 68184

CERTIFICATE OF DEATH.

REGISTERED NO. 13 1 v

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3108 Pennington Ave 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth E Hunter.

(a) RESIDENCE NO. 3108 Pennington Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E Hunter

6 DATE OF BIRTH (month, day, and year) Jan 23

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) 39

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Enos Hill

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Anne Foster

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

14 Informant Thomas E Hunter
(Address) 3108 Pennington Ave

15 Filed 4-27 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 31

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to April 24 1931

that I last saw h alive on April 23 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Emphysema
Hypertension 4
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Uraemia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. H. Hunter M. D.

19 (Address) 3108 Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Lodge

DATE OF BURIAL April 27 19 31

20 UNDERTAKER Obrenwetter Bros

ADDRESS 2118 Eastern Ave

Spec.—9-30—A. & Co.—250 Blks.

68185 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 68 VE 68185

1 PLACE OF DEATH Provident Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 15th Division ST. 17-244 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maggie Rodgers.

(a) RESIDENCE NO. 1125 Penn Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Rodgers

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mame Wms (Address) 543 Cumberland St.

15 Filed R 27 1931 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-24-31

17

I HEREBY CERTIFY, That I attended deceased from 3-17-, 1931, to 4-24-, 1931

that I last saw her alive on 4-24-, 1931

and that death occurred, on the date stated above, at 3 45 A. m.

The CAUSE OF DEATH* was as follows:

Addison's Disease.

(duration) Uncertain

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George McDonald M. D.

4-25, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ark Auburn Cem. DATE OF BURIAL: 4/27/31

20 UNDERTAKER: Samuel Hemsley ADDRESS: Dr. Eddie

Spec.—9-30—A. & Co.—250 Blks.

E 68186

E 68186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

347

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hosp. (WARD) S 22 56

CITY OF BALTIMORE: (No 1514 Division St.

2. FULL NAME Charles Scott.

(a) RESIDENCE No. 4710 Falls Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jul -20-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Geo Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Clemena Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Geo Scott Sr. 261 Robert St.

15 Filed 2-7 1931 H. G. HAMPSON, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-23-31

17 I HEREBY CERTIFY, That I attended deceased from 21-1-, 1931, to 4-23-, 1931 that I last saw him alive on 4-23-, 1931 and that death occurred, on the date stated above, at 5 10 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis
Chronic Myocarditis
Pericarditis with effusion.
(duration) Unknown

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes Haemorrhagic (+)

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George M. Donald M. D.

2-24 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem. DATE OF BURIAL 4/24/1931

20 UNDERTAKER Samuel Hemsley ADDRESS 1711 Bridge

Spec.—9-30—A. & Co.—250 Bks.

B 68187

HEALTH DEPARTMENT—CITY OF BALTIMORE

68187

CERTIFICATE OF DEATH

23 V

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 23-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ... St. ... WARD

2 FULL NAME William Middleton

(a) RESIDENCE NO. 229 Hamburg st. (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Middleton

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 5-10

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Jim Middleton

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Jane Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) Hospital Records

15 Filed ... 19 ... C. HILLSAY JONES, M. D. Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 23 19 31 to April 25 19 31

that I last saw him alive on April 25 19 31

and that death occurred, on the date stated above, at 4.50 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) David Turner M. D.

4-25-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem

DATE OF BURIAL April 29 31

20 UNDERTAKER Isaiah L Brown Son

ADDRESS 408 N Monument

1-30—M. & T.—100 B—50L

E 68188

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68188

CERTIFICATE OF DEATH

2 16-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp. ST. 26-37 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick Jr Shultz

(a) RESIDENCE NO 249 S Conkling St., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) 10/11/27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Fredk J. Shultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Knoxville Md

12 MAIDEN NAME OF MOTHER Kath. A Elrod

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Frederick J Schultz

(Address) 249 S Conkling St.

15 APR 27 '31

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & Knocked down by a moving auto @

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? in 3100 Block Pratt St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin.

(Signed) J. J. Franc, M. D. Coroner

4/27, 1931 (Address) 2939 W. Eldey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	April 28 1931
20 UNDERTAKER Lilly & Zeiler Inc.	ADDRESS 403 S. Wolfe St

Spec.—12-8-21—A Co.—200 Blks.

E 68189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-001

E 68189

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 26 Ward)

2-FULL NAME Mrs. Mary E. Greif (GREIF.)

(a) RESIDENCE NO. 422 S. Highland Ave St. 26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married (Single) X

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Greif

6 DATE OF BIRTH (month, day, and year) Jan. 14th 1893

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
38	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Groom

11 BIRTHPLACE OF FATHER (city or town) Wales

(State or country)

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Bernard Greif

(Address) 422 S. Highland Ave.

15 Filed DEC 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931 April 26

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1931, to April 26, 1931, that I last saw her alive on April 25, 1931, and that death occurred, on the date stated above, at 2:50 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (4 months)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 422 S. Highland Ave.

Did an operation precede death? yes Date of April 14/31.

Was there an autopsy? no. Natural Delivery

What test confirmed diagnosis?

(Signed) James L. Cheney, M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery — Date of Burial April 28 1931

20 UNDERTAKER Lilly & Zeiler Inc. — ADDRESS 403 S. Wolfe

very important. See instructions on back of Certificate.

1-20—M. & T.—100 M—591.

E 68190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

216-001 E 68190

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp ST. 610 (WARD)

2-FULL NAME Calvin Hayden

(a) RESIDENCE NO 419 N. Bradford ST., 6 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Howd Hayden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Lautsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Howard Hayden (Father)

(Address) 419 N. Bradford St

15 Filed 4-27, 1931 HARRY JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a motor auto

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 400 Block Bradford

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) J. L. Frame, M. D.
Coroner

4-27, 1931 (Address) 2939 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	April 30 19 31
20 UNDERTAKER Lilly & Snider Inc	ADDRESS 403 S. Wolfe St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68191

CERTIFICATE OF DEATH

159 E 68191

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No St Joseph's Hospital St. 6-10 WARD)

2. FULL NAME Baby Boy Kohler

(a) RESIDENCE NO. 2420 Orleans Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-24-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles J. Koehler

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Josephine M. Sullivan

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Chas. J. Koehler Father
(Address) 2420 Orleans St

15 Filed . 19 C. HARPER JONES, M. D.
Registrar

Ret

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-25-31

17

I HEREBY CERTIFY, That I attended deceased from 4-24, 19 31, to 4-25, 19 31

that I last saw he alive on 4-25, 19 31

and that death occurred, on the date stated above, at 10.50 P m.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert Sands M. D.

(Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: April 27 19 31

20 UNDERTAKER: Lilly & Julian Inc — ADDRESS: 4038 Wash Ave

Spec.—9-30—A. & Co.—250 Blks

E 68192 ✓ E 68192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Chilton Ave. ST. 9-46 WARD)

2 FULL NAME Howard Shirley Penfield

(a) RESIDENCE NO. 1700 Chilton Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie Spencer Penfield

6 DATE OF BIRTH (month, day, and year) May 21 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Retired Tailoring

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Hannibal Missouri

PARENTS

10 NAME OF FATHER J. T. Penfield

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country) unknown

14 Informant Mrs Bertie Spencer Penfield (Address) 1700 Chilton Ave. wife

15 Filed APR 27 1931 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-27-31

17

I HEREBY CERTIFY, That I attended deceased from Feb 5 19 31, to April 27 19 31

that I last saw him alive on April 26 th 19 31

and that death occurred, on the date stated above, at 8:15 m.

The CAUSE OF DEATH* was as follows:

(cerebral hemorrhage)
(aortic insufficiency. Mitral regurgitation, chr. nephritis
2 days.

CONTRIBUTORY (Secondary) heart disease & nephritis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of no.

Was there an autopsy? no Physical diagnosis

What test confirmed diagnosis? [illegible]

(Signed) Nathaniel M Beck M. D.

19 (Address) 1004 E. 23rd st.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lynchburg Va.

DATE OF BURIAL Apr 27 19 31

20 UNDERTAKER Howard Mem Co ADDRESS Balto

Spec.—1-30—M. & T.—250 Blks.

E 68193

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68193

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Ham Hospital St. 28-66 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfreda Cramer

(a) RESIDENCE NO. Cokesbury, New Town Hills ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: /

6 DATE OF BIRTH (month, day, and year) Dec. 30, 1924

7 AGE: Years 6; Months 3; Days 27 25; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER Benj. W. Cramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington, D. C.

12 MAIDEN NAME OF MOTHER Freda Albus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant (Address) Mrs. Freda Cramer Cokesbury, New Town Hills

15 Filed 4-27-1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1931, to April 26, 1931, that I last saw h alive on April 26, 1931, and that death occurred, on the date stated above, at 6 35 PM m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) 0 yrs. 0 mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) L. Peter Mercuri M. D.

, 19 (Address) Lyden Ham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Apr. 28 1931

20 UNDERTAKER: George W. Zickler — ADDRESS: 1737 E. Eager st.

Spec—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68194

CERTIFICATE OF DEATH

92-02 68194

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1738 Hall St. 24-33 WARD

2. FULL NAME Mathilda Heiser

(a) RESIDENCE NO. 1738 Hall St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest C. Seiser

6 DATE OF BIRTH (month, day, and year) [illegible] 1866

7 AGE Years 63 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Wm. Eyrichsen
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Wilhelmine Steiner
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Ernest C. Seiser 1738 Hall St.

15 Filed 27 1931 by C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 24 1931

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1930, to apr 24, 1931
that I last saw h er alive on apr 23, 1931
and that death occurred, on the date stated above, at 6 a m
The CAUSE OF DEATH* was as follows:
Chronic Valvular heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis? Phys. Exam
(Signed) White Eaton M. D.
4/27/1931 (Address) 1819 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 4/29/1931

20 UNDERTAKER J. F. Bakewell & Sons

ADDRESS 131 E. Eager St.

Spec.—9-30—A. & Co.—250 Blks.

E 68195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 68195

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd General Hospital (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Wingfield Hensley

(a) RESIDENCE NO 413 Parrish ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Hensley.

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment (Address) John Hensley. 413 Parrish St.

15 Filed ... 19 ... Registrar

R 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1931

17

I HEREBY CERTIFY, That I attended deceased from 4/24 .31. to 4/26 .31

that I last saw h[illegible] alive on 4/26/31 and that death occurred, on the date stated above, at 5:10 P.M.

The CAUSE OF DEATH was as follows:

Chron. Nephritis + Myocarditis (Secondary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Clinical

(Signed) M R Boykin M. D.

19 (Address) 1512 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL April 27 1931

20 UNDERTAKER Thomas E. Kelso

ADDRESS 1303 Presstman St

Spec.—9-30—A. & Co.—250 Blks.

24 7799

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68196 + 24 E 68196

CERTIFICATE OF DEATH

E 68196

1-PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST 7-9 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Madeline Bory

(a) RESIDENCE NO Box 393 Bear Creek Sp Pt Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4-12-30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John S. Bory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address)

15 Date Received APR 27 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25-31

17

I HEREBY CERTIFY, That I attended deceased from apr 22, 1931, to Apr 25, 1931

that I last saw her alive on apr 25, 1931

and that death occurred, on the date stated above, at 8 15 p m.

The CAUSE OF DEATH* was as follows:

Tbc. meningitis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Tuberculin test - lumbar tap

(Signed) J. C. Goodwin M. D.

4-26 1931 (Address) J. H. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL 4/28/31

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 N Bway

Spec.—9-30—A. & Co.—250 Blks

68197

HEALTH DEPARTMENT—CITY OF BALTIMORE

68197

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Provident Hosp. 34

CITY OF BALTIMORE: (No. 15 14 Division ST. 14-20 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Cook.

(a) RESIDENCE NO. 1403 Argyle Ave, ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic. 61

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Provident Hosp. (Address)

15 Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

APR 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-25-31

17

I HEREBY CERTIFY. That I attended deceased from 4-22-1931, to 4-25-1931

that I last saw her alive on 4-25-1931

and that death occurred, on the date stated above, at 4 10 P. M.

The CAUSE OF DEATH* was as follows:

Post Rheumatic cardio vascular disease.
Aortic Insufficency.
(duration) Unknown ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes, Clinical & Autopsy

What test confirmed diagnosis?

(Signed) Dr. George McDonald M. D.

4-26-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

20 UNDERTAKER: Dunn Carton

DATE OF BURIAL 4-27 1931

ADDRESS 916 Fa ave

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68198

CERTIFICATE OF DEATH.

68198

93-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 837 Boyd St. 18-29 (ST.) ..WARD)

2 FULL NAME Elizabeth Barr,

(a) RESIDENCE No 837 Boyd St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wallis Barr.

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 837

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER A Hundley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Hundley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wallis Barr (Address) 837 Boyd St

15 Received APR 27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-29-31

17

I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1931, to Apr. 25, 1931.

that I last saw h[illegible] alive on Apl. 25, 1931.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis.

(duration) — yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) Chronic Pyelitis. (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Dennis Easton, M. D.

4/30/31, 19 (Address) 888 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 4-28 1931

20 UNDERTAKER Dennis Easton

ADDRESS 911 Dec 4

1-30—M & T.—100 R—50L

E 68199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-00 E 68199

9-46

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 E. 30th ST. ..... WARD)

2-FULL NAME August Geckle

(a) RESIDENCE NO 1120 E. 30th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Geckle

6 DATE OF BIRTH (month, day, and year) November 27/1877 inquiry

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Meter maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Chas. C. Geckle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mary C. Geckle
(Address) 1120 E. 30th St

15 Filed ..... 19 ..... Registrar

4/27/1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. K. K. Watson, M. D. Coroner

4/26, 31 (Address) 808 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Moriah Cemetery — DATE OF BURIAL Apr. 29, 1931

20 UNDERTAKER Denny Moore Funeral Inc. — ADDRESS 301 E Eager N

Spec.—9-30—A. & Co.—250 Bks.

68200 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68200

CERTIFICATE OF DEATH. 1071 REGISTERED No.

1 PLACE OF DEATH — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 657 (Street) Portland (Ward) 22-30

2 FULL NAME Kazys Milauskas

(a) RESIDENCE No. 657 (Usual place of abode) St. Portland — Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Milauskas

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor 080
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Milauskas

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS
10 NAME OF FATHER: unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania
12 MAIDEN NAME OF MOTHER: unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant: Anthony Milauskas
(Address) 657 Portland St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14-1931

17 I HEREBY CERTIFY, That I attended deceased from April 7 . 1931 . to April 14 . 1931
that I last saw him alive on April 14 . 1931
and that death occurred, on the date stated above, at 11 P. m.
The CAUSE OF DEATH* was as follows:
generalized arterio-sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia (duration) yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical findings
(Signed) Anthony V Bukunas M. D.
4/15 . 1931 (Address) 31 S. Fletcher St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 4/18/31

20 UNDERTAKER: Chas. B. Kuchauskas — ADDRESS: 637 S. Paca

TION IS VERY important. See instructions

1-30—M. & T.—100 B—50L

E 68201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-007 V

E 68201

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp ST. 25-WARD

2-FULL NAME Wm. F. Homberg

(a) RESIDENCE NO 108 Southwood Ave ST., SOUTHWOOD AVE WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a If married, widowed, or divorced WIFE of (or) HUSBAND of Dora Lee

6 DATE OF BIRTH (month, day, and year) 10/20/1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Printer 63
(b) General nature of industry, business, or establishment in which employed (or employer): Md State
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Ernest Homberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Sarah Shea

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Ernest Homberg

(Address) Catonsville Md

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Coma to which he was result accident

@ (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ruptr. Kidney (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Yard Md & R R

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? No

(Signed) H Braun, M. D. Coroner

4/26 1931 (Address) 6937 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Elkton Md	4/28 1931

20 UNDERTAKER Mrs A Talty ADDRESS Fulton & Fayette

Spec—9-30—A. & Co.—250 Bks

E 68202

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 68202

CERTIFICATE OF DEATH

46

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1915 Harlem Ave St) 16-27 (WARD)

2 FULL NAME Johanna Sullivan

(a) RESIDENCE NO 1915 Harlem Ave St. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 50 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Dennis Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Branan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Rev Jos B. Sullivan
(Address) Brooklyn NY

Filed APR 2 19 31 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/31

17

I HEREBY CERTIFY, That I attended deceased from Jany 25 . 1931 . to April 26 . 1931
that I last saw her alive on April 25 . 1931
and that death occurred, on the date stated above, at 7.10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) yrs. 6 mos. ds.

CONTRIBUTORY ✓
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) M. A. O'Neill M. D.

4/27 1931 (Address) 108 N Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	4/29/31
20 UNDERTAKER	ADDRESS
Engel & Tinley	Sutton & Fayette

Spec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68203 CERTIFICATE OF DEATH 68203

1 PLACE OF DEATH Hospital Registered No 003

CITY OF BALTIMORE: (No Emerson St 8 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lucian Lufer

(a) RESIDENCE No. 132 Patterson Park Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Chas. Dufur

6 DATE OF BIRTH (month, day, and year): 9/1/1875

7 AGE: Years 55 | Months 7 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Horse

(b) General nature of industry, business, or establishment in which employed (or employer): Driver

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: McDonald

11 BIRTHPLACE OF FATHER (city or town) (State or country): —

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant (Address): Chas. Dufur 822 S. Patterson Park Ave

Filed 4/27/1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-24-31

17

I HEREBY CERTIFY, That I attended deceased from 4-23, 19 31, to 4-25, 19 31, that I last saw h[e] alive on 4-24, 19 31, and that death occurred, on the date stated above, at 4:45 p.m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration.

Hypertension 2 ds.

(duration)

CONTRIBUTORY (Secondary): Cardiac dilatation (duration) 3 hrs.

Arteriosclerosis (duration) yrs. mos.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. H. Hendrix M. D.

, 19 (Address) 822 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. | DATE OF BURIAL: 4/28/1931

UNDERTAKER: J. J. Moran | ADDRESS: 800 E. Baltimore

Spec.—1-30—M. & T.—250 Bks.

68204

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68204

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1515 Poplar Grove St. 16-68 WARD)

2-FULL NAME John Henry Lindner

(a) RESIDENCE NO. 1515 Poplar Grove ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Josephine Lindner

6 DATE OF BIRTH (month, day, and year) July 12 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supt. Mail Dept.

(b) General nature of industry, business, or establishment in which employed (or employer) at Sun — 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Lindner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eva Eppler.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Josephine Lindner 1515 Poplar Grove St.

15 Filed 2 7 1931, 19 C. ALPHONSO JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1931

17 I HEREBY CERTIFY, That I attended deceased from MARCH 21, 1931, to APRIL 26, 1931, that I last saw h[illegible] alive on APRIL 25, 1931, and that death occurred, on the date stated above, at 1:20 a. m.

The CAUSE OF DEATH* was as follows:

MYOCARDITIS, CHRONIC

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) ACUTE DILATATION OF HEART

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of — .

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. W. Hoffman, M. D.

, 19 (Address) 1786 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	April 29 1931
20 UNDERTAKER Josiah Syfer	ADDRESS 1600 W North Ave

Spec.—9-30—A. & Co.—250 Bks

68205

HEALTH DEPARTMENT—CITY OF BALTIMORE

68205

CERTIFICATE OF DEATH.

66-004

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 5 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Beverly Brooks

(a) RESIDENCE NO. 1125½ E. Lexington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): —

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/9/30

7 AGE: Years | Months: 4 | Days: 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Bertha Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Friends
(Address):

Filed APR 27 1931, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21-31

17
I HEREBY CERTIFY, That I attended deceased from April 21, 1931, to April 21, 1931
that I last saw her alive on April 21, 1931
and that death occurred, on the date stated above, at 1 35 m.

The CAUSE OF DEATH* was as follows:
Tetany, upper respiratory infection

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Physical diagnosis
(Signed) A. E. Kottmeier M. D.
, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health.

ADDRESS APR 27 1931

per Wm. E. WOODALL

Spec.—9-30—A. & Co.—250 Bks.

68206

HEALTH DEPARTMENT—CITY OF BALTIMORE

68206

CERTIFICATE OF DEATH

154

REGISTERED NO. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Womans Hospital ST. 27-48 WARD

2. FULL NAME Doctus Richardson

(a) RESIDENCE NO. 621 Hollen Road ST. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) April 26 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. 35 min.
	✓	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles E. Richardson

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary S. Johnson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Charles E. Richardson
(Address) 621 Hollen Road

15 Filed 27 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26-31

17

I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1931, to April 26, 1931

that I last saw h[illegible] alive on April 26, 1931

and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Prematurity (6 mo.)

(duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY ✓
(Secondary)
(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Rudolph J. Schaaf M. D.

. 19 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health — ADDRESS APR 27 1931

FOR THE R. NOWAK

Spec.—2-29-28—L. F. S.—500 Blks.

68207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 68207

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1830 Baltimore ST. 20-7 WARD)

2—FULL NAME Thomas Taylor

(a) RESIDENCE NO. 1830 W Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Taylor

7 DATE OF BIRTH (month, day, and year) July 4 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 108

(c) Name of employer Hockyard

9 BIRTHPLACE (city or town) (State or country) Balt, Md

PARENTS

10 NAME OF FATHER Allan Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Middleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Lynda Estelle Taylor (daughter)

(Address) 1830 W Baltimore St

15 Filed 2 PM 1931 G. HOWARD JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1930, to April 25, 1931, that I last saw h living on April 24, 1931, and that death occurred, on the date stated above, at 2 45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cancer

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Cain, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Apr 28 1931
20 UNDERTAKER George J Smith	ADDRESS 1632 Fallsway

Spec.—9 30—A & Co.—250 Blks

24747 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68208 CERTIFICATE OF DEATH. X 131 E 68208

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Louis Richmafsky

(a) RESIDENCE NO. Grindstone Pa St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Anna Kachler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant (Address) Records

27 1931 C. HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 27-31

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 27, 1931

that I last saw him alive on April 27, 1931

and that death occurred, on the date stated above, at 320 A m.

The CAUSE OF DEATH* was as follows:

Cardiac failure.

(duration) 1 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Bronchiectasis right lung - chronic adhesive pleurisy. emphysema. hypertrophy

Cardiac hypertrophy (duration) 6 yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Not determined

Did an operation precede death? Yes Date of April 25 1931

Was there an autopsy? No. x-rays —

What test confirmed diagnosis?

(Signed) David L Reiter. M. D.

. 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cannellsville Pa	April 29 19 31
20 UNDERTAKER	ADDRESS
John C. Miller	Edlow

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68209

CERTIFICATE OF DEATH

E 68209

REGISTERED NO. 106-002

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Valley St. 10-14 WARD)

2-FULL NAME John J. Gibson

(a) RESIDENCE NO 1615 Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 111 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna G. Gibson

6 DATE OF BIRTH (month, day, and year) Nov 21/ 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62yrs.	5mo.	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Andrew Gibson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Gelhooling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Anna G. Gibson 1615 Valley St

(Address)

15 Filed 27 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to HIS death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Dilatation

(duration) yrs. mos ds

CONTRIBUTORY (Secondary) Chr Bronchitis (Reported)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

4/27/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL April 30, 1931

20 UNDERTAKER Elmer W. Conklin ADDRESS 924 E. Eager St.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68210

CERTIFICATE OF DEATH

108 ✓ E 68210

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Lamont Ave. ST. 26-41 WARD)

2-FULL NAME Herman F. Romoser

(a) RESIDENCE NO. Garage Belair and Southern Aves ~~2016 Orleans St.~~ ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Romoser

6 DATE OF BIRTH (month, day, and year) Jan. 1/1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md.
(State or country)

PARENTS

10 NAME OF FATHER John Philip Romoser

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Dorothy-------

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. G. B. Osborn

(Address) 3201 Juanah Ave

15 Filed 4 27 1931, 192 C. Hanson Jones M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Lober Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. H. Ruhe, M. D.
Coroner

4/27/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Cem.

DATE OF BURIAL 4/28/31, 19

20 UNDERTAKER Philip Henig

ADDRESS 2016 Orleans St.

Spec.—1-30—M. & T.—250 Bks.

E 68211

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68211

CERTIFICATE OF DEATH.

9-47 93003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 East 36th ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Lentz,

(a) RESIDENCE NO. 622 East 36th ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lena Lentz,

6 DATE OF BIRTH (month, day, and year) August 25.1850

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	80	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Hair Worker,

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Christian Lentz,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Lena Lentz (Address) 622 E. 36th St

15 Filed APR 27 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) APR 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1931 to April 26, 1931, that I last saw him alive on April 26, 1931, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hypertension,

Angina Pectoris,-

Arteriosclerosis —

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) E Kelly Hennig M. D.

(Address) 2000 Hollins Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL APR 29, 1931

20 UNDERTAKER Robert S. Little

ADDRESS 2200 EDMONDSON AVE

Spec.—9-30—A. & Co.—250 Blks.

Dr Hom / 215 Hanover

68212 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001 E 68212

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 807 Light Street (WARD) 27-33

2 FULL NAME John Wesley Garner

(a) RESIDENCE NO. 807 Light ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6 DATE OF BIRTH (month, day, and year) Aug 7-1884

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	46	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Tobacco

(c) Name of employer: Warehouse

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John W. Garner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ella Buckmaster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Thos Irvg Garner (Address) 807 Light St

15 Filed ____ 19 ____ Registrar

R 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27/31

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to April 27, 1931

that I last saw him alive on April 26, 1931

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows: Valvular Heart Disease

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) C Hann M. D.

. 19 (Address) 1215 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Mt Prince Judith

DATE OF BURIAL: 4/30 19 31

20 UNDERTAKER: William Cook

ADDRESS: 1217 Sharp

Spec.—9-30—A. & Co.—250 Blks.

E68213 HEALTH DEPARTMENT—CITY OF BALTIMORE E68213

CERTIFICATE OF DEATH. 152

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-23 Baltimore City Hospitals WARD)

2 FULL NAME John L. Cashman

(a) RESIDENCE NO. 1306 Presstman ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 23-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John Cashman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Duffy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Jennie Smith
(Address) 1403 Redwood

15 Filed ... 19 ... Registrar
C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-26-31

17

I HEREBY CERTIFY, That I attended deceased from 5-19, 1930, to 4-26, 1931

That I last saw h[illegible] alive on 4-26, 1931

and that death occurred, on the date stated above, at 11:15 A.M.

The CAUSE OF DEATH* was as follows:

Cellulitis of Upper Lip and Face

Sepsis, (duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Septicaemia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther E. Little M. D.

. 19 (Address) Balt. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Nat Cathedral Cemetery	4/28 1931
20 UNDERTAKER Williams Corpse	ADDRESS 127 St Paul

Spec.—9-50—A. & Co.—250 Blks.

Dr O'Mara 2m.5316
804 Cathedral St

68214 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/31

68214

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 520 N. Charles St (WARD) 11/25

2. FULL NAME Sarah J. Bowman

(a) RESIDENCE NO. 520 N. Charles ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (Husband) of (or) WIFE of Harvey Bowman

6 DATE OF BIRTH (month, day, and year) Nov 28 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Thos. McGee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Miranda Herald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Interment (Address) Henry Bowman 520 N. Charles St

15 [illegible] 19 [illegible] Registrar

2 7 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Apr 27, 1931

that I last saw her alive on Apr. 27, 1931

and that death occurred, on the date stated above, at 4 A.M. 9.A.

The CAUSE OF DEATH* was as follows:

Chron hypocardiac insufficiency
" chron nephritis
" arteriosclerosis

(duration) years. mos. ds.

CONTRIBUTORY (Secondary) "Senility" (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Examination

(Signed) John T. Owens M. D.

4/29 1931 (Address) 804 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 4/28 1931

ADDRESS 1217 St Paul

20 UNDERTAKER Tom Cook

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68215 — 186-001

1 PLACE OF DEATH

CITY OF BALTIMORE: 1 No 6648 Eastern Ave ST. 26 WARD 3

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary T. Tate

(a) RESIDENCE No 6648 Eastern Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~
HUSBAND ~~of~~
(or) WIFE of Thomas W. Tate

6 DATE OF BIRTH (month, day, and year) Sept 12th 1841

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	7	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Daniel Talbot
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Harry N. Tate 6648 Eastern Ave

15 Filed 1931 19 C. HAMPSON JONES, M. D. Registrar
Fee NPA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26th 1931

17
I HEREBY CERTIFY, That I attended deceased from Feb 5, 1931, to April 26, 1931
that I last saw her alive on April 25, 1931
and that death occurred, on the date stated above, at to
The CAUSE OF DEATH* was as follows:

Fractured right hip (femur) (neck)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? X-ray of hip

(Signed) Joseph Pokorny M. D.
19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Md Cemetery	4/29/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

1-30—M. & T.—100 B—50L

E 68216

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68216

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pnounced dead at Hopkins Hospital ST., 7-13 75 WARD)

2-FULL NAME James Starkey

(a) RESIDENCE NO 1014 N. Chapel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Starkey

6 DATE OF BIRTH (month, day, and year) Feb 23/1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles Starkey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Irene Starkey
(Address) 1014 N. Chapel St

15 Filed 4/27/1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cardiac Failure-Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], Coroner, M. D.

4/27/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL 4/29/1931

20 UNDERTAKER J. M. Cook

ADDRESS 1217 St Paul St

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68217 — CERTIFICATE OF DEATH. — X 108 — E 68217

1 PLACE OF DEATH — REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp (Street) 4 (Ward)

2 FULL NAME William Heyser

(a) RESIDENCE No. Hyndoa, Md St. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 6 1853 (1853)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Hagerstown, Md

PARENTS
10 NAME OF FATHER: John H. Heyser
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Susan F. Fechtig
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Interment (Address): Union Memorial Hosp

15 Filed [illegible] 19 31 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to April 28, 1931
that I last saw him alive on April 28, 1931
and that death occurred, on the date stated above, at 5:35 a. m.
The CAUSE OF DEATH* was as follows: Lobar Pneumonia & Emphysema (Right)

(duration) yr. 1 mos ds.

CONTRIBUTORY (Secondary) ... Chronic Myocarditis
(duration) 6 yrs. mos ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? X-rays & Physical Findings
(Signed) Francis W. Ledge M. D.
19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 4/30 1931

20 UNDERTAKER: J. F. Edmondson Hagerstown Md

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68218

CERTIFICATE OF DEATH. 1214

#68217

68218

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 3rd floor)

2 FULL NAME Seatius, Louisa

(a) RESIDENCE NO. Mt. Airy, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of D. Gaither Seatius

6 DATE OF BIRTH (month, day, and year) 1865-2-1.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John G. Warfield.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Priscilla Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant (Address) Mrs. Elenor Mullinix. Mt. Airy Md.

15 FILED APR 28 1931 [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-27-31

17

I HEREBY CERTIFY, That I attended deceased from 4-25, 1931, to 4-27, 1931

that I last saw her alive on 4-27, 1931

and that death occurred, on the date stated above, at 10.05 p.m.

The CAUSE OF DEATH* was as follows:

1) Acute gangrenous appendicitis

2) Localized peritonitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY ...
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 4-26-31.

Was there an autopsy? No

What test confirmed diagnosis? Sym, signs; appt; operation

(Signed) Stittsomebates M. D.

4/27 1931 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pines Grove Cemetery	May 1 1931.
20 UNDERTAKER	ADDRESS
C. M. Mattz	Mayfield Md.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68219

CERTIFICATE OF DEATH

1084

E 68219

REGISTERED NO. 27-56

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George S. Kooke U. S. N.

(a) RESIDENCE NO. 3512 Woodland Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs. George S. Kooke

7 DATE OF BIRTH (month, day, and year) 4-10-1892

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	0	17	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist 55

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Hilo, Hawaii

11 NAME OF FATHER Katsutaro Kooke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Japan.

12 MAIDEN NAME OF MOTHER Madame Kudo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Japan.

PARENTS

14 Informant Hospital Records.

(Address)

15 Filed 28 1931 H. C. HILLEGEAS, JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to April 27, 1931, that I last saw h[illegible] alive on April 27, 1931 and that death occurred, on the date stated above, at 5:35 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Empyaema & Septicaemia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 3512 Woodland Ave.

Did an operation precede death? Yes · Date of 4/24/31 pm

Was there an autopsy? No.

What test confirmed diagnosis? Clin. Findings

(Signed) Robert S. Chenoweth, M. D.

(Address) M. H. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Crematorium

DATE OF BURIAL 4/30/ 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68220

CERTIFICATE OF DEATH

93-08

E 68220

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 26-27 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James T. Kellum

(a) RESIDENCE NO. Homeless ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie

6 DATE OF BIRTH (month, day, and year) Sept. 14, 1837?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93?	7	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

PARENTS

10 NAME OF FATHER Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rosie Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed R 28 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-24-31

17
I HEREBY CERTIFY, That I attended deceased from 10-14-30, 19, to 4-24-31, 19
that I last saw h im alive on 4-24-31, 19
and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:

Heart disease, arteriosclerotic

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, generol, more than (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? 1. Hospital. 2 home
Did an operation precede death? No Date of
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy.
(Signed) Paul Padgett. M. D.
4-25 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 4-28 1931

20 UNDERTAKER Dennis Carton

ADDRESS 916 Saratoga

1-30—M & T—100 B—50L

Baudach

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 ✓ E 68221

68221

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 713 S. Ann ST. (or) WARD) 2-4

2-FULL NAME Stanislaus Baudach

(a) RESIDENCE NO. 713 S Ann ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Baudach

6 DATE OF BIRTH (month, day, and year) May 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54 35	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. do
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Stanislaus Baudach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Baudach

(Address) 713 S Ann St.

15 Filed Apr 28 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cyst S.B.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

Apr 31 History

(Signed) H. H. Slade M. D.

. 19 (Address) 143 N Gay (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	Apr 29 19 31
20 UNDERTAKER	ADDRESS
F. W. Ozgewski	19 So Eastern Av

Cor.—10-10-29—A Co.—100 Bks.

E 68222

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 68222

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. West Balt. Gen Hosp St.) (Ward) 70-10

2-FULL NAME Cecelia Rhett.

(a) RESIDENCE 23 Leeds Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Fem	White	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Albert.

6 DATE OF BIRTH (month, day and year) Dec 1-1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	7	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 31
(c) Name of employer Same.

9 BIRTHPLACE (city or town) Same.
(State or country)

PARENTS

10 NAME OF FATHER John Deutcher

11 BIRTHPLACE OF FATHER (city or town) Same.
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Simmons

13 BIRTHPLACE OF MOTHER (city or town) Same.
(State or country)

14 Informant Albert Rhett
(Address) 23 Leeds Ave

15 Filed APR 28 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 27th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Wm. H. Welsh M. D.

(Address) Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL 4/30/31

20 UNDERTAKER Harry A Wilke Sons — ADDRESS 4161

Important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

E 68223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 82-004 E 68223

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3426 Old York Rd. (St.) (Ward) 47

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M Conaway

(a) RESIDENCE NO. 3426 Old York Rd. (Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.M.	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver C Conaway

6 DATE OF BIRTH (month, day, and year) Aug 26 1879

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home 039

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Levin H Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Eliza J Wheatley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant Miss Margaret H. Chalkley (Address) 3426 Old York Rd

15 [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27/1931

17

I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1931, to Apr. 27, 1931

that I last saw her alive on Apr. 26. 1931

and that death occurred, on the date stated above, at 2 20 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegia

(duration) yrs. mns. 10 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. G. Orentlicher M. D.

4-28-31 (Address) 634 Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL April 29 1931

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

Spec.—1-30—M. & T.—250 Bks

E 68224

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68224

CERTIFICATE OF DEATH.

REGISTERED NO. 131

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Fayette E Calhoun ST. 56-37 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma Love

(a) RESIDENCE NO. 813 Pontiac Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 7 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F. M.	W	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond Love

6 DATE OF BIRTH (month, day, and year) Sept 8 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Comelia Wackenfuss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Herman E Schmidt

(Address) 11 E. Eutaw St

15 Filed APR 28 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-26-31

17 I HEREBY CERTIFY, That I attended deceased from ....., 19.. to 4-26, 1931, that I last saw h[illegible] alive on 4-26-, 1931 and that death occurred, on the date stated above, at 1:10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous nephritis with uremia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Eye ground examination

(Signed) M. B. Schreiber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL April 29 1931

20 UNDERTAKER John F Denny — ADDRESS 715 Light St

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

58225

CERTIFICATE OF DEATH.

13

68225

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3412 Harford Rd. 27-45 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Augusta Ritmiller

(a) RESIDENCE NO. 3412 Harford Rd. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry B. Ritmiller

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Michael Cooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Landon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. J. J. Terry

(Address) 3412 Harford Rd

15 Filed ..... 19 ..... Registrar

26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 31

17

I HEREBY CERTIFY, That I attended deceased from April 23, 19 31, to April 26, 19 31

That I last saw he alive on April 26, 19 31

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension, Arteri Sclerosis Cerebral Hemmorhage

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) ..... yrs. ..... mos. 4 ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No. Date of .....

Was there an autopsy?

What test confirmed diagnosis? Sphyg- Urinalysis

(Signed) Thos. J. A. Stevens M. D.

4/1 19 31 (Address) 878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 4/29 19 31

20 UNDERTAKER John J. Raley Sons ADDRESS 1318 Light St

Spec.—9-30—A. & Co.—250 Blks.

E 68226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

60v E 68226

REGISTERED NO. 68226

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 4701 Pennington Ave 25-77 WARD)

2-FULL NAME William B Raber

(a) RESIDENCE NO. 4701 Pennington Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 28, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER Henry W. Raber

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York.

12 MAIDEN NAME OF MOTHER Elsie E Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Henry W. Raber
(Address) 4701 Pennington Ave.

Dec 28 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27/31

17

I HEREBY CERTIFY, That I attended deceased from April 27 . 1931 . to April 27 . 1931

that I last saw him alive on April 27 . 1931

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia
Infantile Scurvy
Malnutrition

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Malnutrition since birth
Scurvy 4 months (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm D. Haden M. D.

4/29 1931 (Address) 4701 Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery.

DATE OF BURIAL: Apr. 29 1931

20 UNDERTAKER: Margaret E. Flynn

ADDRESS 1422 Light St.

Spec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F. 68227

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1723 Wilmington (ST.) 25-12 (WARD)

2 FULL NAME Christine K. Holstein

(a) RESIDENCE NO. 1723 Wilmington Av ST. Canton WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Otto K. Holstein

6 DATE OF BIRTH (month, day, and year) Sept 21st 1869

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	—	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Christian Lehmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Lehmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Christine K. Holstein 1723 Wilmington Av

15 Filed 1931, 19 M.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1931, to April 26, 1931, that I last saw h[er] alive on April 26, 1931, and that death occurred, on the date stated above, at 5 0 5 m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A Thaus M. D.

4/27, 1931 (Address) 1901 Griffith

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schwartz's Cemetery	4/28, 1931
20 UNDERTAKER	ADDRESS
J B Wagner	300 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68228

CERTIFICATE OF DEATH.

23v

E 68228

REGISTERED NO. [illegible]

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1015 S. Robinson (St.) 1 (Ward) 1

2. FULL NAME Anna Mostak

(a) RESIDENCE No. 1015 S. Robinson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

An Il married, widowed, or divorced HUSBAND of (or) WIFE of John Mostak

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Dowik

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant John Mostak

(Address) 1015 S. Robinson st.

2 8 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1931

17

I HEREBY CERTIFY, That I attended deceased from April 27, 19 31, to Apr. 27, 19 31

that I last saw h er alive on Apr. 27, 19 31

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

General knowledge yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. D. Lipp, M. D.

19 (Address) 437 N Patterson Pk.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	April 30 1931
20 UNDERTAKER	ADDRESS
Stefan J. Fialkowski Jr.	1000 S. Kenwood av

Spec.—9-30—A. & Co.—250 Blks.

E 68229

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68229

CERTIFICATE OF DEATH.

231

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 8-17 ST. WARD)

2 FULL NAME Hester Johnson

(a) RESIDENCE NO. 1619 Dallas St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Negro	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6 DATE OF BIRTH (month, day, and year) May 16, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Servant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Isaiah Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sara Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address) 4940 Eastern Ave

15 Filed APR 28 1931 19 C. HERBERT JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/31

17

I HEREBY CERTIFY, That I attended deceased from January 22, 1930, to April 26, 1931

that I last saw h[illegible] alive on April 26, 1931

and that death occurred, on the date stated above, at 7:06 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical and Laboratory

(Signed) David Seiner M. D.

4/30, 1931 (Address) 4940 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pulaski Hill Cemetery

DATE OF BURIAL April [illegible] 1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Ashland Ave

Spec.—9-30—A. & Co.—250 Blks

Kacinsky

E 68230

68230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

125-002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Civil Hospital 27-30 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anthony Kacinsky

(a) RESIDENCE NO. 626 Washington Blvd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kacinsky

6 DATE OF BIRTH (month, day, and year) Do Not Know 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor 082

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuanian

PARENTS

10 NAME OF FATHER Joseph Kacinsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuanian

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuanian

14 Informant Mrs. Anna Kacinsky
(Address) 626 Washington Blvd

15 Filed 2 8 1931 H. LINCOLN JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1931, to April 27, 1931

that I last saw h[e] alive on April 27, 1931

and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Abscess of Liver ?

apparent (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Epidemiological Laboratory

Did an operation precede death? No Date of Feb. 24, 1931

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Newton B. Kirsh M. D.

. 19 (Address) Civil Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL May 1 1931

20 UNDERTAKER John Trebunskas

ADDRESS 423, S. Paca St

1-30—M & T—100 B—50L

E 68231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 ✓✓ E 68231

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 E Pratt St. 2-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Noah Holland

(a) RESIDENCE NO 2015 E Pratt ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Truffie Holland

6 DATE OF BIRTH (month, day, and year) June 25 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Elevator operator
(b) General nature of industry, business, or establishment in which employed (or employer): Amer Can Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Smith Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Ann Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Holland

(Address) 2015 E Pratt

Filed APR 26 1931 C. HAMPSON [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Lower Jaw

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did any operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Kellys Law

(Signed) G C Gadell, M. D.

, 19 (Address) 1430 Bway Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmount Md — DATE OF BURIAL: Apr 28 1931

20 UNDERTAKER: John Ullrich — ADDRESS: 2001 Eutaw

1-30—M & T—100 B—501.

E 68232

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68232

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3924 Hudson ST. 24 WARD)

2-FULL NAME Geo C Wolf Sr

(a) RESIDENCE NO 3924 Hudson ST. 24 WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary T. Wolf

6 DATE OF BIRTH (month, day, and year) Jan 17-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work contractor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Christian Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Nora Stubenrauch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary T. Wolf. Wife

(Address) 3924 Hudson st

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Arteriosclerosis

(duration) yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) A C Elades Coroner, M. D.

19 (Address) 142 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loh Lawn Cent — DATE OF BURIAL April 29 31

20 UNDERTAKER Villa Funeral Inc — ADDRESS 4038 Wabert

Spec.—9-30—A. & Co.—250 Blks.

68233 E 68233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 5007 O. Donnell St 26 WARD) 108

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sabina Zebeline

(a) RESIDENCE NO. 5007 O. Donnell St. 26 WARD
(Usual place of abode) (If non-resident give city or town and state)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1868

7 AGE 62 Years	Months 11	Days	If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER John Zebeline
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Marie Hueck
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Zoellinger
(Address) 5007 O. Donnell St

15 Date Received 28 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26/31

17
I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to April 26, 1931
that I last saw he alive on April 26, 1931
and that death occurred, on the date stated above, at 5 a. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Observation.

(Signed) Bonnie B. Sutton M. D.
4-27-1931 (Address) 314 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. — DATE OF BURIAL: April 29 1931

20 UNDERTAKER: Lilly & Zeiler Inc. — ADDRESS: 403 S. Wolfe St

Spec.—9-30—A. & Co.—250 Blks

E 68234

E 68234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No University Hospital 18 Nb WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Christy

(a) RESIDENCE No. 920 N Mulberry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Christy

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Virginia

PARENTS

10 NAME OF FATHER Frank Stitts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maria Woodus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Courtyles

(Address) 2133 Nat Norfolk Va

15 Filed APR 28 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/31

17

I HEREBY CERTIFY, That I attended deceased from April 23. 1931. to April 26. 1931

that I last saw her alive on April 26. 1931

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

carcinoma of stomach

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Secondary anemia

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? clin signs & autopsy

(Signed) Geo F. Brady Jr. M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 4/28/1931

20 UNDERTAKER Samuel D Kemsley — ADDRESS 5 E Biddle

Spec.—9-30—A. & Co.—250 Bks.

68235 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68235

CERTIFICATE OF DEATH

1 PLACE OF DEATH (a) Balto City Hospitals REGISTERED No. 25-727 107-001

CITY OF BALTIMORE: (No. Balto Md ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Elder

(a) RESIDENCE No. 1706 Monterey Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-22-51

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	74	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Goodrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Record Balto City Hosps.

15 R 25 1931 By C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/1931

17

I HEREBY CERTIFY, That I attended deceased from 11-26-, 1930, to 4-26-, 1931

That I last saw h[illegible] alive on 4-26-, 1931

and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis with Deterioration (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical findings

(Signed) H. W. Frohnmayer M. D.

(Address) 4-29-31 Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Can. DATE OF BURIAL 4/30/1931

20 UNDERTAKER John J. Cowan & Son ADDRESS 901 Hollins St.

Cor.—10-10-29—A Co.—100 Bks.

E 68236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68236

CERTIFICATE OF DEATH

209

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Franklin Square Hospital. St. 14-28 (Ward)

2-FULL NAME Thomas F. McHugh.

(a) RESIDENCE NO. 339 S. Mount St, St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? 17 yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) May 10, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42	11	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER John J. McHugh.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Monahan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mary Kelly. (sister)
(Address) 339 S. Mount St.

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Skull
Struck by street car
Accidental Death

(duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... da.

18 Where was disease contracted If not at place of death? Lombard & Stricker April 25, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt M. D.

4/27. 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 4/29 1931

20 UNDERTAKER: John J. Connaughton — ADDRESS: 901 Fallsway

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68237

CERTIFICATE OF DEATH.

131 ✓ E 68237

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Bolton St. St. 14-20 Ward)

2-FULL NAME Simon Binswanger

(a) RESIDENCE NO. 1908 Bolton St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Mina Binswanger

6 DATE OF BIRTH (month, day, and year) Jany. 20, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Catonsville, Md.

PARENTS

10 NAME OF FATHER Emanuel Binswanger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria

12 MAIDEN NAME OF MOTHER Eliza Seligman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bavaria

14 Informant (Address) Mr. S. Binswanger 1908 Bolton St.

15 R 28 1931

16 C. Hinson JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to April 26, 1931, that I last saw h— alive on April 26, 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis - interstitial Chr.

Arteriosclerosis.

Bronchial Ch.

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no.

What test confirmed diagnosis? Urine -

(Signed) J. Hampson M. D.

4/27, 1931 (Address) 704 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem.

DATE OF BURIAL 4/29/ 1931

UNDERTAKER Edward Sandheimer & Son

ADDRESS 1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68238

E 68238

CERTIFICATE OF DEATH.

1081

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE, (No.) 502 N. Gilmor St (WARD)

2 FULL NAME Fannie L Sayler

(a) RESIDENCE NO. 502 N. Arlington Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Single
5a If married, widowed, or divorced — HUSBAND of (or) WIFE of
6 DATE OF BIRTH (month, day and year): Nov 30 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	17	4 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): Private family
(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Bay Co. Va

PARENTS
10 NAME OF FATHER: Daniel Sayler
11 BIRTHPLACE OF FATHER (City or town) (State or country): Va
12 MAIDEN NAME OF MOTHER: Fannie Haines
13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Informant (Address): Rosa Hicks 502 N. Arlington Ave.

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 25-31

17 I HEREBY CERTIFY, That I attended deceased from 4/20 1931 to 4/25 1931
that I last saw h alive on 4/25 1931
and that death occurred, on the date stated above, at 11 P M
The CAUSE OF DEATH* was as follows:
Acute Lobar Pneumonia
Left Lung
(duration) — yrs. — mos. 8 ds.
Contributory Miscarriage (5 mo)
(duration) — yrs. — mos. 4 ds.
Where did disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? none

(Signed) Wm Swanden M. D.
4/28 1931 (Address) 122 N Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem
DATE OF BURIAL: 4/28/31
UNDERTAKER: Samuel Hemsley
ADDRESS: [illegible]

Spec.—9-30—A. A. Co.—250 Blks

Dr Schaffer 1105 W Mulberry St

68239 HEALTH DEPARTMENT—CITY OF BALTIMORE 68239

CERTIFICATE OF DEATH. 112

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 2007 Edmondson Ave St.) 20-27 WARD

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lucy Lombardo

(a) RESIDENCE NO 2007 Edmondson Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 16 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	8	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Public School

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Manuel Lombardo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosa Dupton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lucy Lombardo.
(Address) 2007 Edmondson Ave

15 Filed 2 27 1931 C. H. Jackson Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20 1931 to April 28 1931

that I last saw her alive on April 28 1931

and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Asthma

(duration) ~~2~~ yrs. 2 mos. 8 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas A Schaffer M. D.

19 (Address) 2463 Echodale Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cathedral

DATE OF BURIAL 5/1 1931

20 UNDERTAKER J. M. Cook

ADDRESS 2117 Eutaw St

Spec.—1-30—M. & T.—250 Bks.

E 68240

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68240

CERTIFICATE OF DEATH

X 45

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Fulton Ave (ST.) 25-72 (WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kemper Garneal

(a) RESIDENCE NO. Fredericksburg Va. 204 17th St ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mamie Garneal

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laber 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unit States

PARENTS

10 NAME OF FATHER Unit States

11 BIRTHPLACE OF FATHER (city or town) (State or country) United States

12 MAIDEN NAME OF MOTHER United States

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Kemper Garneal
(Address) Fredericksburg Va 204-17th St

15 Filed 28 1931 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28/31

17 I HEREBY CERTIFY, That I attended deceased from April 21. 1931. to April 28. 1931.

that I last saw h alive on April 28. 1931.

and that death occurred, on the date stated above, at 12 30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of hip - recurrence
c Metastasis to glds of neck

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) P.O. Shock (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Cancer.

Did an operation precede death? Yes Date of 4/25/31.

Was there an autopsy? No -

What test confirmed diagnosis? Mic. Pathology.

(Signed) Robt Green M. D.

. 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fredericksburg Va	April 28 1931

20 UNDERTAKER Ha-Wes & Sons

ADDRESS 2512 Wolfe Ave

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~58241~~ 58241

CERTIFICATE OF DEATH

117-001

REGISTERED NO. 97-55

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital Sp. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Micelli, Santo

(a) RESIDENCE NO. 3315 Hayward Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: ~~White~~ Italian

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Ann Micelli

6 DATE OF BIRTH (month, day, and year) Aug 11, 1891

7 AGE: Years 39 Months 8 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Confectioner 019

(b) General nature of industry, business, or establishment in which employed (or employer): Candy

(c) Name of employer: Himself

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Rosario Micelli

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Rose Genrese

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Ann Micelli

(Address): 2664 George Ave

15 C. HAMPSON JONES, M. D. Registrar

~~28~~ 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/31

17

I HEREBY CERTIFY, That I attended deceased from April 17, 1931, to April 26, 1931

that I last saw him alive on April 26, 1931

and that death occurred, on the date stated above, at 12¹⁵ P. m.

The CAUSE OF DEATH* was as follows:

Pyloric ulcer, perforated — Peritonitis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Intestinal Obstruction

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of April 17, 1931

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Wylie McFaul M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: April 29, 1931

20 UNDERTAKER: Frank V. Pipitone

ADDRESS: 251 S. Baltimore

Spec.—6-30—A. & Co.—250 Bks.

68242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-00 68242

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 919 W 38th St. 13-52 ST. WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Knight

(a) RESIDENCE No. 919 W 38th St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Josephine Knight.

6 DATE OF BIRTH (month, day, and year) Feb 23 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Perry Knight.

11 BIRTHPLACE OF FATHER (city or town) md.
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Josephine Knight
(Address) 919 W 38th St

15 Filed 28 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1931

17

I HEREBY CERTIFY, That I attended deceased from 4/15, 1931, to 4-26, 1931

that I last saw him alive on 4-26, 1931

and that death occurred, on the date stated above, at 5.20 p.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lee Morrison M. D.

4/27 1931 (Address) 1572 Poland av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Marie Hampden	April 29 1931
20 UNDERTAKER Theodore Stone	ADDRESS 36 Chestnut Ave

Type—1-30—M. & T.—250 Blks.

68243 HEALTH DEPARTMENT—CITY OF BALTIMORE 68243

93-003

CERTIFICATE OF DEATH.

28-63

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. WARD

2-FULL NAME Rose E Keenon

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode) Catonsville (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

7 DATE OF BIRTH (month, day, and year) Unknown 1869

8 AGE: Years 62; Months Unknown; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Unknown Ireland

PARENTS

10 NAME OF FATHER: Patrick Keenon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown Ireland

12 MAIDEN NAME OF MOTHER: Annie McElroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown Ireland

14 Informant (Address): Mt Hope Nurses Mt Hope Retreat

15 Filed . 19 Registrar

2819

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27. 1931

17 I HEREBY CERTIFY, That I attended deceased from August, 1925, to April 27, 1931, that I last saw her alive on April 25, 1931, and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation (Chr Myocarditis)

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senectus Praecox (duration) 17 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Bell, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dead York City, N.Y.

DATE OF BURIAL: 4/28 1931

20 UNDERTAKER: E. O. Fanning & Son

ADDRESS: 1386 E. Lafayette

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68244

CERTIFICATE OF DEATH

59 E 68244

1—PLACE OF DEATH

REGISTERED NO. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (a) Maryland General Hosp. (WARD) 12-50

2—FULL NAME Baby Girl Waldhorn

(a) RESIDENCE NO. 2940 Guilford Ave ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) April 26, 1931

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER George Edwin Waldhorn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Margaret Brandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Hospital Record.

(Address)

15 Filed 28 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1931, to April 26, 1931, that I last saw h[illegible] alive on April 26, 1931 and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Prematurity. (6½ Months)

d.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Robert K. Cheraworth, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS APR 28 1931

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68245

CERTIFICATE OF DEATH.

159

E 68245

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Provident Hospital 4-27 WARD)

2 FULL NAME John Rhodes Lomax

(a) RESIDENCE NO. 1033 Hilmor Court ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4-27-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Lomax

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Rhodes

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant
(Address)

15 Filed 4-28 1931, 19 at A. M. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-27-31

17

I HEREBY CERTIFY, That I attended deceased from 4-27, 1931, to 4-27, 1931

that I last saw him alive on 4-27, 1931

and that death occurred, on the date stated above, at 3.50 m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Lobar

(duration) yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. B. Butler M. D.

4/28, 1931 (Address) Dist. Health Dept.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: APR 28 1931

20 UNDERTAKER

ADDRESS

Commissioner Health.

[illegible] E. WOODALL

Spec.—8-16-29—L. F. S.—100 Bks.

E 68246

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68246

CERTIFICATE OF DEATH

159

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 W Lafayette Ave ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby King

(a) RESIDENCE NO. 1701 W Lafayette Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	B	—

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 4-25-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Barkley

11 BIRTHPLACE OF FATHER (city or town) Montgomery

(State or country) Kentucky

12 MAIDEN NAME OF MOTHER Viola King

13 BIRTHPLACE OF MOTHER (city or town) Montgomery County Md

(State or country)

14 Informant Mother

(Address)

15 Filed 28 1931 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-26-31

17 I HEREBY CERTIFY, That I attended deceased from 4-25, 19 31, to 4-26, 19 31, that I last saw h[illegible] alive on 4-25, 19 31 and that death occurred, on the date stated above, at 7.30 p m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Alexander Lowry, M. D.

19 (Address) 1516 Madison ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

ERSITY OF MARYLAND

DATE OF BURIAL APR 28 1931

20 UNDERTAKER [illegible] Bureau of Health.

ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68247

E 68247

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1308 N. Mount St. 15-22 Ward)

2-FULL NAME Robt Lewis.

(a) RESIDENCE NO. 1308 N. Mount St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col'd	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) Feb 15 1930

7 AGE	Years	Months	Days 2	IF LESS than 1 day hrs. or min.
		6 weeks		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER John Lewis
11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)
12 MAIDEN NAME OF MOTHER Barbara Jones
13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Clara Lewis
(Address) 1308 N. Mount St.

15 Filed _____ 1931 G. THOMSON JAMES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, au-
topsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Insufficient Food. Since birth

(duration) Since birth mos.

18 Where was disease contracted if not at place of death? Home

Did an operation preceede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Hurd, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See ceverse side foc additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
HOPKINS HOSPITAL	19
20 UNDERTAKER	ADDRESS
Commissioner Health	APR 28 1931

Important. See instructions on back of certificate.

pec.—1-30—M. & T.—250 Bks.

E 68248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 68248

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 E. Oliver ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Loretta Anna Hyman

(a) RESIDENCE NO. 1904 E. Oliver St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 13 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	5	15	14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George W Hyman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Louisa Newhauser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs. Louise Hyman

(Address) 1904 Oliver St

15 Filed ——— . 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Apl 12 . 1931 to Apl 27 . 1931.

that I last saw her alive on Apl 12 . 1931

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

4/27 . 1931 (Signed) Fritz G Shuman M. D.

(Address) 2700 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Apr 30 1931

20 UNDERTAKER Geo M Arnold & Son — ADDRESS 811 N Wolfe

HYMAN-JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Bks.

E 68249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

E 68249

REGISTERED NO.

1—PLACE OF DEATH Md. Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 16-25 WARD)

2—FULL NAME Edward A. Johnson

(a) RESIDENCE NO. 810 N. Fulton Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie E. (Kath. Johnson)

7 DATE OF BIRTH (month, day, and year) Sept 1, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	79	7	26 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal oil

(b) General nature of industry, business, or establishment in which employed (or employer) Brick Layer Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Geo B Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Hospital Record

(Address)

15 FILED 28 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to April 26, 1931, that I last saw him alive on April 26, 1931 and that death occurred, on the date stated above, at 6 35 P.m.

The CAUSE OF DEATH* was as follows:

carcinoma prostate

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical findings

(Signed) James L. Miller, M. D.

. 19 (Address) Maryland General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Black Rock Church Balto Co.	April 29 1931
20 UNDERTAKER	ADDRESS
A. J. Fiske	1013 N. Fulton Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68250

CERTIFICATE OF DEATH

9320 68250

1 PLACE OF DEATH Good Shyherd General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ~~809 Forrest~~ 1512 Fremont ST. WARD 10-14

2 FULL NAME Charles Brown

(a) RESIDENCE NO. 809 Forrest ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 15-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	60	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jacob D. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannie Pool

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Rudolph Brown 1616 N. Fulton ave

15 28 1931

G. HILLSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28-31.

17

I HEREBY CERTIFY, That I attended deceased from April 24, 1931, to April 28, 1931

that I last saw h[illegible] alive on 4-28-, 1931

and that death occurred, on the date stated above, at 5:10A m.

The CAUSE OF DEATH* was as follows:

Chron Myocarditis

(duration) 1¼ yrs. mos. ds.

CONTRIBUTORY (Secondary) Atero-Sclerosis

(duration) yrs. 6 mos ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. R. Boykin M. D.

19 (Address) 1512 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Auburn Cem. DATE OF BURIAL 4-30 1931

20 UNDERTAKER George P. A. Gibson ADDRESS 1735 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks.

68251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-001 68251

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1202- E. North Ave. St. 9-14 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William L. Wilson

(a) RESIDENCE NO. 1202- E. North Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth -- yrs. -- mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annabelle (Preston)

6 DATE OF BIRTH (month, day, and year) 8/1/1854

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
76	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Produce Dealer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas, Md.

PARENTS

10 NAME OF FATHER Joshia Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Texas Md.

12 MAIDEN NAME OF MOTHER Mary Tracey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas, Md.

14 Informant Mrs. Annabelle Wilson
(Address) 1202- E North Ave.

15 Filed ____, 19__ C. HAMPSON JONES, M. D. Registrar

28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April-26-1931

17

I HEREBY CERTIFY, That I attended deceased from April 14 - 1931 to April 26 - 1931

that I last saw him alive on April-20 - 1931

and that death occurred, on the date stated above, at 6-15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis -

(duration) yrs. mos 12 ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) E. Gill Hall M. D.

4/28 1931 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 4/29/31

20 UNDERTAKER George J. Smith Inc ADDRESS 17-35th

1-30—M. & T.—100 B—50L

E 68252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V-002

E 68252

REGISTERED NO. 7-4161

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2039 First ST. (WARD) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josef Potocki

(a) RESIDENCE NO 2039 First ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) April 25-1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Josef Potocki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Antonia Dryszay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Josef Potocki

(Address) 2039 First St

15 Filed 29 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Icterus

CONTRIBUTORY (Secondary) (duration) 6 yrs. 4 mos. 4 ds. Lawsuit Fox Emil 1 hr

18 Where was disease contracted if not at place of death? — (duration) — yrs. — mos.

Did an operation precede death? — Date of —

Was there a autopsy? —

What test confirmed diagnosis? History

(Signed) W C Coates Coroner, M. D.

, 19 (Address) 736 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem	Apr 29, 1931
20 UNDERTAKER John M Weber	ADDRESS Chester

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68253

CERTIFICATE OF DEATH

181 E 68253

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 590 W. Biddle St. 7-24 Ward)

2-FULL NAME Minnie Lee Rhodes

(a) RESIDENCE NO. 590 W. Biddle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Fem	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) 1920

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	11			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Ga.
(State or country)

PARENTS

10 NAME OF FATHER Jack Rhodes

11 BIRTHPLACE OF FATHER (city or town) Ga
(State or country)

12 MAIDEN NAME OF MOTHER Maggie Brown

13 BIRTHPLACE OF MOTHER (city or town) Ga.
(State or country)

14 Informant Lucy Pettyjohn
(Address) 590 W. Biddle

Filed 2 8 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 26th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry)
find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accident
2nd degree burns
Was lighting Gas Water Heater (duration) yrs. mos. 3 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? 590 W Biddle

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leuck M. D.
(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	April 29 1931
20 UNDERTAKER	ADDRESS
Samuel W. Rose & Son	638 N Gilmor

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68254

CERTIFICATE OF DEATH.

108 E 68254

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Provident Hospital S. or ward 1359)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Spivey

(a) RESIDENCE NO. 2508 Madison Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) N C

PARENTS

10 NAME OF FATHER John Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Rosie Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Geo. Spivey (Son)
(Address) 2418 Barclay Ave

Filed 4 28 1931 C. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27/31

17 I HEREBY CERTIFY, That I attended deceased from Apr 1931, to Apr 27 1931

that I last saw her alive on Apr 27 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood

(Signed) B Harris M. D.

4/27/1931 (Address) 381 Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sim Galveston, N.C.	4/28/31
20 UNDERTAKER	ADDRESS
Robt. T. Williams	1516 McElderry

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68255

CERTIFICATE OF DEATH

107 .001 ✓ E 68255

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Fountain ST. 15-23 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michelina Sailor

(a) RESIDENCE NO. 1408 Fountain ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 29 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) May 27 1930

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Infant.

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: William Sailor.

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Lorilla Ferrer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: William Sailor

(Address) 1408 Fountain St

15 281931 .19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to April 26, 1931, that I last saw h[illegible] alive on April 25, 1931 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) William A. Hughes, M. D.

April 27, 1931 (Address) 1209 Presbman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetary — DATE OF BURIAL: April 29 1931

20 UNDERTAKER: Thomas E Kelson — ADDRESS: 1303 Pennsylvania Ave

Spec.—9-30—A. & Co.—250 Blks.

68256 HEALTH DEPARTMENT—CITY OF BALTIMORE 68256

CERTIFICATE OF DEATH. 131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 818 N. Carey ST. 16-23 WARD

2 FULL NAME Kate Edwards

(a) RESIDENCE NO 818 N. Carey St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Edwards

6 DATE OF BIRTH (month, day, and year) 4/14/1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

PARENTS

10 NAME OF FATHER Chas Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co Md

12 MAIDEN NAME OF MOTHER Eliza Dotson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co Md.

14 Informant (Address) Melvina Nonis 818 N. Carey St.

15 Filed 28 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/26/31

17 I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1931, to April 25, 1931

that I last saw her alive on 4/25, 1931

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) — yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C Mansell Laurence M. D.

. 19 (Address) 1232 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL April 29 1931

20 UNDERTAKER Thomas E. Kelson.

ADDRESS 1503 Pressman St

Spec.—1-30—M. & T.—250 Bks.

Melvin Rousby ✓

68257 E 68257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 23

REGISTERED NO.

1-PLACE OF DEATH U.S. Marine Hospital,

CITY OF BALTIMORE: (NO. Baltimore, Maryland ST. 42-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Melvin Rousby

(a) RESIDENCE NO. Remo, Virginia ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fisherman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer US Mn. T. Banks

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER James Rousby

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Essex Co., Virginia

12 MAIDEN NAME OF MOTHER Martha Jessup

13 BIRTHPLACE OF MOTHER (city or town) Remo

(State or country) Virginia

14 Informant Records, U.S. Marine Hospital

(Address) Baltimore, Maryland

Filed 28 1931 C. H. THOMPSON JR., M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 14, 19 31, to April 25, 19 31,

that I last saw him alive on April 25, 19 31,

and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary, acute, miliary.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & lab. findings

(Signed) Gordon A. Abbott, M. D.

4/25 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mila Va

DATE OF BURIAL April, 29 19 31

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Broadway St

Spec.—9-30—A. & Co.—250 Blks

St Ryticka 600 PK

68258 HEALTH DEPARTMENT—CITY OF BALTIMORE 68258

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No 57 S. Kinsman St 26-37 108 WARD)

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Edward Gerling

(a) RESIDENCE No. 57 S. Kinsman St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER William Gerling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Kendall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) William Gerling 57 S Kinsman St.

15 Filed 4-30 1931 S. Hudson Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28-31

17

I HEREBY CERTIFY, That I attended deceased from 4-21 1931 to 4-27 1931

that I last saw him alive on 4-27 1931

and that death occurred, on the date stated above, at 3:30 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia 7 ds.

(duration) yrs. mos.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 8004 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	4/30/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68259

CERTIFICATE OF DEATH

108 E 68259

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital. Ward) Jul-33

2-FULL NAME Theresa L. Johnson.

(a) RESIDENCE NO. 625 Harvey St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 2, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	0	10	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Earle Johnson.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Loretta Winebrenner.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Cumberland, Md.

14 Informant Loretta Johnson. (mother.)
(Address) 625 Harvey St.

15 Filed 2 6 1931 C. HAMPSON JONES, Registrar
By ----------

important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 625 Harvey St. April 27, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardt M. D.

4/28 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	4/29/1931
20 UNDERTAKER Wm Cook	ADDRESS 12[illegible] St Paul St

Spec.—1-30—M. & T.—250 Blks

E 68260

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 68260

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 Vine ST. 16-76 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Chisley

(a) RESIDENCE NO. 836 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

3a If married, widowed, or divorced HUSBAND of or) WIFE of Maggie Chisley

6 DATE OF BIRTH (month, day, and year) June 9. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Union Abbatoir

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

PARENTS

10 NAME OF FATHER James Ed Chisley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co Maryland

12 MAIDEN NAME OF MOTHER Ellen Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anne Arundel Co Maryland

14 Informant Maggie Chisley

(Address) 836 Vine St

15 Filed 4-29-1931 HUGH JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/28/31

17 I HEREBY CERTIFY, That I attended deceased from 11/10, 1930, to 4/28, 1931, that I last saw him alive on 4/27, 1931, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows: Chronic Endocarditis

(duration) 2 yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) W. A. Chambers, M. D.

4/28, 1931 (Address) 1111 Dev

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Waterbury R. R. Co. md

DATE OF BURIAL 4-30 1931

20 UNDERTAKER John H. Toadvine

ADDRESS 1027 Round Hill

Spec.—1-30—M. & T.—250 Bks.

68261

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68261

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (NO. Walbrook Ave. ST. 25-70 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma Eckenrode

(a) RESIDENCE NO. Emmitsburg Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND) of or) WIFE of Mr. Vincent Eckenrode

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Hezekiah Rundorff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Riddlemoser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant (Address) Sister Leonard Eleanor Mt. St. Mary's College

15 Filed APR 29 1931 Emmitsburg Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28-31

17 I HEREBY CERTIFY, That I attended deceased from 8-16, 1931, to 4-28, 1931, that I last saw her alive on 4-28, 1931, and that death occurred, on the date stated above, at 8 50 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis.

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Holmes S. Anspach, M. D.

4 27 31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmitsburg md

DATE OF BURIAL May 1931

20 UNDERTAKER M. F. Shuff

ADDRESS Emmitsburg Md

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68262 E 68262

REGISTERED NO. 15 6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 Lorman ST. 15-22 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Means

(a) RESIDENCE NO. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 27 /31

7 AGE — Years — Months — Days — If LESS than 1 day 4 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1809 Lorman St Baltimore

PARENTS

10 NAME OF FATHER James Means

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Annie Means (Address) 1809 Lorman

15 Filed Apr 28 1931 G. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1931

17 I HEREBY CERTIFY, That I attended deceased from April 27 1931 to April 27 1931

that I last saw him alive on April 27 1931

and that death occurred, on the date stated above, at 8.45 m.

The CAUSE OF DEATH* was as follows:

Twin Birth which Caused Prenatal mal ~~not~~ chilum and inanition (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) Charles T. Leuch, M. D.

(Address) 3241 Pulaski St

Apr 28 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 4-29 1931

20 UNDERTAKER Leon Easton

ADDRESS 916 Cathedral St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68263

CERTIFICATE OF DEATH.

158

E 68263

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 Lorman ST. 15-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Means

(a) RESIDENCE NO. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 25/31

7 AGE Years Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1809 Lorman St

PARENTS

10 NAME OF FATHER James Means

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Annie Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Annie Means 1809 Lorman St.

15 Filed APR 29 1931 H. HANSON JONES, M. D. Registrar

THIS IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1931

17

I HEREBY CERTIFY, That I attended deceased from April 27, 1931 to April 27, 1931 that I last saw h[illegible] alive on April 27, 1931 and that death occurred, on the date stated above, at 4.45 P m.

The CAUSE OF DEATH* was as follows:

Prenatal Malnutrition and immaturity due to Twin Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) Charles E Clark M.D.

(Address) 3214 Pollard Rd

Apr 28 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 4-29-1931

20 UNDERTAKER: Samuel Carson — ADDRESS: 916 Saratoga

Spec.—1-30—M. & T.—250 Bks.

Roland Shaker

E 68264

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68264

CERTIFICATE OF DEATH.

119

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 743 Mount St. 17-24 WARD)

2-FULL NAME Roland Baker

(a) RESIDENCE NO. 743 Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of — 9/14/29

6 DATE OF BIRTH (month, day, and year) 6/27/29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William H. Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Gladys Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant William H. Baker

(Address) 743 Mount St.

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27/31

17 I HEREBY CERTIFY, That I attended deceased from 4/25/31, to 4/27/31, that I last saw him alive on 4/29/31, and that death occurred, on the date stated above, at 1 p. m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Intoxication

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Thomas, M. D.

(Address) 924 Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem.

20 UNDERTAKER Daniel Easton

DATE OF BURIAL 4-29 1931

ADDRESS 916 Ga ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68265

CERTIFICATE OF DEATH.

92 E 68265

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Carrick St.) 16-22 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Mary Grace Coger

(a) RESIDENCE No. 1110 Carrick ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Wht

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 8 1916

7 AGE: Years 15 | Months 3 | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Rebecca Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Frank Coger (Address) 1133 Ingleside Ave

15 Filed: APR 29 1931 HARRY H. JONES, Registrar D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 26 1931

17 I HEREBY CERTIFY, That I attended deceased from April 3rd 1931. to April 26th 1931.

that I last saw her alive on April 3rd 1931.

and that death occurred, on the date stated above, at 6.00 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Mitral Insufficiency

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Leo. N. Lautenbach M. D.

4-27 1931 (Address) 2215 N. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 4-29-1931

20 UNDERTAKER: Saml Carter

ADDRESS: 916 Pa. ave

THIS is very important—See information on reverse side

Spec.—1-30—M. & T.—250 Bks

Marrz

E 68266

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 68266

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5003 Beaufort Ave ST. 27-56 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A C Marrz

(a) RESIDENCE NO. 5003 Beaufort Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: Mary C Marrz

6 DATE OF BIRTH (month, day, and year): April 11-1873

7 AGE — Years: 58 — Months — Days: 16 — If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

009

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary C Marrz

(Address): 5003 Beaufort Ave

15 Filed APR 28 1931, 19.. C. HILLSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 27-31

17 I HEREBY CERTIFY, That I attended deceased from Apr 25, 1931, to Apr 27, 1931, that I last saw him alive on Apr 27, 1931, and that death occurred, on the date stated above, at 5-30 p. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Phy Ex

(Signed) J C Glades, M. D.

, 19 (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 4 30 19 31

UNDERTAKER: Robert Brooks & Son

ADDRESS: Baltimore

Spec.—9 30—A. & Co.—250 Blks.

E 68267

HEALTH DEPARTMENT—CITY OF BALTIMORE

X157-004

X157 68267

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) 26-42 (Ward)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Leonard Borcherding

(a) RESIDENCE NO. 55-22 Summerfield ST. WARD New York

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York N. Y.

PARENTS

10 NAME OF FATHER Leonard Borcherding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Borcherding

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Katherine Livingston 5522 Summerfield Ave

15 APR 2 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28-1931

17

I HEREBY CERTIFY. That I attended deceased from 4-22-31, 19..., to 4-28-31, 19...

that I last saw h living alive on 4-28-31, 19...

and that death occurred, on the date stated above, at 4.00 P.m.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Lawrence H. Serra M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	4-29 1931
20 UNDERTAKER Leonard J. Rusk	ADDRESS [illegible]

Spec.—9-30—A. & Co.—250 Blks.

QE 7124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

QE 68268

122-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. 19-27 WARD)

REGISTERED NO. QE 68268

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Bell

(a) RESIDENCE NO. (Usual place of abode) 15-27 Edmondson St. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henderson

6 DATE OF BIRTH (month, day, and year) 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N-Y-

PARENTS

10 NAME OF FATHER Richard Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va-

12 MAIDEN NAME OF MOTHER Fanny Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va-

14 Informant Friends-

(Address)

15 Filed APR 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27-31

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to April 27, 1931

That I last saw her alive on April 27, 1931

and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

Myocarditis Luetic

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4/8/31

Did an operation precede death? Yes Date of 4/19/31

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Observation

(Signed) Franklin D. Snyder M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Hill Park

DATE OF BURIAL 4/29 19 31

UNDERTAKER Samuel Kemsley

ADDRESS 1 N Eddy

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1315 — REGISTERED No. 68269

1 PLACE OF DEATH
CITY OF BALTIMORE (ON) 517 N. Bond ST 7-9 (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bridgett Wright
(a) RESIDENCE NO 517 N. Bond ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced (write the word): Widow
6a If married, widowed, or divorced — HUSBAND of (or) WIFE of
6 DATE OF BIRTH (month, day, and year): 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): D. C.

PARENTS
10 NAME OF FATHER: Christmas Smith
11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.
12 MAIDEN NAME OF MOTHER: Lee
13 BIRTHPLACE OF MOTHER (City or town) (State or country): D. C.

14 Informant: Mr Wright
(Address) 517 N Bond

15 2/9/1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Expired 2/5/31

17 I HEREBY CERTIFY, That I attended deceased from 4/24/31, 19, to 4/25/31, 19 31
That I last saw her alive on 4/25/31 at 9-10 a. m.
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:

Coronary Occlusion
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary): Chronic Bright's
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [illegible] M. D.
4/29/1931 (Address) 912 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 4/29/1931
UNDERTAKER: Samuel Hensley ADDRESS: 578 N Eden

Spec.—2-29-28—1. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. God Shepherd Hospital WARD)

REGISTERED NO. 107 E 68270

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert Hartman

(a) RESIDENCE NO. 1334 N. Fulton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

BIRTHPLACE (city or town) (State or country): S.C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Lloyd Wms

(Address) 1364 N Stricker St

15 Filed 2 1931 19 H. R. S. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 27 31

17 I HEREBY CERTIFY, That I attended deceased from Apr 20 1931 to Apr 27 1931 that I last saw him alive on Apr 27 1931 and that death occurred, on the date stated above, at 1105 A m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Hatcher M. D.

4/29 1931 (Address) 1225 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	4/29 1931
20 UNDERTAKER: Samuel J. Hensley	ADDRESS 578 N Bond

1-30—M. & T.—100 B—50L

E 68271

HEALTH DEPARTMENT—CITY OF BALTIMORE

167 E 68271

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital ST. (WARD) 54

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Adam Kugler

(a) RESIDENCE No. 726 Carrollton Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 8 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 3 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	8	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Errand Boy
(b) General nature of industry, business, or establishment in which employed (or employer): Boys Paradise Co
(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Hamilton Kugler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elsie Ammon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hamilton Kugler

(Address) 726 Carrollton Ave

15 Filed 2 9 1931 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar. 27 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Gun Shot wound through Head Suicidal

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. F. Normann, M. D. (Coroner)

(Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Mar 30 1931
20 UNDERTAKER	ADDRESS
H. Rusnow Sons	N. Y. Pa

Spec.—1-12-23—M&T—500 Blks.

E 68272

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68272

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Just 445-61 (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Granger

(a) RESIDENCE NO. 3620 Springdale Ter ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank L Granger

6 DATE OF BIRTH (month, day, and year): July 21 1872

7 AGE: Years 58 Months 9 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Dr Hiram L Spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary C Schaaf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Edna L Miller

(Address): 3620 Springdale Ter

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28 1931

17 I HEREBY CERTIFY, That I attended deceased from April 26 . 1931 . to April 28 . 1931 .

that I last saw h alive on April 28 . 1931

and that death occurred, on the date stated above, at 12 25 P.M.

THE CAUSE OF DEATH* was as follows:

Confluent Duberet

Bronchopneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

Failure Eclema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. [redacted] M. D.

. 19 (Address) West Balto Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Apr 30 1931

20 UNDERTAKER: Wm J Leitner

ADDRESS: North & Pa

1-20—M. & T.—100 B—50L

E 68273

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68273

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1730 E Oliver ST. 8-17 WARD)

2-FULL NAME Mary E McComb

(a) RESIDENCE NO. 1730 E Oliver ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E McComb

6 DATE OF BIRTH (month, day, and year) Sept 27 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs Lawrence Ellery.

(Address) 1730 E. Oliver St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage—apoplexy

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. J. Waters, M. D. Coroner

4/29/31 (Address) 608 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery

DATE OF BURIAL May 2 1931

20 UNDERTAKER [illegible]

ADDRESS North Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 68274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68274

CERTIFICATE OF DEATH

REGISTERED NO. 108

1—PLACE OF DEATH 414 West Hamburg St

CITY OF BALTIMORE: (No. 414 ST. 21-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Elizabeth Hall

(a) RESIDENCE NO. 414 W Hamburg ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Mark Hall

7 DATE OF BIRTH (month, day, and year): May 16 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39 yr	7	10 Days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington DC

12 MAIDEN NAME OF MOTHER: Hannah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Joseph Mark Hall 414 W Hamburg St

15 Filed 2 9 1931, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): April 26 1931

17 I HEREBY CERTIFY, That I attended deceased from April 3 1931 to April 26 1931

that I last saw her alive on April 24 1931

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Signs

(Signed) J. Thompkins M. D.

April 29 1931 (Address) 501 W Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemtry

DATE OF BURIAL: 4/29 1931

20 UNDERTAKER: Walter B. Higgs

ADDRESS: 139 N Howard St.

pec.—1-30—M. & T.—250 Bks.

E 68275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68275

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2837 St Paul ST. 12-50 WARD)

REGISTERED NO. 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jno H Wally

(a) RESIDENCE NO. 2837 St Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m	Wh	Widower

6a If married, widowed, or divorced HUSBAND of or) WIFE of Bessie Wally

6 DATE OF BIRTH (month, day, and year) Jan 12 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	4 3	8 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Charles Wally

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amelia Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Belle Wally

(Address) 2837 St Paul

15 Date APR 29 1931 19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from June, 1930 to April 27, 1931,

that I last saw h alive on Apr 27, 1931,

and that death occurred, on the date stated above, at [illegible] a m.

The CAUSE OF DEATH* was as follows: Carcinoma Rose Syphilis Pneumonia

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Specimen

(Signed) C. F. Bloke, M. D.

4/28 1931 (Address) 204 Oresta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount

DATE OF BURIAL Apr 29 1931

20 UNDERTAKER George J Smith

ADDRESS 1532 Hollins

Cor.—10-10-29—A Co.—100 Bks.

E 68276

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

E 68276

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1336 N. Lombard St. St., 19-29 Ward)

2-FULL NAME Rosanna Tilghman.

(a) RESIDENCE NO. 1336 N. Lombard St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Widow.

5a If married, widowed, ~~DIVORCED~~ (or) WIFE of Samuel Tilghman.

6 DATE OF BIRTH (month, day, and year) Aug 22-1826 Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
64	65	8	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER James Tatum.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England.

12 MAIDEN NAME OF MOTHER Catherine Isaac.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Annie Schaefer. (sister)
(Address) 1104 N. Fayette St.

15 Filed 2 01931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry find that said deceased came to her death (Inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto L. Reinhardt, M. D.

4/28. 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Apr 30 1931
20 UNDERTAKER Vernon Kuehner	ADDRESS 1531 Hollins

Important. See instructions on back of certificate.

Spec.—9 20—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68277 ✓ 68277

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Shakespeare ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Murawski or Narashy

(a) RESIDENCE NO. 1610 Shakespeare St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Katarzyna Murawski

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
About 68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Poland

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mr. Victor Martell
(Address) 1465 Reynold Street

4-29 1931 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/28/31

17

I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to April 28, 1931

that I last saw h~~im~~ alive on April 28, 1931

and that death occurred, on the date stated above, at 5-A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mns. 4 ds.

CONTRIBUTORY (Secondary) Infected ulcer left leg.

(duration) yrs. 2 mns. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.S. & S.

(Signed) John V. Szerlecki M. D.

. 19 (Address) 1738 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetery — DATE OF BURIAL: April 30 - 1931

20 UNDERTAKER: George A. Weber — ADDRESS: 705 S. Amity St

1-30—M & T.—100 B—50L

E 68278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X82-001 E 68278

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 9-17 WARD)

2-FULL NAME Howard J. Horn

(a) RESIDENCE NO Eastern Ave.? ST. Essex, Md. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 10/1898

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3 2	10	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Chas. L. Horn

023

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Chas. L. Horn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Alice V. Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Chas L. Horn
(Address) Essex, Md.

15 Filed APR 29 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 28/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cerebral Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. S. Mollen, M. D.
Coroner

4/29/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	4/f 1931
20 UNDERTAKER Thos G. Connelly	ADDRESS Essex

—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68279 — 23 — 68279

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals (T.B.) 19-27

CITY OF BALTIMORE (No ... St. ... (WARD)

REGISTERED No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Gowans

(a) RESIDENCE No. 333 N. Stricker st. St. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 11, 1[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21 ?	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Lawrence Gowans

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Sophia Clinkscales

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records
(Address)

15 Filed APR 29 1931 [illegible] Registrar

By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 25, 1931

17

I HEREBY CERTIFY, That I attended deceased from February 25, 19 31, to April 25, 19 31

that I last saw h[illegible] alive on April 25, 19 31

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis Acute

—

— (duration) 2 mos.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) David Lucas M. D.

4-25, 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cem.	4-28-31

20 UNDERTAKER Chas. L. Cooper

ADDRESS 514 N. Calhoun St

1-30—M. & T.—100 B—501.

E 68230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 122-002

E 68230

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins ST. 7-9 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M. Murren

(a) RESIDENCE NO. 426 Balto. St. Hanover Pa. (Ins. Dept. 116.)
(Usual place of abode)

600 Fairmount Ave ST., _____ WARD _____

(If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 1 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apl 21/30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna.

PARENTS

10 NAME OF FATHER: Paul Murren

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Catherine Staub

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Paul Murren

(Address) 426 Balto St Hanover Penna

15 Filed _____ 192 _____ G. HAMPSON JONES, M. D. Registrar

Reg. 2 9 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apl 28th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis and gangrener of ileum

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Intussesception of intestine (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of _____

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? _____

(Signed) J. H. Mc Neil, M. D. Coroner

4/29/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hanover Pa — DATE OF BURIAL 4/29/31

20 UNDERTAKER: Philip Herring — ADDRESS 3016 Orleans St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68281 68281

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3236 Lorraine St. 19 Ward) 1950

REGISTERED NO. 82-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Conroy

(a) RESIDENCE NO. 3236 Lorraine St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stephen J. Conroy

6 DATE OF BIRTH (month, day, and year) Oct. 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6[illegible]	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Flaherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Flaherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Conroy

(Address) 3236 Lorraine Ave.

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27/31

17

I HEREBY CERTIFY, That I attended deceased from Feb 19, 1931, to April 27, 1931

that I last saw h[illegible] alive on April 27, 1931

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? v

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. R. Goldsborough M. D.

(Address) 2923 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 4/30/31

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto St.

Spec.—9-30—A. & Co.—250 Blks.

68282

HEALTH DEPARTMENT—CITY OF BALTIMORE

68282

CERTIFICATE OF DEATH.

REGISTERED NO. 48

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 818 W. 37 St. 13th 52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine A. Meade

(a) RESIDENCE NO. 818 W. 37 St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 12-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS
10 NAME OF FATHER James Meade
11 BIRTHPLACE OF FATHER (city or town) (State or country) England
12 MAIDEN NAME OF MOTHER Margt. Doran
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Meehan
(Address) 818 W. 37 St.

15 FILED 2-9 1931 19 C. PAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/28/31

17
I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Apr 28, 1931
that I last saw h alive on Apr 28, 1931
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis Typical symptoms
(Signed) C. T. Culbertson M. D.
19 (Address) 3701 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cathedral DATE OF BURIAL May 1 1931

UNDERTAKER H. H. Marshall ADDRESS 353 Fallsway

Spec.—9 20—A. & Co.—250 Blks.

E 68283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 68283

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 318 N. Lorraine Ave. St 17-51 WARD)

2 FULL NAME Ellen Van Daniker

(a) RESIDENCE NO. 318 N. Lorraine Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. H. Van Daniker

6 DATE OF BIRTH (month, day, and year) May 19, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Christian Rinland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Ann Daniker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Wm. H. Van Daniker
(Address) 318 N. Lorraine Ave.

15 FILED 2 9 1931, 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb. 24th, 1931, to Apr. 29th, 1931

that I last saw h[illegible] alive on Feb. 29th, 1931

and that death occurred, on the date stated above, at 4.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray.

(Signed) George E. Cross M. D.

19 (Address) 25 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	5/1 1931
20 UNDERTAKER	ADDRESS
Frederick Lanahan & Son	7401 Belair Rd.

Cor.—10-16-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68284

E 68284

CERTIFICATE OF DEATH

115-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. 4-4-20 Ward)

2-FULL NAME John J.Caufield.

(a) RESIDENCE NO. 1828 Linden Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married.

5a If married, widowed or divorced, HUSBAND of Katherine Caufield.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Trained nurse.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Hugh Caufield.

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Quinn.

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

14 Informant (Address) Mrs. Sarah Caufield. (mother) 601 Augusta Ave.

15 Filed 4-29-1931 O. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Orbital Abscess.
Pharyngeal Abscess?
Septicemia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry?

(Signed) Otto M. Finkbeiner, M. D.

4/29 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 4/30 1931

20 UNDERTAKER: Henry W. Pearce Sons — ADDRESS: 2038 N. Calvert

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 68285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-001

E 68285

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Bltto Hosp ST. 25-15 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Biddinger

(a) RESIDENCE NO 3438 Second Brooklyn Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	5	7	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Burkittsville Md

10 NAME OF FATHER Ralon Biddinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Lelia Grosnickle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Burkittsville

14 Informant Ralan Biddinger

(Address) #3438 Second Brooklyn

15 Filed APR 29 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto

(duration) Instt Pelvis mos. ds.

CONTRIBUTORY (Secondary) Int Injury (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Kent & Hanover

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. Kramer M. D. Coroner

April 28 1931 (Address) Traffic Coroner City of Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burkittsville Md. DATE OF BURIAL May 1 1931

20 UNDERTAKER E T Kretchell ADDRESS Middletown Md

Spec.—1-12-23—M&T—500 Blks.

Von Briesen

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68286 50 E 68286

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Mosher ST. 16-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Gertrude M. Van Briesen

(a) RESIDENCE NO. 2727 Mosher ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Wilson Van Briesen

6 DATE OF BIRTH (month, day, and year) Nov 10th 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	39	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telephone Operator

(b) General nature of industry, business, or establishment in which employed (or employer) C & P. Phone Co

(c) Name of employer C & P. Phone Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Chas W. Couch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Maryland

12 MAIDEN NAME OF MOTHER Catherine E. Battaden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Maryland.

14 Informant J. Wilson Von Briesen (Address) 1901 Eutaw Place

15 Filed — — 19 — Registrar

2 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1930, to April 27th, 1931,

that I last saw her alive on April 26th, 1931

and that death occurred, on the date stated above, at 5.30 A.m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Aug 1928

Was there an autopsy? No

What test confirmed diagnosis? Operation & physical findings

(Signed) B. Tucker Lanier M. D.

(Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 4/30 1931

20 UNDERTAKER H C Browning Son

ADDRESS 1130 Eutaw St

Cor.—12-9-25—A Co.—200 Pkr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68287

CERTIFICATE OF DEATH.

107-001 E 68287

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Sinai Hospital St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H. Ray

(a) RESIDENCE NO. 921 E. Eager St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie E. Ray.

6 DATE OF BIRTH (month, day, and year) Dec 30, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	73	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ice Man

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer In Business

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John R. Ray

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Matilda Poak

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant Mrs Stanley Ray

(Address) 921 E. Eager St.

15 Date 4/29 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis - Bronchopneumonia

(Duration) Right from Chr Empyema yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) J. H. Bowers, M. D. (Coroner)

4/29/31 (Address) 508 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery Date of Burial May 2, 1931

20 UNDERTAKER Ernest W. Costello ADDRESS 924 E. Eager St

Very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

E 68288

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 117-002

E 68288

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home and Infirmary

City of BALTIMORE: (No. North Broadway St. 6-4 Ward)

2-FULL NAME Mrs Charles Albaugh

(a) RESIDENCE NO. Ridgeville, Mt Airy Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Mary E. Albaugh

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country) Jasper Albaugh

PARENTS

10 NAME OF FATHER Md

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Rachael Hoy

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Informant (Address) Mrs Mary E Albaugh Mt Airy Md

15 Filed ..... 19 ..... Registrar

2 5 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from April 20 1931, to April 29, 1931, that I last saw him alive on April 29, 1931, and that death occurred, on the date stated above, at 4.45 P. m.

The CAUSE OF DEATH* was as follows:

Diffuse Peritonitis

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Duodenal Ulcer

(duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Apr. 27, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James L. Isaacs, M. D.

. 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Central Cemetery Frederick Md. Date of Burial May 1st 1931

20 UNDERTAKER Powell & Albaugh ADDRESS Libertytown

very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Bks.

E 68289 48 E 68289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No Balto. City Hospitals WARD) 5-21

2 FULL NAME Grace Benjamin

(a) RESIDENCE NO 1715 N Bruce ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Wid.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Benjamin

6 DATE OF BIRTH (month, day, and year) Sept 23, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) 10 01

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles Co Md.

PARENTS

10 NAME OF FATHER William Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie Foss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Marion Mae K. 2436 Francis ave

15 Filed 4-29 1931 19 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-27-31

17
I HEREBY CERTIFY, That I attended deceased from 9-27 19 30 to 4-27 19 31
that I last saw h[illegible] alive on 4-27 19 31
and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma of cervix & uterus
a. Uremia Metastases
(duration) yrs. 8 mos. 2 ds.
CONTRIBUTORY (Secondary) Broncho-pneumonia
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy & Clinical
(Signed) Luther E. Leland M. D.
(Address) Balto. City Hospitals. 19

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	April 30 19 31

20 UNDERTAKER Thomas E. Kelson

ADDRESS 3033 Eastman St

1-30—M. & T.—100 B—50L

E 68290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

E 68290

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 N. Patterson Park Ave. ST.) 8-16 WARD)

2-FULL NAME LOUISE TIEMAN KOSSMAN

(a) RESIDENCE NO. 1535 N. Patterson Park Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Kossman

6 DATE OF BIRTH (month, day, and year) August 23, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Gottlieb Tieman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Engelke

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Miss Anna Kossman (Daughter)
(Address) 1535 N. Patterson Park Ave.

15 Filed ..... 193 ..... Registrar
By .....

9 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) J. H. Mauer, M. D.
Coroner

(Address) 306 E. York ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: May 1, 1931

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: Baltimore St. & Broadway.

pec.—1-30—M. & T.—250 Bks.

E 68291

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-09 E 68291

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Madison Ave. St., 14-20 WARD)

2-FULL NAME Minnie E. Brown

(a) RESIDENCE NO. 1829 Madison Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

6a If married, widowed, or divorced HUSBAND of or) WIFE of: Thomas Brown

6 DATE OF BIRTH (month, day, and year): Sept 1849

7 AGE: Years 81; Months 7; Days —; If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: William Crysler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kingston Ontario

12 MAIDEN NAME OF MOTHER: Rhoda Clarke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y.

14 Informant: George Sanders

(Address) 1914 Madison ave

15 Filed ... 1931 — 19 ... Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr 28, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Apr 23rd, 1931, to Apr 28th, 1931, that I last saw h[illegible] alive on Apr 28th, 1931, and that death occurred, on the date stated above, at 12,45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Mitral insufficiency, Heart + Hypertension (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F Brown, M. D.

4/29 1931 (Address) 1916 Penna ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Erie Pa

DATE OF BURIAL: Nov 30 1931

20 UNDERTAKER: Samuel T Hawley

ADDRESS: 578 N Eutaw

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68292 50 E 68292

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 17-25 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rose Arigo

(a) RESIDENCE NO. 904 Pennsylvania Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis

6 DATE OF BIRTH (month, day, and year) Nov. 4, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 837

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jos. Sincone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Stella ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Records of Balto. City Hospitals

15 Filed R 30 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28-31

17 I HEREBY CERTIFY, That I attended deceased from 4-14-31, 19, to 4-28-31, 19

that I last saw her alive on 4-28-31, 19

and that death occurred, on the date stated above, at 3:00 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of left breast with local metastases

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? unknown.

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical.

(Signed) Fred M. Duckwall M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 4-30 1931

20 UNDERTAKER David Easton

ADDRESS 916 Park

Spec.—9-26—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~682293~~ 93003 ~~682293~~

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2131 E. Oliver ST. 8-16 WARD

2 FULL NAME Kunigunda Kautsch

(a) RESIDENCE NO. 2131 E. Oliver ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Kautsch

6 DATE OF BIRTH (month, day, and year) March 13, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Leicht

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known (State or country)

14 Informant Dora Kautsch

(Address) 2131 E. Oliver St

15 4-30-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 5, 1929, to April 28, 1931

that I last saw h[illegible] alive on April 28, 1931

and that death occurred, on the date stated above, at 1 30 A. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Hypertrophic

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (secondary) Acute dilatation of heart (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical symptoms

(Signed) Robert K. Ringrose M. D.

4-30-1931 (Address) 1013 N. Wolfe St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: May 1 1931

UNDERTAKER: Wm. F. Miller Son

ADDRESS: 2334 Eastern Ave.

Spec.—9-30—A. & Co.—250 Blks.

68294 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 68294

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 E. Fait Ave St.) (WARD) 1-1

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lennie Heffner

(a) RESIDENCE No. 2909 E. Fait Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Heffner

6 DATE OF BIRTH (month, day, and year) May 16 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Europe

PARENTS

10 NAME OF FATHER James Locke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

14 Informant (Address) Rose M. Smith 2911 Fait Ave

Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/28/31

17 I HEREBY CERTIFY, That I attended deceased from 4/27, 1931, to 4/28, 1931

that I last saw h[illegible] alive on 4/27, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diabetes

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C

(Signed) Joseph Tourky M. D.

, 19 (Address) 500 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL May 1 1931

20 UNDERTAKER Wm. E. Miller Eaton ADDRESS 233 Jefferson St.

Spec.—9-30—A. & Co.—250 Blks

E 68295 — E 68295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82Y001

1 PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO

CITY OF BALTIMORE: (No 15-21 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mollie Smith

(a) RESIDENCE NO 1526 N. Mount St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	?

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1875 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ? 087
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS
10 NAME OF FATHER ?
11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)
12 MAIDEN NAME OF MOTHER ?
13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 4-30 1931 C. HAMPSON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-27-31

17
I HEREBY CERTIFY, That I attended deceased from 3-12-25, 19 , to 4-27-31, 19
that I last saw her alive on 4-27-31, 19
and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum with
Hemiplegia (duration) 6 yrs. mos. ds.
CONTRIBUTORY (Secondary) decubitus ulcers
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy.
(Signed) Paul Padget. M. D.
4-28 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Cem. — DATE OF BURIAL 4/30 1931

20 UNDERTAKER Samuel T. Hensley, — ADDRESS 578 W Biddle St.

Spec.—9-M—A. & Co.—250 Blks

68296 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68296

CERTIFICATE OF DEATH. 82-001

1 PLACE OF DEATH Baltimore City Hospitals 15-21 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alfred Fletcher

(a) RESIDENCE NO. 1418 Prestman ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lovey Fletcher

6 DATE OF BIRTH (month, day, and year) ? 1892

7 AGE: Years (about 45?) Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Spencer Fletcher
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md ?
12 MAIDEN NAME OF MOTHER ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed . 19 . Registrar

R 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28-31

17 I HEREBY CERTIFY, That I attended deceased from 4-20-31, 19 , to 4-28-31, 19
that I last saw him alive on 4-28-31, 19
and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage, Nto cerebrum (duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? clinical exam.
(Signed) Paul Padget. M. D.
4-28 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 5/2 31

20 UNDERTAKER: Samuel Abernethy — ADDRESS: 578 W Baltimore

HARRISON JONES M. D.

Spec.—9-30—A. & Co.—250 Blks.

68297

HEALTH DEPARTMENT—CITY OF BALTIMORE

68297

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ..... ST. ..... WARD)

18-26 92-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert T. Johnson

(a) RESIDENCE No. 211 N. Carey St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

6 DATE OF BIRTH (month, day, and year) July 27, ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	9	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer unemployed

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Va.

PARENTS
10 NAME OF FATHER Thomas Johnson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Eliza Mason
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28-31

17:
I HEREBY CERTIFY, That I attended deceased from 4-24-31, 19..., to 4-28-31, 19...
that I last saw him alive on 4-28-31, 19...
and that death occurred, on the date stated above, at 7:20 A. m.
The CAUSE OF DEATH* was as follows:

Endocarditis, Chronic; Aortic Insufficiency. more than 3 (duration) yrs. 1 1/2 mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. unknown (duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of ...
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy.
(Signed) Paul Padget M. D.
4-29 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 5/1 1931

20 UNDERTAKER Edmund Hemsley ADDRESS 578 N Bond

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68298

REGISTERED NO. 29-001

1-PLACE OF DEATH West Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. 2 ST.) (WARD)

2-FULL NAME Benjamin Kaplan

(a) RESIDENCE NO. 910 Penn. Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Clara Kaplan

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 50 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Kaplan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther Mayer

13 BIRTHPLACE OF MOTHER (city or town)* (State or country) Russia

14 Informant Sarah Kaplan (Address) 910 Penn Ave

15 Filed APR 30 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29 1931

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1931. to April 29, 1931.

that I last saw him alive on April 29, 1931. 9 P m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Streptococcic Meningitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Acute Pleurisy (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Yes Date of 4/24/31 No

Was there an autopsy?

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. Eskman M. D.

4/30 1930 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rest Rem

DATE OF BURIAL 4/30 1930

20 UNDERTAKER Jack Levin 1439 E Balto St

ADDRESS

pec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68299

E 68299

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. 3F. ST. 14-20 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Levy Bonwit

(a) RESIDENCE NO. Marlborough Apts. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of or; WIFE of Max Bonwit

6 DATE OF BIRTH (month, day, and year) July 15, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Prop. Ladies To Wear

(b) General nature of industry, business, or establishment in which employed (or employer) Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Hyman Levy,

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant (Address) Mrs. R. Bonwit, Marlborough Apts.

15 Filed 4 30 1931 19 C. HAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1926 to April 29, 1931, that I last saw her alive on April 29, 1931, and that death occurred, on the date stated above, at 9:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

1½ hrs.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Hypertension (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Julius Friedenwald, M. D.

, 19 (Address) 1013 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York Mt. Nebo Cem., Brooklyn

DATE OF BURIAL 4/30/ 1931

UNDERTAKER David Sonnheim & Son

ADDRESS 1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks

E 68300

E 68300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 v

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hospital St. 96-37 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Green Known as Cegielski

(a) RESIDENCE NO. 3004 Quinton St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 25 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Victoria Cegielski

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Frank Cegielski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Edward Cegielski

(Address) 3004 Quinton St

15 Filed ..... 19.. C. HAMILTON JONES, M. D. Registrar

By .....

R 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 31.

17

I HEREBY CERTIFY, That I attended deceased from April 22, 1931, to April 29, 1931

that I last saw h[illegible] alive on April 29, 1931

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

Perforation of carcinoma.

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of April 23

Was there an autopsy? No

What test confirmed diagnosis? Operation.

(Signed) L R. Schoolman M. D.

7/29 1931 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL May 2 1931

20 UNDERTAKER John J Duda — ADDRESS 2811 Hudson St

Spec.—9-30—A & Co.—250 Blks.

68301 HEALTH DEPARTMENT—CITY OF BALTIMORE 68301

CERTIFICATE OF DEATH. 93-003

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 400 w. Pratt (St.) 30 (WARD)

2-FULL NAME Sophia L. Dubner

(a) RESIDENCE NO. 400 w. Pratt St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~single, Married, Widowed, or Divorced, (write the word)~~
Female	white	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman Dubner

6 DATE OF BIRTH (month, day, and year) March 12 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Owner

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Heine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frederick G. Dubner

(Address) 400 w. Pratt St.

15 Witness

16 Registrar

APR 30 1931 H. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 29 1931

17

I HEREBY CERTIFY, That I attended deceased from ..., 1927, to April 28, 1931

that I last saw her alive on April 28, 1931

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W B Wolf M. D.

19 (Address) 113 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	May 2 1931
20 UNDERTAKER	ADDRESS
Jos Sourdent Son	217 S Sharp

Spec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68302 — 93-003 — 68302

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital — REGISTERED NO

CITY OF BALTIMORE: (No 1512 N. Gilmor St 16-23 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William Davis

(a) RESIDENCE No 906 Arlington Ave Govans — WARD
(Usual place of abode) — (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds — How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Widower

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Widower

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer do
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: James Davis
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Island

14 Informant (Address): Daughter 906 Arlington ave Govans Md

15 Filed ____, 19__ C. HALSEY JONES Dep. H. O.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/27/31

17
I HEREBY CERTIFY, That I attended deceased from 4-27-, 1931, to 4-27-, 1931
that I last saw him alive on 4/27/31, 19
and that death occurred, on the date stated above, at 9:30P m.
The CAUSE OF DEATH* was as follows:

Chron. Myocarditis
1½ Yr (duration) yrs mos ds
CONTRIBUTORY (Secondary): Chron. Bronchitis
(duration) 1 yrs mos ds

18 Where was disease contracted if not at place of death? Balto
Did an operation precede death? no Date of ——
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Wm R Boyken M. D.
, 19 (Address) 1512 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: April 30, 1931

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 3278 Schroeder St

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68303 E 68303

CERTIFICATE OF DEATH

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3512 Elliott St 76-37 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marie Dorn

(a) RESIDENCE NO 3512 Elliott St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Otto Dorn

6 DATE OF BIRTH (month, day, and year) June 10-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Christ. Potsch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Christoph C. Graubner
(Address) 426 N Hilton St

15 Filed 1931 C. H. ROBERTSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 28 1931

17

I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to April 28, 1931

that I last saw h W alive on April 28, 1931

and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) N. J. Wandor M. D.

19 (Address) 3035 Odonnell St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: May 1 1931

UNDERTAKER: George W. Zinkler — ADDRESS: 1737 E. Eager St

Spmc.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68304 E 68304

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1041 Ridgely. 21-31 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Henry. Krieger

(a) RESIDENCE NO. 1041 Ridgely ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Krieger

6 DATE OF BIRTH (month, day, and year) Aug 23 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Christopher Krieger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Wallmfelg.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Katherine Krieger (Address) 1041 Ridgely St

15 3 0 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28-31

17

I HEREBY CERTIFY, That I attended deceased from Apr 13 1931 to Apr 28 1931

that I last saw him alive on Apr 28/31 and that death occurred, on the date stated above, at 1030A m.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage

(duration) yrs. 20 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Wm A Luckner M. D.

Apr 30 1931 (Address) 12 E Lex St Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marnel Cemetery.

DATE OF BURIAL 5-1 1931

20 UNDERTAKER Mrs Chas A. J. Rohde

ADDRESS 2327 Edmondson Ave.

Spec.—9 30—A. & Co.—250 Blks.

8305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

34 V 68305

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No St Joseph's Hospital 15-26 ST. (WARD)

2-FULL NAME Ignatius A. McGuiness

(a) RESIDENCE NO. 1013 Edmondson Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29, 1879

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John F. McGuiness

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret E. Kennedy

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Mr. C. A. McGuiness
(Address) 1631 N. North Ave.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-30-31

17

I HEREBY CERTIFY, That I attended deceased from 4-1-31, 19..., to 4-30-, 1931

that I last saw h[im] alive on 4-30-31, 19...

and that death occurred, on the date stated above, at 12 [illegible] A.M.

The CAUSE OF DEATH* was as follows:

Aneurysm of Aorta

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? —

What test confirmed diagnosis? X-Ray

(Signed) Lawrence M. Sena, M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral — DATE OF BURIAL May 4 1931

20 UNDERTAKER Martin Dakey & Sons 1827 W. North Ave.

Rec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68306 — 159 — E 68306

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5380 Barre ST. 22-30 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Castranda Jr

(a) RESIDENCE NO. 5380 Barre ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word):

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 4-29-31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joseph Castranda

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Dorothy Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Castranda

(Address) 5380 Barre

15 Filed ... 19... Registrar

PR 36 1931 — Dept. JONES, H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-30-31

17 I HEREBY CERTIFY, That I attended deceased from April 29, 19..., to April 30, 19 31,

that I last saw h... alive on April 30 19 31

and that death occurred, on the date stated above, at 6.30 p. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

5 months in utero

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lloyd Brown, M. D.

(Address) 7002 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	May 1st 1931
20 UNDERTAKER	ADDRESS
Funeral Service	703 Hamm

1-30—M. & T.—100 B—50L

E 68307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 V

E 68307

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. [illegible] WARD)

2-FULL NAME Anna Lemley

(a) RESIDENCE NO. Not known ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): Not Known

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 27 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) Ehausted yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? History

(Signed) H. C. Blades, M. D. Coroner

19 (Address) 713 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

APR 30 1931

THE MORGUE

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68308 — 74-001 ✓ — E 68308

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital, ST., 3-A WARD)

2-FULL NAME James Mulligan

(a) RESIDENCE NO 428 S Caroline ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Black	Not Known

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 087
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unknown

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed ..... 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchitis

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? City Hospital

(Signed) W C Wade, M. D.
Coroner

, 19 (Address) 143 W Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

APR 30 1931

G. LAWRASON JONES, M. D. Health Officer

APR 30 1931 — REGISTRAR

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68309 108 ✓ E 68309

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 3-4 WARD)

2-FULL NAME John Fitzsimmons

(a) RESIDENCE NO 227 a Spring ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced (write the word): Don't Know

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

14 Informant

(Address)

Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? City Hospital

(Signed) G. G. Glades, M. D.
Coroner

19 ..... (Address) 1630 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

APR 30 1931

APR 30 1931

THE MORGUE

1-30—M. & T.—100 B—501.

E 68310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 183 E 68310

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Harbor Foot of Bway ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Albert Martinez Jr

(a) RESIDENCE NO Norfolk ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hr. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

087

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant

(Address)

15 Filed 5-6-1931, 192 C. HAMPSON JONES, M. D.
Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot. Acc Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Autopsy

(Signed) Geo B Eades, M. D.
Coroner

, 19 (Address) 173 No Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68311 — E 68311

183 V #10

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harbor foot of Eden St. ST., 3 5 WARD)

2-FULL NAME Unknown

(a) RESIDENCE NO. " ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	do Known

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed APR 30 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 21 31, 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot dec'd Monday

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? History

(Signed) Geo Yates, M. D.
Coroner

, 19 (Address) Died to Surg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	APR 30 1931, 19
20 UNDERTAKER HAMPSON JONES, M. D.	ADDRESS

THE MORGUE.

C-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68312

CERTIFICATE OF DEATH

183 #68312

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Harbor Fort & Block ST., 3-4 WARD)

2-FULL NAME James T Johnson

(a) RESIDENCE NO 5-21 a Lombard ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER George Johnson

11 BIRTHPLACE OF FATHER (city or town) do Known
(State or country)

12 MAIDEN NAME OF MOTHER dont Known

13 BIRTHPLACE OF MOTHER (city or town) do do
(State or country)

14 Informant George Johnson

(Address) 521 S Caroline St

15 Filed ..... 19.. J. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shot accidentally

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. McCades ....., M. D.
Coroner

19 (Address) 73 No Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY

DATE OF BURIAL: APR 30 1931 19

20 UNDERTAKER (Name of Undertaker) Weeks

ADDRESS

APR 30 1931 J. HARRISON JONES, M. D.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~68313~~ 68313 ~~E 68313~~ E 68313

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Harbor Pool 1 Frederick ST., WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alex Chernack

(a) RESIDENCE NO. 117 S Stoney ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Dont Known

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed ..... 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prob. Acc Drowning

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Autopsy History

(Signed) C C Cades, M. D. Coroner

, 19.. (Address) 730 Battery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	19
20 UNDERTAKER (Commissioner Health.)	ADDRESS

OCT 1931

C. HAMPSON JONES, M. D.

Spec.—8.36—A. & Co.—250 Blks.

68314 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#6 E 68314

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5201 Roland Ave. (St.) 27-53 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Florence Sears

(a) RESIDENCE NO. 5201 Roland Ave. (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles C. Sears

6 DATE OF BIRTH (month, day, and year): Feb. 13, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: John B. Emich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Margaret L. Gorsuch

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore County, Maryland

14 Informant (Address): Mrs. Isabella M. Davis, 5201 Roland Ave.

15 4-30 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 29, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1927, to April 29, 1931

that I last saw her alive on April 29, 1931

and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of pyloric portion of digestive tract
(Probably very close to Pylorus)
about 2 yrs. (Duration)

CONTRIBUTORY (Secondary) Undiagnosed Inflammatory disease in upper Digestive tract
about 2 yrs. (Duration)

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Made clinically

(Signed) Sydenham R. Clarke M. D.

4/30 1931 (Address) 1 St. Johns Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 1 1931

UNDERTAKER: Joseph H. Cook

ADDRESS: 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Blks

68315

HEALTH DEPARTMENT—CITY OF BALTIMORE

68315

CERTIFICATE OF DEATH.

34

1 PLACE OF DEATH Baltimore City Hospitals 3-4 ST WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME William H. Deputy

(a) RESIDENCE NO 1443 Eastern Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 7 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 12, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Maryland Dry Dock Co.

9 BIRTHPLACE (city or town) (State or country) Wilmington Del.

PARENTS

10 NAME OF FATHER Nathan Deputy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del.

12 MAIDEN NAME OF MOTHER Mary Bettlewood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Del.

14 Informant (Address) Records of Baltimore City Hosp.

15 Filed . 19 . Registrar

01931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-30-31

17

I HEREBY CERTIFY, That I attended deceased from 4-27-31, 19 , to 4-30-31, 19

that I last saw h im alive on 4-30-31, 19

and that death occurred, on the date stated above, at 8:20 A m.

The CAUSE OF DEATH* was as follows:

Syphilis of aorta with aortic insufficiency.

(duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Alcoholism, chronic

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical + lab.

(Signed) Paul Padget. M. D.

4-30 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington, Del.

DATE OF BURIAL 4/30 1931

20 UNDERTAKER J. J. Moran

ADDRESS E. Balto

Spec.—9 30—A. & Co.—250 Bks.

68316 # HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#6 E 68316

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 332 Lemmon St 16-6 WARD)

2-FULL NAME Margaret M Bonnett

(a) RESIDENCE NO 332 S Linwood ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Matthew J. Barrett

6 DATE OF BIRTH (month, day, and year) Dec. 21, 1873

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	4	3	6

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER James O. Mulkern

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Mary M. Mulkern

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Katherine Barrett 332 S Linwood Ave

15 Filed 4 30 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/27/31

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to April 27, 1931

that I last saw h[illegible] alive on April 27, 1931

and that death occurred, on the date stated above, at 12 40 m.

The CAUSE OF DEATH* was as follows:

Retroperitoneal Sarcoma

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? yes Date of Mch 15 31

Was there an autopsy? no

What test confirmed diagnosis? C

(Signed) J. Joseph Toohey M. D.

19 (Address) 500 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	4/30/31

20 UNDERTAKER John A. Moran ADDRESS 3000 E. Balto St.

pec.—1-30—M. & T.—250 Blks.

E 68317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-001 E 68317

REGISTERED NO.

1-PLACE OF DEATH U.S. Marine Hospital Baltimore, Md.

CITY OF BALTIMORE: (No. 16-22 ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Boykin

(a) RESIDENCE NO. 1113 W. Stricker St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 089

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER James Boykin

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Ella Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant (Address) Records, U.S. Marine Hospital Baltimore, Md.

15 Filed 5-2-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 22, 19 30, to April 29, 19 31,

that I last saw him alive on April 29, 19 31,

and that death occurred, on the date stated above, at 2:35 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of bone, 12th rib and 4th & 5th lumbar vertebrae

over 1 year (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 7-7-30

Was there an autopsy?

What test confirmed diagnosis? Clinical & lab. findings

(Signed) Emma Brown M. D.

4/29, 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U S National Cem

DATE OF BURIAL 5/1/31

20 UNDERTAKER Harry A. Wiltse

ADDRESS 4101 Edmondson Ave.

pec.—1-30—M. & T.—250 Bks

68318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93 E-003 68318

13-54

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Brookfield Avenue St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary V. Sollers

(a) RESIDENCE NO. 2212 Brookfield Avenue ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 82 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Oct. 28, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas Owings Sollers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Martha Valentine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ----- Pennsylvania

14 Informant Miss Catherine Murphy

(Address) 2212 Brookfield Avenue

15 Filed 5 1931 C. F. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/25, 1931, to 4/29, 1931, that I last saw h[illegible] alive on 4/29, 1931, and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Myocardial Degeneration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 2212 Brookfield Ave.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Test

(Signed) Zach. R. Morgan M. D.

4/30 1931 (Address) 6-E-Blackstone Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	5/1 1931

20 UNDERTAKER Henry W. Myers

ADDRESS 803 N. Calvert

Spec.—9-30—A. & Co.—250 Bks

Dr Brain Washington Blvd ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

68319

CERTIFICATE OF DEATH

82-00

L 68319

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1032 Ridgely St. 21-29 WARD

2 FULL NAME Margaret Machen

(a) RESIDENCE NO. 1032 Ridgely ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Geo. L. Machen

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	78	2.	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robert Conn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Margaret Dinsmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Lillian Smith 1032 Ridgely St

15 Filed ___, 19___ ___ Registrar

30 1931 G. HAMPSON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29th 1931

17

I HEREBY CERTIFY, That I attended deceased from 4/5, 1931, to 4/29, 1931

that I last saw her alive on 4/29, 1931

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac Disease

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert Dunn M. D.

(Address) 1 W. Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes state, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 5/2/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—9-20—A. & Co.—250 Blks.

68320

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-0 68320

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 743 McCabe Ave ST. 27-44 WARD

2 FULL NAME Sterling Price Face

(a) RESIDENCE NO. 743 McCabe Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emma V. Face

6 DATE OF BIRTH (month, day, and year) June 27 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Potter, Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER William Face

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment (Address) Emma V. Face 743 McCabe Ave.

Filed 30 1931 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29-31

17

I HEREBY CERTIFY, That I attended deceased from March 1- 1931 to April 29 1931

that I last saw him alive on April 28 1931

and that death occurred, on the date stated above, at 9- A. m.

The CAUSE OF DEATH* was as follows:

Chron Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Jones M. D.

4-29 1931 (Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Hill Cemetery

DATE OF BURIAL 5/1 1931

20 UNDERTAKER W H Cook

ADDRESS 1217 W Fayette St

Spec—12-1-25—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68321 — X 51 ✓ — E 68321

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Church Home and Infirmary

City of BALTIMORE: (No. North Broadway St. 9-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Eberhard W. Thayen

(a) RESIDENCE NO. 3308 Ellerslie Ave St. Ward Chihuahua-Mexico.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? 66 yrs. 10 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of): Emilia Thayen

6 DATE OF BIRTH (month, day, and year): June-29-1864

7 AGE — Years: 66 — Months: 10 — Days: 1 — IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stock-Broker

(b) General nature of industry, business, or establishment in which employed (or employer): Investments

(c) Name of employer: Ricardo Wisbaun (Mexico)

9 BIRTHPLACE (city or town): Puebla.

(State or country): Mex

PARENTS

10 NAME OF FATHER: Eberhard Thayen

11 BIRTHPLACE OF FATHER (city or town): ....

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Jane Paddington

13 BIRTHPLACE OF MOTHER (city or town): ....

(State or country): West Indies

14 Informant: Mrs Jenny S. Thayen (Sister)

(Address): 3308 Ellerslie Ave. City

Filed 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: April 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 4 1931, to April 30, 1931, that I last saw him alive on April 30, 1931, and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) ? yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary): Pyonephrosis and Uremia

(duration) .... yrs. 3 mos. .... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of Mar 4, 1931

Was there an autopsy? yes

What test confirmed diagnosis? ....

(Signed) James Legarey, M. D.

, 19 Address: Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial: May 2, 1931.

20 UNDERTAKER: Edward Mann Co — ADDRESS: Balto

very important. See instructions on back of certificate

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68322 93603 E 68322

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. 612 George St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Briscoe.

(a) RESIDENCE NO. 612 George St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: Years 52 | Months — | Days — | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Md.
(State or country)

PARENTS

10 NAME OF FATHER: Roscoe Briscoe

11 BIRTHPLACE OF FATHER (city or town): Md.
(State or country)

12 MAIDEN NAME OF MOTHER: Julia Grosbeck

13 BIRTHPLACE OF MOTHER (city or town): N.Y.
(State or country)

14 Informant (Address): Mrs. Stewart 1336 Druid Hill Ave

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): April 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. A. Huch, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 5/1/31

20 UNDERTAKER: Thos Geo. H. Holland — ADDRESS: 1611 Druid Hill

important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68323.

23-668323

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Union Memorial Hospital 42-51 WARD)

2 FULL NAME Celia M. Sampler

(a) RESIDENCE No. 2622 Remond ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	married

5a If married, widowed, or divorced WIFE of Benjamin F. Sampler

6 DATE OF BIRTH (month, day, and year) 6-30-92

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm. Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Rhoades

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Benj. F. Sampler

(Address) 2622 Remond st

15 1 Wed 1931 D. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/30/31

17

I HEREBY CERTIFY, That I attended deceased from 4-27 , 19 31 , to 4-30 , 19 31

that I last saw h-r alive on 4-30 , 19 31

and that death occurred, on the date stated above, at 12 52 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Francis W Sluck M. D.

(Address) Union Memorial Hosp 4/30, 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Hampden.	May 4 1931

20 UNDERTAKER Walter Davis ADDRESS 3418 Chestnut Ave

Spec.—9-30—A. & Co.—250 Blks.

68324

HEALTH DEPARTMENT—CITY OF BALTIMORE

68324

CERTIFICATE OF DEATH

93-003

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 18-24 ST. (WARD)

2. FULL NAME Mary Delisio

(a) RESIDENCE NO 1018 Bond St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tony Delisio

6 DATE OF BIRTH (month, day, and year) 6-11-1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Benjamin Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Maria ? Germany

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Tony Delisio

(Address) 1018 Bond St.

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-24-31

17

I HEREBY CERTIFY, That I attended deceased from 4-10, 1931, to 4-24, 1931

that I last saw her alive on 4-24, 1931

and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis, Chronic Chronic myocarditis

Cardiac failure (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) — yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical

(Signed) Lucien E. Lucien M. D.

+30. 1931. (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Crem

DATE OF BURIAL 5/1 1931

20 UNDERTAKER Robert Brooks & Son

ADDRESS Baltimore Hollins

V 1-1931

Spec.—9-30—A. & Co.—250 Blks

247035 E 68325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 462 E 68325

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL S. 9-9 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bessie Clayton

(a) RESIDENCE NO. Pikes Heights Hotel & Rest WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Wesley Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lizzie White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Nurse
(Address)

15 Filed 1-1931 C. H. [illegible] JONES, M. D. Registrar
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 29, 31

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to April 29, 1931

that I last saw her alive on April 29, 1931

and that death occurred, on the date stated above, at 5-45 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8 Sept 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) E H Complin M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pikesville Cemetery	May 3, 1931
20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	1725 Eastlan Ave

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68326

CERTIFICATE OF DEATH.

3-4 131V

E 68326

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 S. Bethel St. 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E. Bedford

(a) RESIDENCE No. 230 S. Bethel St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Bedford

6 DATE OF BIRTH (month, day, and year) Unknown 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Pt. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Walter Bedford. (Address) 230 S. Bethel St.

15 Filed — 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28-31

17 I HEREBY CERTIFY, That I attended deceased from 3-10- , 1931 , to 4-28- , 1931 that I last saw h— alive on 4-27- , 1931 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Valvulitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. D. Easter M. D.

5-1- 1931 (Address) 611 N. Carol

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL North Pt Road.

DATE OF BURIAL May 1 1931

20 UNDERTAKER Mrs. R. A. Elliott

ADDRESS 1720 Eastland Ave

Cor.—10-10-29—A Co.—100 Bks.

E 68327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-091 E 68327

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No.) 604 Jarvis St. 17-25 Ward

2-FULL NAME Wm Carter

(a) RESIDENCE 604 Jarvis St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 Color or Race: Col
5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day and year): Mar 5-1894

7 AGE: Years 37 | Months 1 | Days 23 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Portland
(State or country)

PARENTS

10 NAME OF FATHER: Edw Carter
11 BIRTHPLACE OF FATHER (city or town): Balto Md
(State or country)
12 MAIDEN NAME OF MOTHER: Anna Hance
13 BIRTHPLACE OF MOTHER (city or town): Balto
(State or country)

14 Informant (Address): Wife 604 Jarvis St

15 Filed 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): April 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Mitral Stenosis
Sudden
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Regular
(Signed) [illegible] M. D.
(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: May 1 1931

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1725 Eastlander

important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68328 108 ✓ E 68328

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. ~~604~~ 439 N. Fremont St. 12-19 Ward)

2-FULL NAME Clarence Jennings

(a) RESIDENCE NO. ~~604~~ 439 N. Fremont St., 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M.	C	—

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-19-28

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	3	3	12	10

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER C. Jennings.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Albertas Short

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant C. Jennings
(Address) 604 N. Fremont St

15 Filed ——— 19 ——— Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquest) thereon and from the evidence obtained by said Inquest, autopsy or inquest) find that said deceased came to h. death on the day stated above.
The CAUSE OF DEATH* was as follows:

Ac Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

4/30. 1931 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	May 1 1931
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1725 Ashland Ave

Important. See instructions on back of certificate.

Dec.—2-29-28—L. F. S.—500 Bks.

Pannell

E 68329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

E 68329

1—PLACE OF DEATH Md. General Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 25-15 WARD)

2—FULL NAME Mrs Alice Pannell

(a) RESIDENCE NO. 601 Washington Ave Brooklyn Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 7 mos. 27 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edward H Pannell

7 DATE OF BIRTH (month, day, and year) Sept 2. 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59 ~~53~~	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Richard Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md.

12 MAIDEN NAME OF MOTHER Martha Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Hospital Records

(Address)

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29/1931

17 I HEREBY CERTIFY, That I attended deceased from 4-18-, 1931, to 4-29, 1931

that I last saw her alive on 4-29, 1931

and that death occurred, on the date stated above, at 3:22 Am.

The CAUSE OF DEATH* was as follows:

(Chronic Cholecystitis 2 yrs)

@ Acute empyema of Gall bladder

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) uremia

(duration) yrs. mos. 4 ds. ?

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert F. Chenoweth, M. D.

4/29/31 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL May 2 1931

20 UNDERTAKER John F Denny

ADDRESS 715 Lex St

Spec.—9 30—A & Co.—250 Blks

68330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001 E 68330

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 123 Warren Ave. 24-33 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Belle Busch

(a) RESIDENCE NO. 123 Warren Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George D. Busch

6 DATE OF BIRTH (month, day, and year) Oct 1 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework at

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James E. Redman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Hamill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Mrs Sallie R. Denny 123 Warren ave

15 Filed 1931 C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28/31

17

I HEREBY CERTIFY, That I attended deceased from April 13, 1931 to April 28. 1931.

that I last saw her alive on April 28, 1931.

and that death occurred, on the date stated above, at 3 40 p m.

The CAUSE OF DEATH* was as follows:

Chronic aortic regurgitation of heart

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

(duration) immediate yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Harry Feibel M. D.

5/11 1931 (Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: May 1 1931

UNDERTAKER: John F Denny — ADDRESS: 715 Light St

Cor.—10-10-29—A Co.—100 Bks.

68331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 68331

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) President Nr. St. 7-24 (Ward)

2-FULL NAME John Darby

(a) RESIDENCE NO. 614 N. Eastaw St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lovinia Darby

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE — Years: 75 — Months: — Days: — IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Driver. 07
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Va

9 BIRTHPLACE (city or town): Va
(State or country)

PARENTS

10 NAME OF FATHER: John W. Darby

11 BIRTHPLACE OF FATHER (city or town): Va
(State or country)

12 MAIDEN NAME OF MOTHER: Hutchinson.

13 BIRTHPLACE OF MOTHER (city or town): Va
(State or country)

14 Informant: Lavinia Darby
(Address): 614 N. Eastaw St

15 Filed MAY 1 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Surgeon (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ___ yrs. ___ mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgery

(Signed) H. A. Kluck, M. D.

(Address) 1928 Boston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Thompson Va Richmond Va

DATE OF BURIAL: 5/1/31

20 UNDERTAKER: Underhill & Haddix

ADDRESS: 1540 N. Eastaw

important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 68332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

E 68332

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 26-39 WARD)

2-FULL NAME Marie E. ~~Maseth~~ Maseth

(a) RESIDENCE NO 3612 Roberts St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~Mar 15/1905~~ 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John L. Maseth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Maggie Bachman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Miss Gertrude Maseth

(Address) 3612 Roberts St

15 Filed JUN 1 - 1931 '31 C. Hilary Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 29/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia- Self induced abortion with bougie Apr 20/31

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Bacon, M. D. Coroner

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bak Laurel Cemetery — DATE OF BURIAL: May 2 1931

20 UNDERTAKER: John Ullrich — ADDRESS: 200 Hillsdale

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

133 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hosp. 6-18 (WARD)

2-FULL NAME Ethel ~~Patts~~ Pats

(a) RESIDENCE NO. 118 N. Patterson Pk. Av. ST. WARD

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	married

3a If married, widowed, or divorced (or) WIFE of Abraham Patts

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	—	—	—

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Nathan Pats (Address) 2010 E. Pratt St

15 Filed [illegible] 1931 C. PAULSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1. 1931

17

I HEREBY CERTIFY, That I attended deceased from March 19, 1931, to May 1, 1931

that I last saw h e alive on May 1, 1931

and that death occurred, on the date stated above, at 3 50 a. m.

The CAUSE OF DEATH* was as follows:

Bilateral pyelonephritis c chr. Uremia

Cardiac hypertrophy & dilat stasis

Mitral insufficiency

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) 2 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical—

Signed Archie Robert Cohen M. D.

5/1, 1931 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrer-Rebaum Rm

DATE OF BURIAL 5/1 1931

ADDRESS

20 UNDERTAKER Jack Lewis Co. 1439 E Balto St

1-30—M. & T.—100 B—50L

Dr Bladen

E 68334

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 68334

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 18-26 WARD)

2-FULL NAME Clara E. Sanders

(a) RESIDENCE No. 938 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles M. Sanders

6 DATE OF BIRTH (month, day, and year) Sept 5th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER George E. Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Eliza Causey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant Charles M. Sanders

(Address) 938 W Lexington St

15 Filed ..... 193.. C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Autopsy or Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by ~~said Inquest~~ autopsy or inquiry find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mammal.

CONTRIBUTORY (Secondary) 6 hr Myocarditis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 938 W Lex St

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Histology

(Signed) G C Bladen, M. D. Coroner

, 19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 5/2/1931

20 UNDERTAKER: Wm Cook 1217 St Paul St — ADDRESS

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68335

CERTIFICATE OF DEATH

159 ✓ E 68335

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 9-10 WARD)

2-FULL NAME Anna Soellner

(a) RESIDENCE NO 506 N. Lakewood Ave ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 28/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James J. Soellner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Frances Horak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant James J. Soeller (Address) 506 N. Lakewood

15 Filed ..... 192 ..... Registrar

1-1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 30/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity 8 mons gestation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. M. Ball, M. D. Coroner

5/1/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL 4/29 1931

20 UNDERTAKER Lilly & Fuller ADDRESS 400 W. Fayette St.

1-30—M & T.—100 B—50L

E 68336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 140 ✓

E 68336

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 11-25 WARD)

2-FULL NAME Frances Floyd Butler

(a) RESIDENCE NO 101 W. Monument St Balto- ST., Galts Mills, Va WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert H. Butler

6 DATE OF BIRTH (month, day, and year) Feb 25/1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession of particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Galt's Mills, Va.

PARENTS

10 NAME OF FATHER Edgar J. Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Galt's Mills, Va.

12 MAIDEN NAME OF MOTHER Elinor Floyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond, Texas

14 Informant Herbert H. Butler

(Address) 101 W. Monument St

15 Filed 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 30/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fibrino Purulent Pleurisy
" " Peritonitis
Acute Splenic Tumor

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of Abortion Apr10th
Cause undetermined (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) Jos J Kaelin, M. D.
Coroner

6/1/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cremation, London Park	May 1 1931
20 UNDERTAKER	ADDRESS
Henry W. Marston	805 N. Calvert

1-30—M. & T.—100 B—501.

E 68337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V # 14

E 68337

175

18-26

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. (WARD)

2-FULL NAME Fletcher Book or Brooks

(a) RESIDENCE NO 1015 Wagon Alley ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 40 yrs

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 40 yrs			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Western Police Dist

(Address)

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 19/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage- knocked down and skull was fracture in occiput

Homocide

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? yes Date of Apr 16/31

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) ..... M. D. Coroner

4/30/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	MAY 1 - 1931
20 UNDERTAKER Commissioner Health	ADDRESS

THE MORGUE

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68338 E 68338

CERTIFICATE OF DEATH

23 # 13

1—PLACE OF DEATH (CITY OF BALTIMORE) (No.) 1139 Woodyear ST. (WARD) 16-23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Melvin Brooks

(a) RESIDENCE NO. 1129 Woodyear ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col.

5 Single, Married, Widowed, or Divorced. (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Tremore

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Mr. Brooks

11 BIRTHPLACE OF FATHER (city or town) Va.

(State or country)

12 MAIDEN NAME OF MOTHER Deanna Brooks

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant Deana Brooks

(Address) 1139 Woodyear Ave.

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 27/31

17 I HEREBY CERTIFY, That I attended deceased from Apr 18 19 31 to Apr 27 19 31

that I last saw him alive on Apr. 26 19 31

and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemmorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Phthisis

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. W. Hatcher, M. D.

4/27/31 (Address) 1212 Pine St.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL MAY 1 - 1931

20 UNDERTAKER Commissioner Health.

ADDRESS

L-T

THE MORSE

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68339 — 82-001 — 68339

CERTIFICATE OF DEATH.

18-26

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 424 N. Carralton ave. (WARD)

2 FULL NAME Mary Susan Lee

(a) RESIDENCE NO. 424 N. Carralton ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Lee

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	56	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Essex Co., Va.

PARENTS

10 NAME OF FATHER: Thos. Jefferson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Essex Co., Va.

12 MAIDEN NAME OF MOTHER: Julia Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Essex Co., Va.

14 Informant: Rebecca Bevans (Daughter)
(Address): 424 N. Carralton ave

15 Filed 1-1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-28-'31

17 I HEREBY CERTIFY, That I attended deceased from April 25, 19 31 to April 28, 19 31 that I last saw her alive on April 27th, 19 31 and that death occurred, on the date stated above, at 10.10a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of D

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson M. D.

. 19 (Address) 1631 W. Franklin st.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: 5-2-31

20 UNDERTAKER: Chas S. Cooper — ADDRESS: 514 N. Eutaw St.

Spec.—5-16-29—L. F. S.—100 Blks.

E 68340

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 68340

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2445 Edmondson Ave ST.) 20-69 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Bell Barton

(a) RESIDENCE NO. 2445 Edmondson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	W	married

5a If married, widowed, or divorced HUSBAND ~~of~~ (or) WIFE of John Wesley Barton

6 DATE OF BIRTH (month, day, and year) Nov-22-1856

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Accomac Co.
(State or country) Va.

PARENTS

10 NAME OF FATHER Thomas F. Drummond

11 BIRTHPLACE OF FATHER (city or town) Accomac Co.
(State or country) Va.

12 MAIDEN NAME OF MOTHER Elizabeth Bell Clayton

13 BIRTHPLACE OF MOTHER (city or town) Accomac Co.
(State or country) Va.

14 Informant John Wesley Barton
(Address) 2445 Edmondson Ave

15 Filed ... 19... Registrar

V 1-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-30-31

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1930, to April 30, 1931, that I last saw h[er] alive on April 25, 1931 and that death occurred, on the date stated above, at 1:28 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs & urinalysis

(Signed) Chester Rolands, M. D.

4-30-1931 (Address) 2302 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL London Park Cem.

DATE OF BURIAL May 2 1931

20 UNDERTAKER Wm. J. McKeever & Son

ADDRESS Northeld

Spec.—9-29—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68341 — 108 — E 68341

1-PLACE OF DEATH

CITY OF BALTIMORE: (No University Hospital 18-76 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rufus Austin (Rufus Alston ← correct name

(a) RESIDENCE No. 375 W. Fairmount Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Alston

6 DATE OF BIRTH (month, day, and year) Aug 30, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	7	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wellington, N. C.

PARENTS

10 NAME OF FATHER John Alston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wellington, N. C.

12 MAIDEN NAME OF MOTHER Ella Hunting

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Fannie Alston
(Address) 375 Fairmount Ave.

15 Filed ....., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 27, 1931, to April 28, 1931

That I last saw him alive on April 28, 1931

and that death occurred, on the date stated above, at 11 00 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY — (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? Yes. signs

What test confirmed diagnosis? autopsy & clinical

(Signed) George J. Siebops Jr. M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Mt. Auburn Cemetery — DATE OF BURIAL May 1, 19 31

20 UNDERTAKER Mrs Katie R. Willis — ADDRESS 322 N. Schroeder

Spec.—9-30—A. & Co.—250 Bks.

68342

HEALTH DEPARTMENT—CITY OF BALTIMORE

68342

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No 18-16 ST. WARD)

2 FULL NAME Pearl Johnson

(a) RESIDENCE NO 723 W. Mulberry st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Johnson

6 DATE OF BIRTH (month, day, and year) Oct. 3, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Frederick Maryland

PARENTS

10 NAME OF FATHER Henry Satineton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed V 1 1931 Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 29, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1930, to Apr. 29, 1931

that I last saw her alive on Apr. 29, 1931

and that death occurred, on the date stated above, at 2.15 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Lucas M. D.

4-29, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health

MAY 1 1931

P. WOODALL

Spec.—9-30—A. & Co.—250 Blks

244059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68343 X 53 E 68343

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. 9-9 WARD)

2 FULL NAME Bertha Rache

(a) RESIDENCE No Pelham Manor N York ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank

6 DATE OF BIRTH (month, day, and year) /

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: HW 87

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ind

PARENTS

10 NAME OF FATHER: Sigmond Wolfe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Europe

12 MAIDEN NAME OF MOTHER: Eckman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Europe

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed MAY 6 1931 Hayden Jones, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-1-1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1930, to May 1, 1931

that I last saw her alive on May 1, 1931

and that death occurred, on the date stated above, at 5 55 11 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Antrum

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pelham Manor, N.Y.

Did an operation precede death? Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological Section

(Signed) A. Murray Fisher M. D.

5/1, 1931 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pasadena Cal — DATE OF BURIAL: May 1 1931

20 UNDERTAKER: W M Routson — ADDRESS 2238 N Monte.

1-30—M. & T.—100 B—50L

E 68344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68344

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital St. 96-42 WARD) REGISTERED NO. 86-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Snapper

(a) RESIDENCE No Cedulla Ave Ext ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 68				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farm Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prob. Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pro Germany

14 Informant N.E.Police

(Address)

15 May 1 1931 192 Registrar

MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 25/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull- Accidently fell from wagon load of leaves upon which he was riding on or near Redecke Woods. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D. Coroner

4.30, 19 31 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS MAY 1 - 1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68345 92-001 E 68345

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Providence Hosp 4-30 Ward)

2-FULL NAME Unknown Colored Man

(a) RESIDENCE NO. Unknown St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
about 50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 670
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unk

14 Informant N. W. Police Record
(Address)

15 Filed [illegible] 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) April 27th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Reginald Fitz Leech, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER Coroner Health — ADDRESS THE MORGUE

MAY 1 - 1931

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

68346 ✓ 68346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ~~20 W. 34~~ WARD)

2 FULL NAME Edward Vincent Coolahan

(a) RESIDENCE No. 24 N. Fulton Avenue ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred, 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 23 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) 054

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Malachi Coolahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Farrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Wm P. Coolahan 24 N Fulton Ave

15 Filed 1 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/29/31

17

I HEREBY CERTIFY, That I attended deceased from 4/25 . 1931 . to 4/29 . 1931

that I last saw h[illegible] alive on 4/29 . 1931

and that death occurred, on the date stated above, at 2 21 A.M.

The CAUSE OF DEATH* was as follows:

Acute tuberculous pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of .....

Was there no autopsy? No

What test confirmed diagnosis? Examination clinical & Lab.

(Signed) Theo. E. Stacy Jr M. D.

. 19 (Address) 4012 Edmondson Avenue

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 5/2 1931

20 UNDERTAKER: George A Fahey

ADDRESS: Fulton & Fayette

Spec.—9-30—A. & Co.—250 Blks

68347 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131 L 68347

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 711 W. Lexington St. (Hosp.) (Ward) 69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Matthew Quinn

(a) RESIDENCE NO. 711 W. Lexington St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Mary A. Quinn

6 DATE OF BIRTH (month, day, and year): Sept 23-1868

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lieutenant Police

(b) General nature of industry, business, or establishment in which employed (or employer): Balto. Md. 661

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Matthew Quinn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Catherine Kennedy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Francis Quinn
(Address) 711 W Lexington St.

15 Filed ..., 19... HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 29-31

17

I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan 29, 1931, that I last saw h[illegible] alive on Jan 29, 1931, and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis
two years
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

..., 19... (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: May 2 1931

UNDERTAKER: Maxwell & Flynn

ADDRESS: 1422 Light St.

Cor.—10-10-29—A Co—100 Bks.

E 68348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 68348

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 123 E.Barney St. St. 24-34 Ward)

2-FULL NAME Joseph A.Brophy.

(a) RESIDENCE NO. 123 E.Barney St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 7 mos. 12 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 16,1878

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	52	7	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER James Brophy.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Sarah King.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant Stasia Bradley.(sister)
(Address) 123 E.Barney St.

15 Filed C. HAMPSON JONES M. D. Registrar
May 1 1931 By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 28, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt M. D.

4/30. 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National Cemetery

DATE OF BURIAL May 2 - 1931

20 UNDERTAKER Margaret E. Flynn

ADDRESS 1422 Light St

Important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 68349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68349

CERTIFICATE OF DEATH.

95-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1415 W. Fayette St. (or WARD) 14-27

2-FULL NAME Frank Thomas Clabaugh

(a) RESIDENCE NO. 1415 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Clabaugh

6 DATE OF BIRTH (month, day, and year) March 13, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	65	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Black Smith 006

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Middleburg, Carroll County Maryland

PARENTS

10 NAME OF FATHER Hanson Clabaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Otto

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Barbara Clabaugh
(Address) 1415 W. Fayette St.

Filed 1 1931 19 No. 6501 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from 4-29, 1931, to 4-30, 1931, that I last saw him alive on 4-29, 1931, and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal decompensation

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urinary.

(Signed) Chas. C. Conser, M. D.

4/30, 1931 (Address) 1101 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL May 2 1931

20 UNDERTAKER Wm. H. Cook

ADDRESS 1003 West Baltimore St.

Cor.—10-15-29—A Co.—100 Bks.

E 68350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68350

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1042 W. Mount St. 16-26 Ward)

2-FULL NAME Ruth V. Carter

(a) RESIDENCE NO. 1042 W. Mount St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) July 31-1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Geo Carter

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Edith Johnson

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Edith Johnson
(Address) 1042 W. Mount St

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 1st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. L. Rahner — DATE OF BURIAL May 2 1931

20 UNDERTAKER James H. Glass & Son — ADDRESS 638 Gilmor

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 V

E 68351

CERTIFICATE OF DEATH

E 68351

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Providence Hosp. St., 17-7 (Ward)

2-FULL NAME Fred R. Perkins

(a) RESIDENCE NO. 704 W Mulberry St. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Perkins

6 DATE OF BIRTH (month, day and year): 1877

7 AGE: Years 54; Months; Days; IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work: Laborer. (b) General nature of industry, business, or establishment in which employed (or employer): do (c) Name of employer: Yes

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unk

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant (Address): Rev. Fuller Emmitt & Lauvale

15 Filed APR 30 1931 — G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): April 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry) find that said deceased came to _____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Funk M. D.

May 1st 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cemetery	May 2 1931
20 UNDERTAKER	ADDRESS
Archibald Co Baddis	845 W Fulton St.

important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

68352 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 82-85

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 N. Lamb St. 16-22 (WARD)

2 FULL NAME George E. Boll

(a) RESIDENCE No. 2023 N. Lamb St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 23rd 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) R.R.

(c) Name of employer W. B. & A. Railway

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Ambrose J. Boll

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Grace K. Shultz Kagel

(Address) 20305 Loretta Ave

15 Filed 1-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1st 1931

17

I HEREBY CERTIFY, That I attended deceased from March 30 1930, to May 1st 1931

that I last saw him alive on April 20th 1931

and that death occurred, on the date stated above, at 2 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Cardio Hypertrophy

(duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. A. Kimpton M. D.

May 1 1931 (Address) 1326 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 5/4 1931

20 UNDERTAKER: Wm Cook 1217 E Pratt St — ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68353

CERTIFICATE OF DEATH.

131 L 68353

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Harford Av ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eliakim T. Robb

(a) RESIDENCE NO. 1739 Harford Av ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E. [Hargest]

6 DATE OF BIRTH (month, day, and year) 8-16-1853

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77	8	14	X

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James T Robb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Sarah W. Collings

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Catherine Robb
(Address) 1737 Harford Av

15 Filed 1931 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 30-31

17

I HEREBY CERTIFY, That I attended deceased from Apl. 25 1931. to Apl. 30 1931.

that I last saw him alive on Apl. 29 1931.

and that death occurred, on the date stated above, at 8 00 A.M.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

Not definite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden M.D.

(Address) 1216 N. Carlin Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 5/1/31

20 UNDERTAKER: George J. Ruth Inc — ADDRESS: 1735 Harford Av

Cor.—10-10-29—A Co.—100 Bks.

E 68354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75 E 68354

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. St. 5-8 (Ward)

2-FULL NAME Douglass L. Darby.

(a) RESIDENCE NO. 219 N. High St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 5, 1892

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	38	5	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Martinsburg W. Va.
(State or country)

PARENTS

10 NAME OF FATHER Zachary Darby.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Darby.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) West Virginia.

14 Informant Frank J. Orban. (brotherinlaw)
(Address) 3817 Clifton Ave.

15 Filed G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquiry find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? 219 N. High St. April 29, 1931

Did an operation precede death? No. Date of

Was there an autopsy? Yes. at Mercy Hospital.

What test confirmed diagnosis? Autopsy & Inquiry

(Signed) Otto E. Reinhardt, M. D.

5/1, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	May 2 1931
20 UNDERTAKER George J. Smith	ADDRESS 153 L Fulton

Important. See instructions on back of certificate.

1931

Spec—9-30—A. & Co.—250 Blks

68355 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68355

CERTIFICATE OF DEATH

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 9-18 WARD)

2. FULL NAME Frank Bochmer

(a) RESIDENCE NO. 531 E 20th ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lelah E. Bochmer

6 DATE OF BIRTH (month, day, and year) June 3-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None Retired ooo

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) F Germany

PARENTS

10 NAME OF FATHER Frank Bochmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Korff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Hospital Records

15 DATE RECEIVED 1-1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1931.

17

I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to May 1, 1931

that I last saw him alive on May 1, 1931

and that death occurred, on the date stated above, at 12¼ A M.

The CAUSE OF DEATH* was as follows:

Carcinoma Colon

(duration) yrs. 2? mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Geyke M. D.

5/1 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL May 4 1931

20 UNDERTAKER Chas F. Kraus & Son 1818 Mt Royal Ave

Spec.—9-30—A. & Co.—250 Blks

Harry P. Edwards ✓

68356 HEALTH DEPARTMENT—CITY OF BALTIMORE 68356

CERTIFICATE OF DEATH

92-001

24-33

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 William ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry P. Edwards.

(a) RESIDENCE NO. 1318 William ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Edwards.

6 DATE OF BIRTH (month, day, and year) Oct. 5, 1879.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51,	6,	24.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinest Helper.

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Edwards.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Lena Schaffer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Catherine Edwards.

(Address) 13 E. Jersey St.

15 - 1931 - 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 29-31

17

I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to April 29, 1931

that I last saw h[illegible] alive on April 29, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) D Wheatley M. D.

4/30 1931 (Address) 1779 Williams

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL May 2 1931

20 UNDERTAKER E. Lauard Evans ADDRESS 3857 Fait Ave

Spec.—9-30—A. & Co.—250 Blks.

E. 68357

747901

E. 68357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 79-001 REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Hildebrand

(a) RESIDENCE NO. 3 Franklin ST. WARD Frederick Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6 DATE OF BIRTH (month, day, and year) Sept 17-1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) 186

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Hildebrand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Matilda ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records

(Address)

15 5-2-1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-1-1931

17 I HEREBY CERTIFY, That I attended deceased from Apr-19- 1931 to May 1 1931

that I last saw him alive on May 1 1931

and that death occurred, on the date stated above, at 8 20 P m.

The CAUSE OF DEATH* was as follows: Meningitis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? yes Date of 4-28-31.

What was the operation? Ventricular catheterization

Was there an autopsy? yes

What test confirmed diagnosis? Spinal fluid count

(Signed) Fred D. Veil M. D.

19 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick, Md

DATE OF BURIAL 5/4/1931

20 UNDERTAKER M R Eichelberger & Son

ADDRESS Frederick, Md

1-30—M. & T.—100 B—50L

E.68358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 68358

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S. Washington St. 24 WARD)

2-FULL NAME Frank Izdebski

(a) RESIDENCE NO 416 S. Chester St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Labor
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Michael Izdebski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Sophia Izdebski
(Address) 403 S. Washington St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held as inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. 1 hr ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 hr ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) G. E. Glades, M. D. Coroner

19 (Address) 1436 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL May 4 1931

UNDERTAKER Wm. M. Weber ADDRESS 701 S. Chester

Spec.—1-30—M. & T.—250 Blks.

E 68359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68359

CERTIFICATE OF DEATH.

108

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 S. Potomac ST. | 1 | WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry H. McNew

(a) RESIDENCE NO. 730 S. Potomac ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) aug 22 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	8	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Henry McNew

11 BIRTHPLACE OF FATHER (city or town) unknown (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown (State or country)

14 Informant Michael Morrissey

(Address) 730 S. Potomac St

Filed 2-1931 No. 22 70 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/1/31

17 I HEREBY CERTIFY, That I attended deceased from 4/20, 1931, to 5/1, 1931, that I last saw h[illegible] alive on 4/29, 1931, and that death occurred, on the date stated above, at 5 00 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Daniel B Strahan M. D.

1931 (Address) 316 S Potomac

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL May 5th 1931

20 UNDERTAKER Herbert J Fiatkowski Inc

ADDRESS 1000 N Kenwood Ave

Spec.—1-30—M. & T.—250 Bks.

E 68360

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68360

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Brooks Lane St. 13-59 59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Fox Barker

(a) RESIDENCE NO. 2110 Brookfield Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Milton Barker

6 DATE OF BIRTH (month, day, and year) Aug. 12, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel Fox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bavaria

14 Informant Mrs. E. Herman

(Address) 1728 Bolton St.

15 Filed 2-1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 13. 1931 to Apr 30. 1931.

that I last saw h[illegible] alive on Apr 24. 1931.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (duration) yrs. 15 mins mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

5/1, 1931 (Address) 720 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 5/ 3/ 1931

20 UNDERTAKER Harry Sondheimer Son

ADDRESS 1902 Eutaw Place

Spec.—1-30—M. & T.—250 Blks

68351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 ✓ E 68361

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3517 N. Caton Ave. (ST.) 70-70 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George L. Behsler

(a) RESIDENCE NO. 3517 N. Caton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Margaret Behsler

6 DATE OF BIRTH (month, day, and year) Feb. 6, 1875.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saw Filer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Behsler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Elsie G. Behsler

(Address) 3517 N. Caton Ave.

5-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 31

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to May 1, 1931,

that I last saw h alive on April 30, 1931,

and that death occurred, on the date stated above, at 3:20 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gallbladder

Carcinoma of Stomach

(duration) 1/2 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. H. Jones M. D.

5-2, 1931 (Address) 516 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 5/4/31 19

20 UNDERTAKER Harry Dwight

ADDRESS 101 Edmondson

Cor.—10-10-29—A Co.—100 Bks.

E 68362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186 001 E 68362

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 561 S. Longwood St. St.) 71-70 (Ward)

2-FULL NAME Marlene E. Mercer.

(a) RESIDENCE NO. 561 S. Longwood St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 28, 1929

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	4	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Clarence J. Mercer.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Alverta Green.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Alverta Mercer. (mother)
(Address) 561 S. Longwood St.

15 Filed _____ 19__ 19. HARRISON JONES, M. D., Registrar
By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation.
Accidental fall across a rope swing.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Bernhardt, M. D.

5/1, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	5/4/1931
20 UNDERTAKER Harry Hirsh	ADDRESS 410 E. Lexington

Cut on this line and return stub to Registrar of Vital Statistics. See instructions on back of certificate. Important.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68363 X 50 E 68363

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE (NO. Wilkens & Caton Aves. ST. 25-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Minnie Perkins Frnt. Co. Md.

(a) RESIDENCE NO. Washington Grove ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Rev. A. T. Perkins

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rev. A. T. Perkins

(Address) Washington Grove Md.

Filed MAY 3 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to May 2, 1931, that I last saw her alive on May 2, 1931, and that death occurred, on the date stated above, at 12.00 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Cancerous Cachexia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Radical Breast Amputation

Did an operation precede death? Yes Date of 5/27/30

Was there an autopsy? No.

What test confirmed diagnosis? Physical + Autopsy.

(Signed) Hyalmar S Anderson, M. D.

5 2 31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gaithersburg Md. DATE OF BURIAL May 6 1931

20 UNDERTAKER Ernest Gartner and L. Leate ADDRESS Gaithersburg Montgomery Co Md

E 68364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp ST. 4-7 WARD)

2-FULL NAME Jas A Henderson

(a) RESIDENCE NO 2190 Virginia Ave ST. DC WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Cal	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 8-1907 investigation

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	23	4	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Student

9 BIRTHPLACE (city or town) (State or country) D. C.

PARENTS

10 NAME OF FATHER Jos R Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elvira Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant W Earnest Jarvis

(Address) Wash D.C.

15 Filed MAY 3 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Auto accident when he was riding in an auto when he was struck by another car causing it to overturn & run off road

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Hart Disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hawthorne Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H Jarvis Coroner, M. D.

5 2, 1931 (Address) 2931 Mt Eldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington Nat DC. DATE OF BURIAL May 2 1931

20 UNDERTAKER W Earnest Jarvis ADDRESS West DC.

mation should be carefully written in plain terms, so that it may be understood. CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. TION is very important

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68365 131 V E 68365

REGISTERED NO. 15-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2625 Loyola Southway) WARD

2. FULL NAME Joseph Harmaty

(a) RESIDENCE NO 2625 Loyola Southway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Harmaty

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abram Harmaty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Cash —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Bessie Harmaty (Address) 2625 Loyola Southway

15 Filed 3-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1-1931

17

I HEREBY CERTIFY, That I attended deceased from March 25 1931 to May 1 1931

that I last saw h living on May 1 1931

and that death occurred, on the date stated above, at 2 20 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia —

Chronic Nephritis

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Hirsh L. Hellman M. D.

5/1/1931 (Address) 1375 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem

DATE OF BURIAL 5/3 1931

20 UNDERTAKER Jack Lewis Ave 1434 Eutaw

ADDRESS

Spec.—9-30—A. & Co.—250 lbks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68366

CERTIFICATE OF DEATH.

121 V E 68366

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-64 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nettie Zimmerman

(a) RESIDENCE NO. 2147 W Pine St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred Lifer yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 13 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) O/O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Charles Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Weckesser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant, (Address) Hospital Records

15 Filed MAY 3 - 1931 G. HUDSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from 4/30, 1931 to 5/2, 1931

that I last saw h[illegible] alive on 5/2, 1931

and that death occurred, on the date stated above, at 2 50 A m

The CAUSE OF DEATH* was as follows:

Appendicitis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 4/30/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical - Operation.

(Signed) J. Leyko M. D.

5/2, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park. 17 DATE OF BURIAL May 5 1931

17 UNDERTAKER'S NAME AND ADDRESS D. Marshall 3539 Fall Rd

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68367

CERTIFICATE OF DEATH

89-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alma Matter

(a) RESIDENCE NO. 305 E. Penna ave Towson Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	co	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August C Matter

6 DATE OF BIRTH (month, day, and year) Nov 1 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	37	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER John F Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Mary A Knight

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant August C Matter (Address) 305 E. Penna ave Towson

15 Filed ___ 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/10/31

17

I HEREBY CERTIFY, That I attended deceased from 4/25, 1931, to 5/1, 1931

that I last saw h[illegible] alive on 5/1/31, 19

and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows: Acute otitis Media (Rt)

(duration) about mos. 14 ds.

CONTRIBUTORY (Secondary) Acute Mastoid (Rt)

Septicaemia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of 4/26/31.

Was there an autopsy? No

What test confirmed diagnosis? Clin & Lab findings

(Signed) George D. Geiger M. D.

5/1, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery DATE OF BURIAL May 4 1931

UNDERTAKER H. D. Marshall ADDRESS 359 Fallsway

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

683568

REGISTERED NO. 683568

1 PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1512 Gilmore ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Watkins

(a) RESIDENCE NO. 211 East 8th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	Married

5a If married, widowed or divorced: HUSBAND of (or) WIFE of Dala Watkins

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salar 040

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robert Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lynchburg Va

12 MAIDEN NAME OF MOTHER Elizabeth Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Dora Woods 211 East 8th St

15 5-1 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-1-31

17 I HEREBY CERTIFY, That I attended deceased from April 2 1931 to May 1 1931

that I last saw h-m alive on 5-1-31 and that death occurred, on the date stated above, at 7.45 Am

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis 6 mo

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chron Bronchitis 4 mo

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H R Boykin M. D.

19 (Address) 1512 Gilmore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson County

DATE OF BURIAL 5/3/ 1931

20 UNDERTAKER Byron Wright

ADDRESS 1217 McElderry

Spec.—9-30—A. & Co.—250 Bks.

E 68369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 68369

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital. St. 4-26 WARD)

2 FULL NAME Harry L. Paddy

(a) RESIDENCE NO. 729 W Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16-1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Thomas Paddy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Syles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital Records (Address)

15 Filed 5-1931, 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/2/31

17

I HEREBY CERTIFY, That I attended deceased from 4/22, 1931, to 5/2, 1931

that I last saw h[illegible] alive on 5/2, 1931

and that death occurred, on the date stated above, at 3^5 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) J Geyko M. D.

5/2 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Harmony Cemetery Md

DATE OF BURIAL April 4 1931

20 UNDERTAKER B L Hopping

ADDRESS Annapolis Md.

Spec.—9-30—A & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68370

CERTIFICATE OF DEATH.

484 E 68370

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2810 Huntingdon Ave. WARD 10-51)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E Ryan

(a) RESIDENCE NO. 2810 Huntingdon Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 5 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank J Ryan

6 DATE OF BIRTH (month, day, and year): June 3 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME Margaret Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Thomas F Ryan
(Address): 2810 Huntingdon Ave

15 Filed: 3-1931 C. HUSTON, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1 1931

17

I ~~HEREBY~~ CERTIFY, That I attended deceased from Feb 1, 1930, to May 1, 1931

that I last saw ~~he~~ she alive on May 1, 1931

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Ethmoiditis

Sinus (duration) 2 yrs. 3 mos. wks. ds.

CONTRIBUTORY (Secondary) Carcinoma

Uterus (duration) yrs. 1 mos. day ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) L Leitch Jr M.D.

May 3 1931 (Address) 117 W. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	May 4 1931
20 UNDERTAKER	ADDRESS
Chenoweth Son	Chestnut Ave

Spec.-7-17-26—A Co.—200 Bks.

E 68371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 68371

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2008 W. Lanvale St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Abrams

(a) RESIDENCE NO. 2008 W. Lanvale St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lazarus

6 DATE OF BIRTH (month, day, and year) Feb 24 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	63	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) Russia

(State or country)

PARENTS

10 NAME OF FATHER Samuel Davidson

11 BIRTHPLACE OF FATHER (City or town) Russia

(State or country)

12 MAIDEN NAME OF MOTHER Elaine —

13 BIRTHPLACE OF MOTHER (city or town) Russia

(State or country)

14 Informant Mrs Fannie Lehman

(Address) 3206 W Belvedere ave

Filed MAY 3-1931 C. HAMPSON Jr. Registrar

Reg'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from April 2nd 1931, to May 1st 1931, that I last saw her alive on May 1st 1931, and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) H. G. Mosenson, M. D.

May 2. 1931 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd

Date of Burial May 3 1931

20 UNDERTAKER Sol Levin & Bro

ADDRESS 112-7 E Balto St

Very important. See instructions on back of certificates.

Spec.—0 20—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68372

CERTIFICATE OF DEATH.

X 115 - 001 E 68372

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital WARD) 13 1/2 4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellege Ray Edwards

(a) RESIDENCE NO. Darlington, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 24, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md.

PARENTS

10 NAME OF FATHER Ellege J.

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Blanche Ellege

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Union Memorial Hosp.

15 Filed MAY 3 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-3-1931

17

I HEREBY CERTIFY, That I attended deceased from April 27, 1931, to May 3, 1931

that I last saw him alive on May 3, 1931

and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows: Rheumatic Heart Disease, Mitral

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) decompensation

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Clinical exam

What test confirmed diagnosis?

(Signed) Jesse S. Toser M. D.

(Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem. Harford Co. Md. DATE OF BURIAL 5-5 1931

UNDERTAKER Herbert S. Bailey ADDRESS Darlington Md.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68373

CERTIFICATE OF DEATH.

93-003

E 68373

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 432 E Lafayette ave ST 17-4 (WARD)

2 FULL NAME Emily J. Redgrave

(a) RESIDENCE NO. 432 E. Lafayette ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Redgrave

6 DATE OF BIRTH (month, day, and year) Nov. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	5 6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. Bowders

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Reading, Pa.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not known

14 Informant Geo. D. Redgrave
(Address) 3130 Foster ave.

15 Filed ..... 19 ..... C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2. 1931.

17

I HEREBY CERTIFY, That I attended deceased from April 28 . 1931 . to May 2 . 1931
that I last saw h.. alive on May 2 . 1931
and that death occurred, on the date stated above, at 6.30 P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis with Acute Dilitation

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Personal observation

(Signed) Wm Conrad Bode M. D.

. 19 (Address) 1901 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine cem.

DATE OF BURIAL May 5 19 31

20 UNDERTAKER George W. Dibler

ADDRESS 1737 E. Eager st.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68374

CERTIFICATE OF DEATH.

50 E 68374

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Mt. Cullon ST. 13-54 WARD)

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella L. Armistead

(a) RESIDENCE NO. 2300 Mt. Cullon ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 5 mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colord	Married

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of Henry M. Armistead

6 DATE OF BIRTH (month, day, and year) Aug 25. 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charleston S.C.

PARENTS

10 NAME OF FATHER Ezekiel Purce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charleston S.C.

12 MAIDEN NAME OF MOTHER Sarah Small

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charleston S.C.

14 Informant Henry M. Armistead
(Address) 2300 Mt. Cullon St.

15 Filed ____ . 19__ C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30. 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 14 . 1931 to April 30 . 1931 , that I last saw her alive on April 28 . 1931 , and that death occurred, on the date stated above, at 1:10 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of the Nervous System

(duration) 1 yrs. 3 mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____ Date of onset Jan 14, 30

Did an operation precede death? No

Was there an autopsy? ____

What test confirmed diagnosis? Clinical

(Signed) A. Lee Elser, M. D.

5/1, 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 5/3/1931

UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 David Hall

Spec.—6-9-19—H. P. Co.—1000 Blks.

68375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

72-00 E 68375

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1204 Eutaw Place St.: 91-53 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse H. Downey 3rd

(a) RESIDENCE: No. 209 Hawthorne Road ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 5. 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bacts. Md.

PARENTS

10 NAME OF FATHER: Jesse H. Downey Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: May L. Wilds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Dr. J. H. Downey Jr. 209 Hawthorne Road

15 Filed: 3 - 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 24. 1931. to May 1. 1931.

that I last saw him alive on april 30 1931.

and that death occurred, on the date stated above, at 9:30 m.

The CAUSE OF DEATH* was as follows: Acute Leukemia

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Paul H. Clough M. D.

. 19 (Address) 24 E. Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	May 4 1931

20 UNDERTAKER: John O'Neill Sons

ADDRESS: 1600 Eutaw Place

Spec.—9 30—A. & Co.—200 Blks.

8376 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 8376

CERTIFICATE OF DEATH X 123

REGISTERED NO.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 540 Hamlet ave St. 27-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lena P. Priest

(a) RESIDENCE NO. Amsville Virginia ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney Priest

6 DATE OF BIRTH (month, day, and year) 4-29-1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Cumberland County Virginia

PARENTS

10 NAME OF FATHER Thomas Taffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary J Dyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Mr. Chas Wiggins Amsville Route

15 Filed 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2. 1931.

17

I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to May 2, 1931,

that I last saw h[illegible] alive on May 2, 1931

and that death occurred, on the date stated above, at 4. p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 4/3/31

Was there an autopsy? No, Thrombus of Iliac

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

. 19 (Address) 8 Beckhead Ct

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Amsville Va	5/3 1931
20 UNDERTAKER Leonard J. Rauch	ADDRESS Luray

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68377

CERTIFICATE OF DEATH.

97

E 68377

1-PLACE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 421 Scott ST. 21-24 WARD

2-FULL NAME Mary M. Patterson

(a) RESIDENCE NO. 421 Scott ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of George W. Patterson

6 DATE OF BIRTH (month, day, and year) May 25 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Martinsburg W. Va

PARENTS

10 NAME OF FATHER John Thrift

11 BIRTHPLACE OF FATHER (city or town) (State or country) Worcester Va

12 MAIDEN NAME OF MOTHER Rebecca N. Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mary E. Chance
(Address) 421 Scott St.

15 Filed _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21/31.

17 I HEREBY CERTIFY, That I attended deceased from June _____, 19__ to May 21, 1931.
that I last saw her alive on May 21, 1931
and that death occurred, on the date stated above, at 5.58 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) _____ yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary) —
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Louis Krause, M. D.

19 (Address) 1401 Med. arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: May 6 1931.

20 UNDERTAKER: Mrs. John H. Teufel & Son ADDRESS: 841 W. Fayette

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

68378 95-002 E 68378

REGISTERED NO. 23-33

1-PLACE OF DEATH

City of Baltimore: (No. 1010 Patapsco St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Legg.

(a) RESIDENCE NO. 1010 Patapsco St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

3a If married, widowed or divorced
HUSBAND of
~~WIFE of~~ Ida Legg.

6 DATE OF BIRTH (month, day, and year) February 22, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	2	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John T. Legg.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Bowen.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Marion B. Legg. (brother)
(Address) 602 Scott St.

15 Filed ____ 19__ [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.

5/1, 1931 (Address) 817 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	May 4 1931
20 UNDERTAKER	ADDRESS
Mr. Mrs. John W. Tonfel & Son	801 W. Fayette

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68379 — CERTIFICATE OF DEATH — 29-001 — E 68379

1—PLACE OF DEATH Md Gen Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. 11-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Everett Harris

(a) RESIDENCE NO. West Minster Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: 8 9 — Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 86

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Records

(Address)

15 Filed 3-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3 1931

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to May 3, 1931, that I last saw him alive on May 3, 1931, and that death occurred, on the date stated above, at 2:20 A m.

The CAUSE OF DEATH* was as follows:

Meningitis (Streptococcus)

CONTRIBUTORY (Secondary) 1 (duration) yrs. mos. ? ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal

(Signed) Robert F. Clemmitt, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md. — DATE OF BURIAL: May 4 1931

20 UNDERTAKER: D. R. Harbaugh & Son Inc. — ADDRESS: New Windsor

Spec.—9-30—A. & Co.—250 Bks.

68380

HEALTH DEPARTMENT—CITY OF BALTIMORE

68380

CERTIFICATE OF DEATH

94-001

1 PLACE OF DEATH
CITY OF BALTIMORE (No. Cloverdale Apts. 2 G. Linden & Chauncey Aves ST. 13-54 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sallie Schoolherr Kahn

(a) RESIDENCE NO. Cloverdale Apts. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marx Kahn

6 DATE OF BIRTH (month, day, and year) Aug. 25, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	8	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel Schoolherr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germeny

12 MAIDEN NAME OF MOTHER Bertha Rosenthal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Marx Kahn
(Address) Cloverdale Apts.

15 Filed JUN 3 - 1931 CHAS. J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1931.

17 I HEREBY CERTIFY, That I attended deceased from ——, 1905, to May 2nd, 1931
That I last saw h[illegible] alive on May 1st, 1931
and that death occurred, on the date stated above, at 3.45 A. m.
The CAUSE OF DEATH* was as follows:

Coronary artery sclerosis - occlusion (3 vessels) - Myocardial failure (duration) — yrs. — mos. 4 ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
Symptoms of angina pectoris (duration) 26 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) Louis P. Hamburger M. D.
May 2nd, 1931 (Address) 1207 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oheb Shalom Cem. DATE OF BURIAL: 5/4/ 1931

20 UNDERTAKER: Hard Sondheimer Son ADDRESS: 1902 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

E 68331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

E 68331

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 930 Whitelock ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hattie Kaufman

(a) RESIDENCE NO. 930 Whitelock ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Nat

6 DATE OF BIRTH (month, day, and year) March 2 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Rodesville Va

PARENTS

10 NAME OF FATHER Emanuel Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Estelle Adler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant H. Kaufman

(Address) 930 Whitelock St.

15 Filed 6-3-1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2/31

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1931, to May 2, 1931, that I last saw her alive on May 2, 1931 and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Acute anemia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of /

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) I Frederick Leitz, M. D.

6-3-31, 19 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bet. Che. Cemetery	May 3 1931
20 UNDERTAKER	ADDRESS
J. Chas. Apple	2

Spec.—1-30—M. & T.—250 Bks.

E 68382

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 ✓ E 68382

CERTIFICATE OF DEATH.

REGISTERED NO. 27-53

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Cedarcroft Rd ST., WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Grosvenor Smyth

(a) RESIDENCE NO. 608 Cedarcroft ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? 68 yrs. 4 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Dec 2/1862

7 AGE — Years: 68 — Months: 4 — Days: 29 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore. Maryland.

PARENTS

10 NAME OF FATHER: Hill C. Smyth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Helen Frew

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Miss Grosvenor Smyth, sister (Address): 608 Cedarcroft Rd.

15 Filed 3 1931 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 1, 1931.

17 I HEREBY CERTIFY, That I attended deceased from July, 19 24, to May 1, 19 31,

that I last saw her alive on May 1, 19 31,

and that death occurred, on the date stated above, at 11.15 m.

The CAUSE OF DEATH* was as follows:

arterio-sclerosis, chronic myocardial insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral embolus

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No special test

(Signed) Jack R. Wilson M. D.

5/2, 19 31 (Address) 6 E Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lauderdale Cemetery — DATE OF BURIAL: May 4 19 31

20 UNDERTAKER: Stewart & Company — ADDRESS: Towson

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68383 68383 E 68383

CERTIFICATE OF DEATH

REGISTERED NO. 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S. Newkirk St. 76-37 WARD)

2 FULL NAME Albert John Hall, Jr.

(a) RESIDENCE NO. 521 S. Newkirk ST., WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 20, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Albert J Hall

11 BIRTHPLACE OF FATHER (city or town) Connellsville (State or country) Pa.

12 MAIDEN NAME OF MOTHER Thelma Parker

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant (Address) Albert J. Hall 521 S. Newkirk St.

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1931

17
I HEREBY CERTIFY, That I attended deceased from April 28th, 1931, to May 2nd, 1931
that I last saw h[illegible] alive on May 2nd, 1931
and that death occurred, on the date stated above, at 2.30 P. M.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Scarlet Fever
complicated by measles.
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Adam Tod M. D.
19 (Address) 4700 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	5/3/ 1931
20 UNDERTAKER John F Connelly	ADDRESS Essex

1-30—M. & T.—100 B—50L

68384

HEALTH DEPARTMENT—CITY OF BALTIMORE

182-001

CERTIFICATE OF DEATH

E 68384

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 S Savage St. WARD 26-27

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah G. Fernandez

(a) RESIDENCE No. 615 S Savage ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6 DATE OF BIRTH (month, day, and year): Mar. 23, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Silvio Fernandez

11 BIRTHPLACE OF FATHER (city or town) (State or country): Spain

12 MAIDEN NAME OF MOTHER: Conel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mexico

14 Informant: Mr. Silvio Fernandez
(Address) 615 S. Savage St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 2 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Acc Asphyxia - due to bed Clothing

(duration) 4 hours yrs. — mos — ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy?
What test confirmed diagnosis? History Ex

(Signed) H. G. Blades, M. D.
Coroner
, 19 (Address) 443 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Patrick

DATE OF BURIAL: May 3, 1931

20 UNDERTAKER: John A. Moran

ADDRESS: 3000 E. Balto St.

FILED MAY 3 1931 C. Harvey Jones, M. D. Registrar

Spec.—9-30—A. & Co.—250 Bks

Harlan A Knowles

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68385 — CERTIFICATE OF DEATH. X 107-001 — E 68385

1-PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 33rd & Calvert st. 17-19 WARD)

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harlan A Knowles

(a) RESIDENCE No. Owings Mills Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Dec 15, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Owings Mills Md Baltimore County. Md

PARENTS
10 NAME OF FATHER Alvin Knowles
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Ruth King
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mother Ruth Knowles
(Address) Owings Mills Md

15 Filed MAY 3 1931 16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd 1931

17
I HEREBY CERTIFY, That I attended deceased from May 2nd, 1931, to May 2, 1931
that I last saw h[illegible] alive on May 2nd, 1931
and that death occurred, on the date stated above, at 9:20 P m.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)
H. Colonel Jaundice
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical examination
(Signed) Jane S. Fiser M. D.
May 2 1931 (Address) Union Memorial Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmitsburg Md — DATE OF BURIAL: 5/3 1931

20 UNDERTAKER: [illegible] — ADDRESS: 1217 E Lombard

TION IS very important. See instructions on reverse side.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68386 — E 68386 — 1,001 ✓ — X 115

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4 30 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Green

(a) RESIDENCE NO Rosemont, Md ST., 100 Alabama Ave WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. 1 ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Green

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	44			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Peter Green

(Address) Rosemont Md

15 Filed 5-3-1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Infected Tonsils

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Yes Date of 5-1-31

Was there an autopsy? Removal of Tonsils

What test confirmated diagnosis?

(Signed) Eugene Tellrd M. D. Coroner

5/1, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lauraden Park	5/4 1931
20 UNDERTAKER Chas. B. Kuchaus Sons	ADDRESS 637 S. Pac

TION is very important. See instructions on reverse side.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68387 — 48 — E 68387

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2445 Jefferson St. ST. 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Freda D.Gobrecht

(a) RESIDENCE NO. 2445 Jefferson St. ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

a If married, ~~widowed, or divorced~~ (or) WIFE of Henry W.Gobrecht

6 DATE OF BIRTH (month, day, and year) Sept.17.1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	13	14

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Louis Georke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Charlotte ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Henry W.Gobrecht

(Address) 2445 Jefferson St

15 Filed MAY 3 - 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1.1931

17 I HEREBY CERTIFY, That I attended deceased from June 29th, 1930, to May 1st, 1931.

that I last saw h alive on May 1st, 1931

and that death occurred, on the date stated above, at 8:40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Fundus of Uterus with Metastases

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Taubman, M. D.

, 19 (Address) 119 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	May 5 1931
20 UNDERTAKER Hughes & Jones Inc	ADDRESS 424 N.Bdry.

Spec.—2-29-28—L. F. S.—500 Bks.

B 68388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68388

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 429 Somerset ST. 5-8 WARD)

2—FULL NAME Beulah Johnson Wells

(a) RESIDENCE NO. 429 Somerset ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Dan. Wells

6 DATE OF BIRTH (month, day, and year): 1897

7 AGE — Years: 34 — Months: ✓ — Days: ✓ — If LESS than 1 day, ___ hrs. or ___ min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: P. to

9 BIRTHPLACE (city or town) (State or country): P. to

PARENTS

10 NAME OF FATHER: Rev. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Mary Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant: Cassie Lewis

(Address) 429 Somerset St

MAY 3- 1931 G. FLOYD JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3/31

17 I HEREBY CERTIFY, That I attended deceased from Apr 29, 1931, to May 3, 1931.

that I last saw h... alive on May 1 1931

and that death occurred, on the date stated above, at 12 30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Of cancer

Indefinite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

May 3 1931 (Address) 1612 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D. C.

DATE OF BURIAL: 5/3/31

20 UNDERTAKER: E Bryan

ADDRESS: Baltimore

Spec—9-30—A. & Co.—250 Blks.

E 68389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68389

CERTIFICATE OF DEATH

REGISTERED No. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 5602 Norwood Ave (b) WARD 28-6-4

2. FULL NAME Robert William McLaughlin

(a) RESIDENCE No. 5602 Norwood Ave. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 6 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Bell McLaughlin

6 DATE OF BIRTH (month, day, and year) Oct. 3 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationery Business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto Office Supply Co.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Robert McLaughlin

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country)

12 MAIDEN NAME OF MOTHER Rebecca E McFadden

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country)

14 Informant Theodore E McLaughlin

(Address) 3315 Orchard Park Ave

15 Filed 4-1931 C. Hall Fax JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to May 1, 1931

that I last saw him alive on April 30, 1931

and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Jan 1 - 1929 Acute Nephritis

1931 (duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. H. Wahlen M. D.

19 (Address) 2705 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL: May 4 1931

UNDERTAKER: Wm Fluckner Sons ADDRESS: Norfolk Va

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68390

CERTIFICATE OF DEATH

3 1 E 68390

REGISTERED NO

1 PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE (No. 1512 Gilmor ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Geo. Lewis

(a) RESIDENCE NO 1604 Bruce ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sarah Lewis

6 DATE OF BIRTH (month, day, and year): 1854

7 AGE — Years: 77 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kentucky

PARENTS

10 NAME OF FATHER: Richmond

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Richmond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant (Address): Sarah Lewis 1604 Bruce St

15 [illegible] Registrar

MAY 4-1

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apl 30/31

17

I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 30, 1931

that I last saw him alive on 4-30, 1931

and that death occurred, on the date stated above, at 11:55P m.

The CAUSE OF DEATH* was as follows:

Chron. Nephritis

not Certain

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Prostate Hypertrophy

(duration) yrs. 1/2 mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W R Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 5/4/31

20 UNDERTAKER: Samuel D Kemsley

ADDRESS: McBride

Spec.—9-30—A. & Co.—250 Bks.

Revised

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68391

CERTIFICATE OF DEATH.

E 68391

97-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) 54-35 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Peter Friend

(a) RESIDENCE NO. 1428 Woodal St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4-10-84

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown.

PARENTS

10 NAME OF FATHER Pete Friend

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Hospital Records.
(Address)

15 Filed MAY 6 1931 J. C. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-3-31

17

I HEREBY CERTIFY, That I attended deceased from 3-27, 1931, to 5-3, 1931

that I last saw h[illegible] alive on 5-3, 1931

and that death occurred, on the date stated above, at 10 44 a. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Coarctation-Vascular disease with Mitral Stenosis & insufficiency

(duration) 1 yrs. ... mns. ... ds.

CONTRIBUTORY ...
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy

(Signed) David Sussman M. D.

(Address) Baltimore City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 5/6/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks.

68392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 68392

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No St. Joseph's Hospital St. W. WARD)

2 FULL NAME Elizabeth Stevenson

(a) RESIDENCE NO 200 S. Wolfe ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of Samual Stevenson

6 DATE OF BIRTH (month, day, and year) Jan 22 1848

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Peter Sussan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mable Steagle 213 N Broadway

15 Dec 4-1931 19 H.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/2/1931

17 I HEREBY CERTIFY, That I attended deceased from 4-22-31, 19 , to 5-2-31, 19

that I last saw her alive on 5-2-31, 19

and that death occurred, on the date stated above, at 4.45 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Laurence A. Serra. M. D.

19 (Address) St. Joseph Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL May 5 1931

20 UNDERTAKER W. E. Deppel Inc

ADDRESS 37 Lanvale

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68393

CERTIFICATE OF DEATH

1453001

E 68393

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Margaret Kretschmer.

(a) RESIDENCE No. 2018 Jefferson St. ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	W.	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Emil Kretschmer

6 DATE OF BIRTH (month, day, and year) July 7, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39.	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sacto. Md.

PARENTS

10 NAME OF FATHER H. Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y. Known

12 MAIDEN NAME OF MOTHER M. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S. Known

14 Informant Emil Kretschmer
(Address) 2018 E. Jefferson St.

15 Filed 4-1931, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to May 1, 1931.

that I last saw her alive on May 1, 1931

and that death occurred, on the date stated above, at 9:10 P. M.

The CAUSE OF DEATH* was as follows:

Puerperal Septicemia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Septicemia & Lung Tuberculosis.

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4/4/31

Was there an autopsy? Yes Pathological Findings

What test confirmed diagnosis? Confirmation of Above

(Signed) J. E. Goodman M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Gordon Mt. Cemetery	May 4 1931
20 UNDERTAKER	ADDRESS
Mrs. J. Mutha & Son	2334 Jefferson St

Spec.—9-30—A. & Co.—250 Blks.

E 68394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68394

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2313 Barclay St 12-50 WARD) REGISTERED No. 1094

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Kelly

(a) RESIDENCE No. 2313 Barclay St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Pooch

6 DATE OF BIRTH (month, day, and year) Nov 20-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 60

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Patrick Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Emma Foley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Mary Welzel

(Address) 2313 Barclay St

15 Filed 5-4-1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd 1931

17

I HEREBY CERTIFY, That I attended deceased from April 20 . 1931 . to May 2nd . 1931

that I last saw h living alive on April 20 . 1931

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Senile Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald S. Tonry M. D.

May 3 1931 (Address) 414 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary Cemetery Govans	May 5 1931
20 UNDERTAKER	ADDRESS
Mary M Rudefeld	501 E 20th

1-20—M. & T.—100 B—501.

68395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68395

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1620 St Paul St ST. 17-19 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos Franklin Sales

(a) RESIDENCE NO 1620 St Paul St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lora A Sales

6 DATE OF BIRTH (month, day, and year) 12/9/1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Jos Sales

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Fanny Hurst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant W. F. Sales

(Address) 1620 St Paul St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/2/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto while crossing street

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Hypostat

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In front of 1620 St Paul

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) L. Stamm, M. D. Coroner

5/3, 1931 (Address) 2934 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cemetery	May 4 '31
20 UNDERTAKER Patterson Bros	ADDRESS 1723 W Lafayette Ave

TION is very important. See instructions on b

MAY 1931 [illegible] JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

68396 HEALTH DEPARTMENT—CITY OF BALTIMORE 68396

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Provident Hosp, 1623 108 REGISTERED NO.

CITY OF BALTIMORE: (No. 1514 Division St.) Modest Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lena Young.

(a) RESIDENCE NO. 601 N. Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Whitton Young.

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Record.

15 Filed . 19 [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-1-31

17

I HEREBY CERTIFY, That I attended deceased from 4-26-, 1931, to 5-1-, 1931

that I last saw h[illegible] alive on 5-1-, 1931

and that death occurred, on the date stated above, at 9 17 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Geo. McDonald. M. D.

5-2-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL 5/4 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68397

CERTIFICATE OF DEATH.

3-49

E 68397.

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL St. 3 WARD)

2 FULL NAME Geraldine Davis

(a) RESIDENCE NO. 112 S. Bethel St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 24 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2 1/4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Lewis Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address)

15 MAY 4 1931 19 Jos. C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 2 - 1931

17

I HEREBY CERTIFY, That I attended deceased from April 29, 19 31, to May 2, 19 31

that I last saw h[illegible] alive on May 2, 19 31

and that death occurred, on the date stated above, at 5 40 P. M.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Count

(Signed) Ann E. Kutter M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary cemetery	May 4 1931
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1720 Ashland Ave

Spec.—9-30—A. & Co.—250 Blks.

24807 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68398

CERTIFICATE OF DEATH.

93-06 E 68398

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St 16-11 WARD)

2 FULL NAME George Mason

(a) RESIDENCE NO. 118 N. Highland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Mason

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md. Unknown

PARENTS

10 NAME OF FATHER John Mason.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Katy Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records

15 Filed MAY 6 1931 C. HAMPTON MOORE, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2-31

17

I HEREBY CERTIFY, That I attended deceased from April 30. 1931, to May 2. 1931

that I last saw him alive on May 2. 1931

and that death occurred, on the date stated above, at 7.15 p m.

The CAUSE OF DEATH* was as follows:

Cardiac endangement
myocardial failure
? coronary occlusion

Arteriosclerosis (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Benj. M. Cook, Jr. M. D.

May 7 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem.

UNDERTAKER John J. Conner & Son

DATE OF BURIAL 5/6/1931.

ADDRESS 901 Hollins St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68399 — REGISTERED NO. E 68399

1—PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 11-24 WARD)

2—FULL NAME Mrs Mable Linthicum

(a) RESIDENCE NO. Woodensburg Md ST. WARD Reisterstown, Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Linthicum

6 DATE OF BIRTH (month, day, and year) Oct 2, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Woodsburg Md

PARENTS

10 NAME OF FATHER A. C. Blizzard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Woodsburg md

12 MAIDEN NAME OF MOTHER L. Hancen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastfield

14 Informant Hospital Records
(Address)

15 Filed May 4 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4/31

17 I HEREBY CERTIFY, That I attended deceased from Apr 29, 1931, to May 4, 1931, that I last saw her alive on May 4, 1931 and that death occurred, on the date stated above, at 2:10 A m.

The CAUSE OF DEATH* was as follows:

Puerperal Peritonitis

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert F. Clements, M. D.

(Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Gilead Cemetery — DATE OF BURIAL: May 6 1931

20 UNDERTAKER: J. F. Ohler's Son — ADDRESS: Reisterstown Md

Spec.—9-30—A. & Co.—250 Blks. Calcimine powder Bill 5-4-31

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68400

REGISTERED NO. 82 E 68400

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 5022 Pennington Ave. St. 25-77 WARD.)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Amelia Olszewska

(a) RESIDENCE NO. (Usual place of abode) 5022 Pennington Ave. ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Olszewski

6 DATE OF BIRTH (month, day, and year) Unk.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer House Work

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Oszakiewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER M. Schrader

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant A. Olszewski

(Address) 5022 Pennington Ave.

15 Filed May 4 1931 H. Hampton Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1-31

17 I HEREBY CERTIFY, That I attended deceased from April 28- 1931, to May 1- 1931

that I last saw h[illegible] alive on April 30- 1931

and that death occurred, on the date stated above, at 1150a m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Hamburger M. D.

19 (Address) 340 Belair

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A.A. Co

DATE OF BURIAL May 6 1931

ADDRESS

20 UNDERTAKER J. W. Ozazewski '30 Eastern Av.

Spec.—9 30—A. & Co.—250 lbks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68401

CERTIFICATE OF DEATH

E 68401

93-003

1 PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE (No Balto Md. St. 26 Ward 37)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Christina Williams

(a) RESIDENCE NO. Unknown St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Record Balto City Hosp

15 Filed MAY 4 - 1931 H. M. JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-2-1931

17

I HEREBY CERTIFY, That I attended deceased from 12-1-, 1928, to 5-2-, 1931

that I last saw her alive on 5-1-, 1931

and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) Alan Bell M. D.

5/2, 1931 (Address) Balto City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dist Auburn Cem

DATE OF BURIAL 5-4 1931

20 UNDERTAKER Dan Tarlton

ADDRESS 916 Pa ave

Spec.—9-30—A. & Co.—200 Blks.

E 68402 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68402

CERTIFICATE OF DEATH. 76-27 107-001

1 PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Brown

(a) RESIDENCE NO. Stemmers Run, Balto. ST. Bridge Co. #16 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella

6 DATE OF BIRTH (month, day, and year) ? 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Anne Arundle Co. Md.

PARENTS

10 NAME OF FATHER: Daniel

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Cassie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed 4-1931 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-1-31

17 I HEREBY CERTIFY, That I attended deceased from 4-21-31, 19__, to 5-1-31, 19__

that I last saw h im alive on 5-1-31, 19__

and that death occurred, on the date stated above, at 12:45A m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis.
Varicose ulcers of leg

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. exam.

(Signed) Fred M. Dunkerly M. D.

19__ (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 5-4 1930

20 UNDERTAKER: Lemmon Easton

ADDRESS: 916 Park Ave

Spec.—9-30—A. & Co.—250 Blks

E 68403 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68403

CERTIFICATE OF DEATH

REGISTERED NO. 23V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1028 Boyd, St. 18-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nora K. Johnson

(a) RESIDENCE NO. 1028 Boyd, ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Allie H. Johnson

6 DATE OF BIRTH (month, day, and year) 1/29/1902

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	29	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Mathias McHugh

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Mary Cannon

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant Allie H. Johnson
(Address) 1028 Boyd, St.

15 Filed ____, 19__ C. HAMSON JONES, M. Registrar

Y 4 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/1/31

17

I HEREBY CERTIFY, That I attended deceased from 4/27, 1931, to 5/1/31, 19

that I last saw h[illegible] alive on 5/1/31, 19

and that death occurred, on the date stated above, at 1:20 P. m.

The CAUSE OF DEATH* was as follows:

Pul Phthisis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Bernard J. Tenny M. D.

5/4/1931. (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL 5-7 1931

UNDERTAKER Frederick A. Cole ADDRESS 2200 W Lombard

Spec.—9-30—A. & Co.—250 Blks

68404 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68404

CERTIFICATE OF DEATH

1 PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No. H St. 15-21 Ward)

REGISTERED NO. 62

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME: Albert Wright

(a) RESIDENCE NO. 1647 N. Monroe St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jennie Wright 1878

6 DATE OF BIRTH (month, day, and year): Sept. 12

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lather

(b) General nature of industry, business, or establishment in which employed (or employer): 058

(c) Name of employer: unemployed

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Alon H. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Rebecca Lee Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 (Informant) (Address): Records of Balto. City Hosp.

15 Filed . 19 Registrar

4-1931 C. Hamilton

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-1-31

17 I HEREBY CERTIFY, That I attended deceased from 4-28-31, 19 , to 5-1-31, 19

That I last saw him alive on 5-1-31, 19

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Pellagra

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

Signed: Jas. Simmons Jr. M. D.

5/3/1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem.

DATE OF BURIAL: May 5th 1931

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1003 W Fells St

Spon.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68405

CERTIFICATE OF DEATH

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2000 E. Madison St. (or WARD) 7-13

2 FULL NAME Eckles Milton Knowles

(a) RESIDENCE NO. 2000 E. Madison St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Knowles

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter-Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Charles R. Knowles

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Matilda A. Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant (Address): Mr. A. Grey Knowles, 113 Oak Drive, Catonsville Md.

15 1931

19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr 3 1931 to May 3 1931 that I last saw h im alive on May 3 1931 and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

~~Carcinoma of Liver~~ Carcinoma of Liver (Duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? Yes Date of Mistaken

Was there an autopsy? —

What test confirmed diagnosis? History

(signed) G. C. Eades, M. D.

5/4 1931 (Address) 149 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

UNDERTAKER: Joseph B Cook,

DATE OF BURIAL: May 5 1931

ADDRESS: 1003 West Baltimore St.

TION is very important. See instructions on back of certificate

Spec.—1-30—M. & T.—250 Bks.

E 68406 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68406

CERTIFICATE OF DEATH. 157-002

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkes Ave ST. 28-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie O Neill

(a) RESIDENCE NO. 10 Buckfield Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3 yrs. 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Lawrence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ann Stupnicki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lawrence O'Neill

(Address) 10 Buckfield Ave

15 Filed 4-4 1931 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-1-31

17 I HEREBY CERTIFY, That I attended deceased from 4-28, 1931, to 5-1, 1931, that I last saw her alive on 5-1, 1931, and that death occurred, on the date stated above, at 10 30 p m.

The CAUSE OF DEATH* was as follows:

Spina bifida } Hydrocephalus
Meningocele }

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Meningitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Robt Hamm, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 5/4 1931

20 UNDERTAKER Sharpe & Finley

ADDRESS Fulton & Fayette

Spec.—9-30—A. & Co.—250 Bks.

68407 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68407

CERTIFICATE OF DEATH.

1. PLACE OF DEATH: St. Joseph's Hospital — REGISTERED NO. 8417

CITY OF BALTIMORE: (No. Catherine x Aisquith Sts. WARD 24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME: Maude Chambers.

(a) RESIDENCE NO. 2032 Llewelyn Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): January 1915

7 AGE — Years: 16 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Interment (Address): Mary Chamka 2032 Keyser St

15 Filed 4-4-1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1931, to April 30, 1931

that I last saw her alive on April 30, 1931

and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical.

(Signed) W. B. Lundy M. D.

, 19 (Address) Dept of Health Hygiene

*State the Disease Causing Death, or If deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: May 4, 19 31

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 1725 Ashland Ave

Spec—9-30—A. & Co.—250 Blks

E 68408 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68408

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Chesley ave. St. Overlea Ward 27-42)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret E. Gutridge

(a) RESIDENCE NO. 4011 Chesley Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 19 1927

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Edward P. Gutridge

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Margaret A. Trainor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Edward P. Gutridge
(Address) 4011 Chesley ave.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1931

17

I HEREBY CERTIFY, That I attended deceased from April 26, 1931, to May 2, 1931

That I last saw h... alive on May 2, 1931

and that death occurred, on the date stated above, at 9.45 P. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs + Symptoms

(Signed) Edwin H. Beusch M. D.

5/3, 1931 (Address) Overlea Md.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: May 5 31

20 UNDERTAKER: Frederick Lassahn Sons — ADDRESS: 1901 Belair Rd.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68409 — 68409

REGISTERED NO. 31 V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6110 Bellona ave ST.) (WARD)

2. FULL NAME Martin L Ochs

(a) RESIDENCE NO. 6110 Bellona ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella M Ochs

6 DATE OF BIRTH (month, day, and year) aug 2 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS
10 NAME OF FATHER George Ochs
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto
12 MAIDEN NAME OF MOTHER Barbara Thompson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Ella M Ochs
(Address) 6110 Bellona ave

15 Filed MAY 4 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2/31

17
I HEREBY CERTIFY, That I attended deceased from
Apr 2/31, 19 , to May 2/31, 19
that I last saw him alive on May 2/31, 19
and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis.

Primary (duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis Myocarditis
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? no
Did an operation precede death? no Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Thos B Ecroll M. D.
May 2 19 31 (Address) 1 W Mt Royal

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem	May 5 19 31

20 UNDERTAKER Thos Wilson Chestnut
ADDRESS 3617

Spec.—1-12-23—M&T—500 Blks.

E 68410 HEALTH DEPARTMENT—CITY OF BALTIMORE 119 E 68410

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Olive ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna M. Pierce

(a) RESIDENCE NO. 1619 Olive ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 18, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Clarence H. L. Pierce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary G. Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Clarence H. L. Pierce (Address) 1619 Olive St.

15 Filed — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1931

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1931, to May 2, 1931, that I last saw her alive on May 2, 1931 and that death occurred, on the date stated above, at 10:15 A m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. L. Campbell M. D.

5/2, 1931 (Address) 1644 Hallowell St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cem'y	May 4 1931
20 UNDERTAKER	ADDRESS
Chas. L. Strine	1 E. Fort Ave

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68411

CERTIFICATE OF DEATH.

159 E 68411

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1219 E. 40th ST., 13-3T (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Arthur M. & Eva B. Ruby

(a) RESIDENCE NO. 1219 E. 40th ST., 13 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. over 3 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4 - 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Arthur M. Ruby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eva B. Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Arthur M. Ruby

(Address) 1219 E. 40th St. City

15 Filed 4-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4-1931

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1931, to May 4, 1931,

that I last saw her alive on May 4, 1931,

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? None

(Signed) [illegible] M. D.

. 19 (Address) 7 E Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hamden — DATE OF BURIAL May 4-1931

20 UNDERTAKER Horace H. Burgee — ADDRESS 631 Falls Road

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68412

CERTIFICATE OF DEATH.

E 68412

REGISTERED NO. 13-523

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 3306 Beech Ave ST., 13 WARD)

2-FULL NAME Charles E. Singleton

(a) RESIDENCE NO. 3306 Beech Ave ST., 13 WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 12-1909

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

PARENTS

10 NAME OF FATHER Charles E. Singleton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth J. Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Elizabeth J. Wood

(Address) 3306 Beech Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2-1931.

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1931 to May 2, 1931.

that I last saw h alive on May 2, 1931.

and that death occurred, on the date stated above, at 11.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T. Bod. Campbell M. D.

1931 (Address) 1644 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	May 5 1931

20 UNDERTAKER Horace F. Burgee ADDRESS 363 Falls Road.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68413

CERTIFICATE OF DEATH

93-003

E 68413

REGISTERED NO. 47

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 4206 Cantaloupe Ave ST. 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Agnes Winkelman

(a) RESIDENCE NO. 4206 Cantaloupe Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced (or) WIFE of: Henry Robert Winkelman

6 DATE OF BIRTH (month, day, and year): Nov. 17, 1869

7 AGE: Years 61; Months 5; Days 16; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Ted Schlund

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Garrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant: Marguarite Winkelman

(Address) 4206 Cantaloupe Ave

15 4 — 1931 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to May 3, 1931.

that I last saw her alive on May 3, 1931

and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Findings

What test confirmed diagnosis?

(Signed) Vincent V. Tosta, M. D.

, 19 (Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — DATE OF BURIAL: May 7 1931

20 UNDERTAKER: M. W. E. Dapple — ADDRESS: 37 Sarah

Spec.—9 30—A & Co.—250 Blks.

248039
68414

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68414

CERTIFICATE OF DEATH

152

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 5-27 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Burley

(a) RESIDENCE NO. 310 N. Bruce ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Burley

6 DATE OF BIRTH (month, day, and year) Nov-25-1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER John Butler
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Mary Gaither
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address)

15 Filed 4-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-2-1931

17
I HEREBY CERTIFY, That I attended deceased from April 29, 1931, to May 2, 1931
that I last saw her alive on May 2, 1931
and that death occurred, on the date stated above, at 530 A m.

The CAUSE OF DEATH* was as follows:
Septicemia, streptococcus

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cellulitis thorax, shoulders, neck, and face (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? no Date of
Was there an autopsy? Yes.
What test confirmed diagnosis? Blood Culture
(Signed) David L Reeves M. D.
. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt Cabrini Cem DATE OF BURIAL 5/5 1931

20 UNDERTAKER Samuel D Hemsley ADDRESS 578 N Bdle

Spec—9-30—A. & Co.—250 Blks.

E 68415 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 68415

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hospital St. 5-8 (WARD)

2 FULL NAME Frank Thorpe

(a) RESIDENCE NO. 4 N. Front St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/3/31

17 I HEREBY CERTIFY, That I attended deceased from 5/2, 1931, to 5/3, 1931

that I last saw him alive on 5/3/31, 19...

and that death occurred, on the date stated above, at 10 45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis with bronchial obstruction

(duration) yrs. 4 mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles E. Gill M. D.

5/3, 1931 (Address) University Hospital

*State the Disease Causing Death, or (a) deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL ... 19...

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND MAY 4 - 1931

C. FRANKSON JONES, M. D.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68416

E 68416

CERTIFICATE OF DEATH.

93003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4804 Park Heights Ave (St.) 5-8 (WARD)

2-FULL NAME Edwin Harrison

(a) RESIDENCE NO. 1233 St Mathew St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year) (1848) May 3, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83 yrs		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Heat worker 086

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Texas

PARENTS

10 NAME OF FATHER: do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country): do not know

12 MAIDEN NAME OF MOTHER: do not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): do not know

14 Informant (Address): Sarah Rappa 1226 St Mathew St

15 4-1931 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4 1931

17 I HEREBY CERTIFY, That I attended deceased from April 16 . 1931 . to May 4 . 1931 .

that I last saw him alive on May 3 . 1931 .

and that death occurred, on the date stated above, at 10:10 A.M.

The CAUSE OF DEATH* was as follows:

Edwin Meyer-Betz

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary oedema

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Solomon Strouse, M. D.

. 19 (Address) 1814 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery

DATE OF BURIAL: MAY 4 19 1931

20 UNDERTAKER: Leonard S. Fisher

ADDRESS: Randall Square

JOHNS HOPKINS HOSPITAL

Register

WOODALL

Section 3 of Regulations governing the registration of births, deaths and stillbirths. See instructions on back of certificates. ATION is very important.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68417

CERTIFICATE OF DEATH

159 E 68417

1—PLACE OF DEATH

REGISTERED NO

CITY OF BALTIMORE: (No. Maryland General Hospital (If HOSPITAL) 10-19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Wright

(a) RESIDENCE NO. 206 E. Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W. White	

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 30, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ---

(b) General nature of industry, business, or establishment in which employed (or employer) ---

(c) Name of employer ---

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Stanley L. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass.

12 MAIDEN NAME OF MOTHER Mary Antkowiak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Hospital Record

(Address)

15 Filed 5-4 1931 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1931, to May 2, 1931.

that I last saw her alive on May 2, 1931

and that death occurred, on the date stated above, at 8:40 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity (22 wks)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) Robert L. Chenowith, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	MAY 4 - 1931
20 UNDERTAKER	ADDRESS
[illegible] Commissioner Health	

Spec.—9-30—A. & Co.—250 Blks.

68418 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68418

CERTIFICATE OF DEATH.

107-001
REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital. St 27-46 Ward)

2 FULL NAME Rose Helen Micichi MICICHE

(a) RESIDENCE NO 531 (Usual place of abode) Richwood Ave St. ..... WARD ..... (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 17 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	5 17 mos	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Micicha

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rose Danno

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant (Address) Hospital Record

Date 4-1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/3/31

17

I HEREBY CERTIFY, That I attended deceased from 3/21, 1931, to 5/3, 1931

that I last saw h... alive on 5/3, 1931

and that death occurred, on the date stated above, at 6 57 P. M.

The CAUSE OF DEATH* was as follows:

Mastoiditis

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) ..... yrs. ..... mos. 14 ds.

18 Where was disease contracted if not at place of death? Hon

Did an operation precede death? Ye Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Leyko M. D.

5/3, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL May 5 1931

20 UNDERTAKER Frank V. Spitone — ADDRESS 2818 E Baltimore

Spec.—1-10-21—MAT—1500 Blks.

E 68419

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-902

E 68419

CERTIFICATE OF DEATH.

REGISTERED NO. 16-5

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4926 Fusterstown Rd ST. 27-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Lohmeyer

(a) RESIDENCE NO. 4926 Fusterstown Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years — Months — Days — If LESS than 1 day, hrs or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer): X

(c) Name of employer: X

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry W. Lohmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Peck.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Henry W. Lohmeyer 4926 Fusterstown Rd

15 5-4-1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3 1931

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1931, to May 3, 1931, that I last saw him alive on May 3, 1931, and that death occurred, on the date stated above, at 3.30 AM m.

The CAUSE OF DEATH* was as follows:

Accidentally smothered in blood Drawn before help arrived.

(duration) yrs. mos. 1/2 hrs ds.

CONTRIBUTORY (Secondary) As blood suffg (duration) Patient admitted with Child Trying yrs. mos. 1/2 hrs ds.

18 Where was disease contracted if not at place of death? 4926 Fusterstown Rd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

5/5/31 (Address) 3912 Pinkney Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: MAY 4 - 1931

20 UNDERTAKER: Commissioner Health — ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 68420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68420

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 529 S. Fulton Ave ST. 19 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Philip Kahler

(a) RESIDENCE NO. 529 S. Fulton Ave ST., 19 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a If married, widowed, or divorced: HUSBAND of or) WIFE of Mary Kahler

6 DATE OF BIRTH (month, day, and year) Sept 29, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	7	43	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John J. Kahler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. John M. Laumann

(Address) 529 S. Fulton Ave

15 Filed ... 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1930 to May 2, 31, that I last saw him alive on May 2, 1931, and that death occurred, on the date stated above, at 1.50 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Pauls Lutheran Cem

DATE OF BURIAL May 5 19 31

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68421

E 68421

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3822 Belmont (St.) 15-61 (Ward)

2-FULL NAME Mary Louise Kuhn

(a) RESIDENCE. No. 3822 Belmont St. Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 80 yrs Forty mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 7 - 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) South America

PARENTS

10 NAME OF FATHER Edwards F. Kuhn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Edmonds Va.

12 MAIDEN NAME OF MOTHER Rachel Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Martin Sater (Address) 23-2 Belmont Ave

15 Filed May 4 1931 Registrar

4-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2 1931

17

I HEREBY CERTIFY, That I attended deceased from Apr. 27 - 1931, to May - 2 - 1931,

that I last saw her alive on May - 1 - 1931,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Senile arteriosclerosis

with cerebral hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Senility

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Arthur Hall M. D.

(Address) 727 Cornell Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 5/5 1931

20 UNDERTAKER: H C Brauning Sons — ADDRESS: 1136 Poplar Grove St

THIS is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.P.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68422

CERTIFICATE OF DEATH.

107 E 68422

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2530 Mc Henry St. (Ward) 2069

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Carrie Braun

(a) Residence No. 2530 Mc Henry St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Braun

6-DATE OF BIRTH (month, day and year) Oct. 8th 1869

7-AGE. 62 yrs. 7 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Balto. Md.

PARENTS.

10-NAME OF FATHER. Butcher

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Elmira Crumpton

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Md.

14- (Informant) Mr. John A. Braun

(Address) 2530 Mc Henry St.

15- Filed 1931 [illegible] Registrar

4-1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 1st. 1931

17- I HEREBY CERTIFY, That I attended deceased from April 7- 1931 to May 1st 1931

that I last saw her alive on May 1st 1931

and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 24 ds.

CONTRIBUTORY (Secondary)

(Duration) ... yrs. ... mos. ... ds.

18-Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) L. Heller-Hemming M. D.

5/4 1931 (Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery

DATE OF BURIAL. May 5 1931

20-UNDERTAKER George E. Schmidt

ADDRESS 2101 Frederick Ave

INSTRUCTIONS on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 7990 E 68423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68423

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital (WARD) 93

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Walter

(a) RESIDENCE NO. (Usual place of abode) 813 Scott ST. WARD

(If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie L. Walter

6 DATE OF BIRTH (month, day, and year) Apr-26-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	—	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printing Office

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Franz Walter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Dehlma

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant (Address) Records Carrie L. Walter

15 [illegible] 4-1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-1-1931

17

I HEREBY CERTIFY, That I attended deceased from Apr 28, 1931, to May 1, 1931

that I last saw h[illegible] alive on May 1, 1931

and that death occurred, on the date stated above, at 11 0 m.

The CAUSE OF DEATH* was as follows:

Hypertension; arteriosclerosis; chronic nephrosclerosis; myocarditis

(duration) 5 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Uremia; myocardial [illegible] (duration) yrs. ; mos. 7 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Blood chemistry; X-ray; [illegible]

(Signed) Caroline C. Bedell, M. D.

[illegible], 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL May 5 1931

20 UNDERTAKER George L. Schwab ADDRESS 2101 Eutaw Ave

TION is very important. See instructions on back

1-30—M. & T.—100 B—50L

E 68424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68424

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Hosp ST., 24-33 WARD)

2-FULL NAME Mary E Taylor

(a) RESIDENCE NO. 13[th] Ave Brooklyn AA Co Md ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1922 May

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9		1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Percy Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lizzie Rutherford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs Mary Taylor

(Address) 803 Jackson St

15 Filed ..... 1931 ..... 192 ..... Registrar

TION is very important. See instructions on back of ... k of certificates.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Uremia in which the was (H) Suddy collided with street car

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Hanover & Bodine

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Clin

(Signed) A. Frame, M. D. Coroner

5-4, 1931 (Address) 29 Light-Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	May 6 1931
20 UNDERTAKER	ADDRESS
Chas. L. Storms	1509 E Fort Ave

1-30—M. & T.—100 B—50L

E 68425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68425

CERTIFICATE OF DEATH

208

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Hosp ST. 24-34 WARD

2-FULL NAME Thaxter L Rutherford

(a) RESIDENCE NO 1803 Jackson St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 12/2/1920

7 AGE — Years: 10 — Months: 5 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Thaxter Rutherford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wash Va

12 MAIDEN NAME OF MOTHER: Russell Hodge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mrs Thaxter Rutherford

(Address) 1803 Jackson St

Filed MAY 4 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/2 (2) 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows: Shot by an unknown person while he was riding a bicycle with sister as passenger

(duration) Inst Shot mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hanover St Bridge

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Shot thru chest

(Signed) L. Schaum Coroner, M. D.

1931 (Address) 2139 Mt Olivet

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: May 6 1931

20 UNDERTAKER: Chas L Stevens — ADDRESS: 150 E Fort Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68426 ~~68426~~ 68426

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2672 Lehman St. 20-69 WARD) 23

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Richard L. Waddock

(a) RESIDENCE No. 2672 Lehman St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 11 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6a If married, widowed, or divorced WIFE of (or) HUSBAND of Mary A. Waddock

6 DATE OF BIRTH (month, day, and year) May 20th 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Dennis Waddock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ella McCauley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant (Address) Mary A. Waddock 2672 Lehman St.

15 Filed 4-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd 31

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to May 2, 1931

that I last saw h— alive on May 2 1931 and that death occurred, on the date stated above, at 6.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Jr A Lucas M. D.

5/3, 1931 (Address) Towson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Lea Memorial

DATE OF BURIAL May 5th 1931

UNDERTAKER H. S. Wagshul

ADDRESS 1850 N. Dolfield St

Spec.—9-30—A. & Co.—250 Blks

E 68427 HEALTH DEPARTMENT—CITY OF BALTIMORE 93 E 68427

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1205 W Fayette St. 18-26 (WARD)

2 FULL NAME Peter Herman Ochse

(a) RESIDENCE NO 1205 W Fayette St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie F Ochse

6 DATE OF BIRTH (month, day, and year) Jan 2. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md,

PARENTS

10 NAME OF FATHER Phillip Ochse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland,

12 MAIDEN NAME OF MOTHER Elizabeth Rauling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Marshall Smith
(Address) Severna Park Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-3-1931

17

I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to May 3rd, 1931

that I last saw h-im alive on May 2 1931

and that death occurred, on the date stated above, at 2.55 a. m.

The CAUSE OF DEATH* was as follows:

Dilatation of Heart

over

(duration) 3 yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. S. Smith M. D.

5/4th 1931 (Address) Arnold Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

20 UNDERTAKER Fulkom Cook

DATE OF BURIAL 5/5 1931

ADDRESS 1217 E Lond St

TION is very important. See instructions on b

Spec.—9-30—A. & Co.—250 Blks.

E-68428.

E 68428 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 140

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hosp. ST 14-27 WARD

CITY OF BALTIMORE (No.)

2 FULL NAME Kilsa Lamm

(a) RESIDENCE NO 1519 W. Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Lamm

6 DATE OF BIRTH (month, day, and year) 3-8-04

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Elkins W. Va.

PARENTS

10 NAME OF FATHER Wm Cooke

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Ida Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant Rumsey (Address) Balto. City Hosp.

Filed 4-1931 H. Hamilton Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-2-31

17 I HEREBY CERTIFY, That I attended deceased from 2-17- , 1931, to 5-2- , 1931

that I last saw h alive on 5-2- , 1931

and that death occurred, on the date stated above, at 11 50 P m.

The CAUSE OF DEATH* was as follows:

1. Influenza Sec. abscess left lung

2. Agonia

3. Phlebitis - L Ft femoral

4. Septicaemia (duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Town

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Fred M. Dunkerly M. D.

5/3 1931 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prissles Church Cemetery Broadway Va

DATE OF BURIAL 5/5/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

HOW IS very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Pks.

Dr Chas 1203 W. Fayette St Calvert 4904

E 68429 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68429

CERTIFICATE OF DEATH.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1300 W. Lexington ST 9-16 WARD)

2 FULL NAME Thomas L. Woodall

(a) RESIDENCE No 1300 W. Lexington ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	46	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): Building
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: Harry Woodall
11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware
12 MAIDEN NAME OF MOTHER: Annie Land
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Chas. B. Shirley Rockville Md

15 Filed ..... A. ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1931, to May 4, 1931
that I last saw h/ alive on May 3, 1931
and that death occurred, on the date stated above, at 5.30 A. m.
The CAUSE OF DEATH* was as follows:
Cardiac dilatation
(duration) yrs. — mos. 6 ds.
CONTRIBUTORY (Secondary) Cerebral Embolism
(duration) yrs. 3 mos. 6 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical Ob.
(Signed) Henry C. Ohls M. D.
(Address) 1203 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Cemetery, Kent Co. Md.	5/6/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

TION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks.

130 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93 E 68430

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) St. Joseph's Hospital St. 10-15 WARD

2-FULL NAME John Cooper

(a) RESIDENCE NO 726 Greenmount ave. ST. ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Sullivan

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Highways Dept

(c) Name of employer Balto. City.

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER John Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Irland.

12 MAIDEN NAME OF MOTHER Finn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Irland

14 Informant Ella Cooper

(Address) 640 E 32nd St. Balto. Md.

15 [illegible] 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/2/31

17

I HEREBY CERTIFY, That I attended deceased from 4-10-31, 19..., to 5-2-31, 19...

that I last saw him alive on 5-2-31, 19...

and that death occurred, on the date stated above, at 9.20 A.M.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Lawrence A. Sena, M. D.

, 19 (Address) St. Joseph's Hosp.

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for addit'onal space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Govans

DATE OF BURIAL 5/5 1931

20 UNDERTAKER C. Roma Lemmon.

ADDRESS 1611 Park Heights

TION is very important. See instructions on back of

1-30—M. & T.—100 B—50L

E 68431

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004 ✓ E 68431

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 843 W. Fayette ST. 18-26 WARD

2-FULL NAME William O. Butcher

(a) RESIDENCE NO 843 W. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Insurance Agent
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co. Pa

PARENTS

10 NAME OF FATHER George A. Butcher

11 BIRTHPLACE OF FATHER (city or town) (State or country) York Co Pa

12 MAIDEN NAME OF MOTHER Sarah Wantland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York, Pa.

14 Informant Della Johnson
(Address) 843 W. Fayette St

15 Filed 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Feller M.D.
Coroner

5/4 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Freedom, Pa

DATE OF BURIAL: May 5 1931.

20 UNDERTAKER: John O. Mitchell

ADDRESS: 1900 Eutaw Place

CAUSE OF DEATH. See instructions on back of certificate. TION is very important

Spec.—9-30—A. & Co.—250 Blks

E 68432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

15 E 68432

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Alhambra Apts. 2 D. 13-54 ST. (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Dora Leopold Rosenblatt

(a) RESIDENCE NO. Alhambra Apts. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Rosenblatt

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Leopold

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Rose Weiller

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Dr. Eugene Leopold
(Address) 200 W. Lafayette Ave.

15 Filed 5-1931, 19 ... A.M. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to May 4, 1931

that I last saw her alive on May 4, 1931

and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH* was as follows:

Erysipelas

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Saml Wolman M. D.

19 (Address) 2444 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oheb Shalom Cem. DATE OF BURIAL: 5/5/ 1931

20 UNDERTAKER: Harid Sondheim & Son ADDRESS: 1902 Eutaw Place

TION is very important. See instructions on back of

Spec.—2-19-28—L. F. S.—500 Blks.

E 68433

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68433

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 27-57

CITY OF BALTIMORE: (No. 4416 Roland Avenue ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Adeline Adelaide Leimbach

(a) RESIDENCE NO. 4416 Roland Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Gebhard Leimbach

6 DATE OF BIRTH (month, day, and year) March-19-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) ? ?
(State or country) Germany

PARENTS

10 NAME OF FATHER ? ? Imston

11 BIRTHPLACE OF FATHER (city or town) ? ?
(State or country) Germany

12 MAIDEN NAME OF MOTHER ? ? Von Losten

13 BIRTHPLACE OF MOTHER (city or town) ? ?
(State or country) Germany

14 Informant Mrs Walter F. Leimbach (son)
(Address) Garden Apartments.

15 Filed MAY 5 1931 19 HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 31.

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1930, to May 21, 1931

that I last saw her alive on May 21, 1931

and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration Since Nov. 2 '30 yrs. mos. ds.)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4416 Roland Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Bascuell, M. D.

19 (Address) 2927 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May 5/31
20 UNDERTAKER	ADDRESS
J. Stewart & Mowell Company	Balto. Md.

Spec.—9-30—A. & Co.—250 Blks.

68434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-00 E 68434

17-50

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 324-E. 28th (ST. OR AVE.)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Butler Schneider

(a) RESIDENCE NO. 324-E. 28th ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabella W. Schneider

6 DATE OF BIRTH (month, day, and year) June 21 66

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Washington D. C.

PARENTS

10 NAME OF FATHER: Frederick Schneider

11 BIRTHPLACE OF FATHER (city or town): ??
(State or country): Germany

12 MAIDEN NAME OF MOTHER: ? Folks

13 BIRTHPLACE OF MOTHER (city or town): Baltimore
(State or country): Maryland

14 Informant: Miss Marguerite Schneider
(Address): 324 E. 28th Street

Filed MAY 5 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/3/31

17
I HEREBY CERTIFY, That I attended deceased from March 28 1931 to May 3 1931
that I last saw him alive on May 2 1931
and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

General Arteriosclerosis
(with Hypertension)
(duration) Unknown

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Chas. R. Goldborough M. D.

19 (Address) 2923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May 5/31
20 UNDERTAKER	ADDRESS
Stewart & Mowen Company	108 W. North Ave

TION is very important. See instructions on back of

1-30—M & T—100 B—501.

E 68435

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 68435

CERTIFICATE OF DEATH

93-004

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1834 Harford Ave ST., 9-18 (WARD)

2-FULL NAME Bernard August Wilkens

(a) RESIDENCE NO 1834 Harford Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 40 yrs. ~ mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wilkens

6 DATE OF BIRTH (month, day, and year) Feb 17/1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56	2	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Saloon Keper 0 44
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John D. Wilkens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Horstman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Wilkens

(Address) 1834 Harford Ave

15 Filed ..... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. J. Kraus, M. D. Coroner

5/4/31 19 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	May 6 19 31
20 UNDERTAKER Henry Hauer Sons Inc	ADDRESS 301 E Eager St

CAUSE OF DEATH: Physician must fill out items 16, 17, 18, 19, 20 on back of certificate. TION is very important. See instructions on

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68436

CERTIFICATE OF DEATH

173

E 68436

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Providence Hosp. sd 17-24 Ward)

2-FULL NAME John Stewart

(a) RESIDENCE NO. 558 W Preston Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Stewart

6 DATE OF BIRTH (month, day, and year): 1888

7 AGE: Years 43 Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer: N.B.

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER: My

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER: My

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant: Mrs. Mollie Stewart
(Address) 558 W Preston

15 Filed [illegible] 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month) May 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Homicide Infection following pistol wound of chest Emphysema & Bronchitis Pneumonia (duration) 3 days

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Autopsy

(Signed) H. B. Leek, M. D. Coroner

May 4th 31 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 5/5 1931

20 UNDERTAKER: Samuel Hemsley

ADDRESS 528 E Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 68437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68437

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Provident Hosp. St. 17-26 Ward) 17

2-FULL NAME Raymond Holland

(a) RESIDENCE NO. 725 Pierce St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

6 DATE OF BIRTH (month, day and year): July 17-1905

7 AGE: Years 25 Months 9 Days 15 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Preacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER: Julius Cook

11 BIRTHPLACE OF FATHER (city or town) Carroll Co
(State or country) Md

12 MAIDEN NAME OF MOTHER: Mary Holland

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co
(State or country)

14 Informant (Address): Robt Finney 321 N. Pine St.

15 Filed: MAY 5 - 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): May 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide - Stab wound Hemorrhage due to Stab wounded of abdomen (duration) yr. mos. ds. few hours

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. E. Zuhl Coroner, M. D.
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: May 5, 1931

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250,000

Randolph Brooks ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68438

CERTIFICATE OF DEATH.

E 68438

82-001

1. PLACE OF DEATH Provident Hosp. 1870

CITY OF BALTIMORE: (No. 15½ Division St. Ward)

2. FULL NAME Randolph Brooks

(a) RESIDENCE No. 517 Courtenay St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer) 70
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edith Dickett
(Address) 517 Courtenay St

15 Filed [illegible] 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-3-31

17 I HEREBY CERTIFY, That I attended deceased from 2-9-, 1931, to 5-3-, 1931
that I last saw him alive on 5-3-, 1931
and that death occurred, on the date stated above, at 3 55 p. m.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Dr. George W. McDonald M. D.
5-7, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cemetery — DATE OF BURIAL 5/6/1931

20 UNDERTAKER Mrs. Geo. H. Holland 1631 Eutaw Pl. ADDRESS

IMPORTANT is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68439

CERTIFICATE OF DEATH

82-001

E 68439

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Keppridut Hosp. St. 11-24 Ward)

2-FULL NAME Chas. Filgheiman

(a) RESIDENCE NO. 904 Park Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca.

6 DATE OF BIRTH (month, day and year) 1879-

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Rightwaechter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer L. C. 062

9 BIRTHPLACE (city or town) L. C.
(State or country) Bay Filgheiman

PARENTS

10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) L. C.
(State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) L. C.
(State or country)

14 Informant Mrs. Robinson
(Address) 904 Park Ave

15 Filed MAY 5 1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(duration) Sudden

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) H. Leslie Smith, M. D.
(Address) 1400 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	5/5/1931
20 UNDERTAKER	ADDRESS
Mrs. Geo. E. Holland	1631 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

1-30—M & T.—100 B—501.

E 68440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

E 68440

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 12 1 WARD)

2-FULL NAME Anna Marie Ross

(a) RESIDENCE NO 2931 Hudson ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Howard Ross

6 DATE OF BIRTH (month, day, and year) June 11/1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	29	10	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 0-37
(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Geo F. Bosse

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mamie Greif

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant J. Howard Ross
(Address) 2931 Hudson St

15 Filed ... 192 ... Registrar

CAUSE OF DEATH. This part should be filled in by the attending physician or coroner. See instructions on back of certificate. TION is very important

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Puerpal Eclampsia (Post-partum)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? .....

(Signed) [signature] Coroner, M. D.

5/5/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart Cem.	May 6 1931
20 UNDERTAKER Lilly & Gila Inc	ADDRESS 403 S. Wolfe St

Spec.—1-30—M. & T.—250 Bks

E 68441

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68441

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 S. Ewley ST., 1 WARD)

2-FULL NAME Morgan J. Dean

(a) RESIDENCE NO. 718 S. Ewley ST., 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 2nd 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Morgan J. Dean

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marie A. Edgett

13 BIRTHPLACE OF MOTHER (City or town) Balto (State or country) Md

14 Informant Morgan J. Dean (Father)

(Address) 718 S. Ewley St.

Filed 5 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1 1931 to May 3 1931

that I last saw h alive on May 3 1931

and that death occurred, on the date stated above, at 6¾ P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Edgar Linder M.D.

(Address) 700 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem.

DATE OF BURIAL May 6 1931

20 UNDERTAKER Lilly & Zeiler inc

ADDRESS 403 E. Wolfe St

TION is very important. See instruction on

Spec.—9-30—A. & Co.—250 Blks.

E 68442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32-003

E 68442

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. (3B) Ward 15

2 FULL NAME Oscar Avery.

(a) RESIDENCE NO. 1619 N. Gilmor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Avery

6 DATE OF BIRTH (month, day, and year) 11-10-1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

086

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER John Avery

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Mary Pardo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records

(Address)

15 Filed MAY 5 - 1931 19 C. HUMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-5-31

17

I HEREBY CERTIFY, That I attended deceased from 4-3-31, 19 31, to 5-5, 19 31

that I last saw him alive on 5-5, 19 31

and that death occurred, on the date stated above, at 5:30 P. M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) David Lemmon M. D.

19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Moriah N.C.

DATE OF BURIAL 5-5 19 31

20 UNDERTAKER Edward Easton

ADDRESS 916 Reeves

CAUSE OF DEATH: Please print plainly. See instructions on back of certificate. TION is very important.

Cor.—12-9-25—A Co.—200 Blks.

E 68443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Dept. Lab's

City of BALTIMORE: (No. St. Joseph's Hos. St. 10-14 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Derico

(a) RESIDENCE NO. 812 E. Madison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Derico

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
52	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) U. S. A.

(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) unknown

14 Informant Cora Derico

(Address) 812 E. Madison St.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Acute Alcoholism

(No Autopsy done)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) J. H. Fallon, M. D.

(Coroner)

5/4/31 (Address) 1508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Date of Burial

Oakley Cemetery May 6 1931

20 UNDERTAKER ADDRESS

Chas. H. Johnson 416 N. Carey St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 63144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 63144

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) REGISTERED No.

CITY OF BALTIMORE (No. 15-23 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William E. Johnson

(a) RESIDENCE No. 1378 N. Carey st. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Servilla Johnson

6 DATE OF BIRTH (month, day, and year) May 22, 1885

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 46	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: William Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Hospital Records

15 Filed . 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to May 2, 1931

that I last saw him alive on May 2, 1931

and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Lucas M. D.

5-2 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: May 5 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pressman St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

68445 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 157-E 68445

1. PLACE OF DEATH University Hospital 27-55 REGISTERED NO.

CITY OF BALTIMORE: (No. ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Emily May Parsons

(a) RESIDENCE NO. 701 Hayward ave St. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed~~, or Divorced, (~~write the word~~)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-20-31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) ~~Co~~
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Jack H. Parsons
11 BIRTHPLACE OF FATHER (city or town) (State or country) England
12 MAIDEN NAME OF MOTHER Elizabeth [illegible]
13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Jack Nelson Parsons
(Address) 701 Hayward ave

15 5-[illegible]-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-4-31

17
I HEREBY CERTIFY, That I attended deceased from 4-22-31, 19..., to 5-4-31, 19...
that I last saw h[illegible] alive on 5-4-31, 19...
and that death occurred, on the date stated above, at 10[illegible]45 A.M.
The CAUSE OF DEATH was as follows:

Spina bifida
Myelomeningocele

(duration) Life yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Rupture of meningocele
(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis? autopsy

(Signed) George H. Gage M. D.
5/4, 19 31 (Address) (University) Hospital

State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lewis Ridgeley	... 19
20 UNDERTAKER	ADDRESS
Geo. Schilling & Son	[illegible]

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68446

E 68446

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 705 Deepdene Road ST., 27-53 WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William James Childs

(a) RESIDENCE NO. 705 Deepdene Road ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
~~Male~~ Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Mary Shreeve Childs

6 DATE OF BIRTH (month, day, and year) Oct. 16-1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Construction Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 years 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER William Childs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ruth Read

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Mary S. Childs
(Address) 705 Deepdene Road

15 Filed _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4-1931

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1931, to May 4, 1931, that I last saw him alive on May 3, 1931, and that death occurred, on the date stated above, at 8:30 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure due to Chronic Myo and Endocarditis, Arterio Sclerosis (senile)

(duration) + yrs. mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical signs

(Signed) M. Gibson Forlin, M. D.

5/4, 1931. (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sandy Mount (Carroll Co.)	May 6 1931
20 UNDERTAKER	ADDRESS
Horace E. Burgee	3631 Falls Road

TION is very important. See instructions on back

Spec.—9-30—A. & Co.—250 Blks.

B 68447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 68447

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sophia Reuter

(a) RESIDENCE No. 314 N. Greene St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John Louis Reuter

6 DATE OF BIRTH (month, day, and year) Oct 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles Schieler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Brandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Alfred Berry 2141 E Greene St

15 Filed MAY 5 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/4/31

17

I HEREBY CERTIFY, That I attended deceased from 4/28/31, 19 , to 5/4/31, 19

that I last saw h alive on 5/4/31, 19

and that death occurred, on the date stated above, at 5:00 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of no

Was there an autopsy?

What (est confirmed diagnosis? Clin + Lab. findings.

(Signed) Georgie H. Yeager. M. D.

5/4. 1931 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL May 7 1931

20 UNDERTAKER H. McRoulson ADDRESS 2538 W. North

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—200 Bks.

Einschutz ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68448 — E 68448

CERTIFICATE OF DEATH.

26-1 59

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1103 S Highland Ave. S. WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Christina Einschutz

(a) RESIDENCE NO 1103 S Highland Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ferdinand Einschutz

6 DATE OF BIRTH (month, day, and year) Sept 27 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Wilhelm Oehler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Oehler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment Ferdinand Einschutz
(Address) 1103 S. Highland Ave

15 Filed ..... 19 ..... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1931

17

I HEREBY CERTIFY, That I attended deceased from July 21st. 1931, to May 4th, 1931

that I last saw her alive on May 4th, 1931

and that death occurred, on the date stated above, at 2 P.M. m.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Urine & Blood

(Signed) David H. Ellis M. D.

(Address) 1011 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Schmaltz Cemetery	May 7 1931
20 UNDERTAKER George W. Zinkler	ADDRESS 1737 E Eager St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 68448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68448

CERTIFICATE OF DEATH

194-062

1-PLACE OF DEATH Baltimore City Hosp. ST. 76-37 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2-FULL NAME John Seyfeld

(a) RESIDENCE No. 3404 Fait Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Seyfeld

6 DATE OF BIRTH (month, day, and year) Apr 2, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	1423	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ? 040

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Unknown ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Rumbs Address Balto City Hosp.

15 Filed 5-10-1931 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-2-31

17

I HEREBY CERTIFY, That I attended deceased from 1-13-, 1931, to 5-2-, 1931

that I last saw him alive on 5-2, 1931

and that death occurred, on the date stated above, at 2:45 A.m.

The CAUSE OF DEATH* was as follows:

Old pulmonary tbc. left sided Hemiplegia Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical.

(Signed) Fred M. Duckett, M. D.

19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Carmel Cem. DATE OF BURIAL May 6 1931

20 UNDERTAKER George W. Zirkle ADDRESS 1737 E Eager St

TION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68450

REGISTERED NO. 186-001 E 68450

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital ST. 8-12 WARD)

2-FULL NAME James Davis

(a) RESIDENCE NO. 1112 N. Port St ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 23/ 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	8	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Edward Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Hattie Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Mrs. Elliott

(Address) 1725 E Ashland Ave

15 Filed ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Broken Neck- Accidently fell from platform at Circus while playing

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? at Lakewood & Eager

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

5/5/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary May. DATE OF BURIAL 5, 1931

20 UNDERTAKER Mrs S. A. Elliott ADDRESS 1725 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates. TION is very important

Spec.—9-30—A. & Co.—250 Bks

E 68451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-09 E 68451

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 437 N. Montford Ave) (STREET) (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Conrad Ehring

(a) RESIDENCE NO. 437 N. Montford Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Oct 11 1849

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	6	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Nickolas Ehring
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER — Breitenbach
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Annie Eahrd
(Address) 437 N Mond Ave

15 Filed MAY 5 1931 C. HAMPSON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3/31

17
I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to May 3 1931
(that I last saw h.... alive on ....., 19..
and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Infirmities of Age
Impaired Heart Muscle.
(Duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
Pulmonary Edema
(Duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of .....
Was there an autopsy?
What test confirmed diagnosis?
(Signed) W. H. Geyer M. D.
, 19 (Address) 156 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Pk
DATE OF BURIAL May 6 1931

20 UNDERTAKER Philip Henry
ADDRESS Orleans St.

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

68452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-09 ✓ 68452

REGISTERED NO. .....

1-PLACE OF DEATH 2132 Mt. Holly St. ST. 15-66 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.

2-FULL NAME Ellen Elizabeth Cahill

(a) RESIDENCE NO. 2132 Mt. Holly St. ST.. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Cahill

6 DATE OF BIRTH (month, day, and year) Oct 4, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Hugh Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine C Hester

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs. Walter Reiter 2132 Mt. Holly Street.

15 ..... Registrar

MAY 5 Filed 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1930 to May 3 1931, that I last saw h er alive on May 2 1931, and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage followed by paralysis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis-myocardi tis hypertension about (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopay? no

What test confirmed diagnosis? Physical

(Signed) W B Hublitt M. D.

May 5 1931 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL May 6 1931

20 UNDERTAKER Charles F. Evans & Son

ADDRESS 118 Mt. Royal Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. CAREFULLY FILL OUT ALL ITEMS. See back of certificate. TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 68453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68453

REGISTERED NO. 169

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Biltmor Hotel ST., 4-25 AVE.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Baker Murphy

(a) RESIDENCE NO Biltmor Hotel ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 14 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman - 1st class
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer U. S. Coast Guard

9 BIRTHPLACE (city or town) (State or country) Ky

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant U. S. C. G.

(Address) Curtis Bay - Md

15 Filed MAY 5 - 1931 Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.
TION is very important

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Skull. Jumped from 3rd floor window.
Suicide

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Edgar Keller, M. D. Coroner

5/5, 1931 (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Danville, Ky.

DATE OF BURIAL May 5 1931

20 UNDERTAKER E. LeRoy Stiffler, Inc

ADDRESS 125 E North Ave

1-30—M A T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 68454 ✓ 92-001

CERTIFICATE OF DEATH

B 68454

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 414 E. 28th ST. 12-50 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas O. Jones

(a) RESIDENCE NO 414 E. 28th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Theresa A. Jones

6 DATE OF BIRTH (month, day, and year) Aug 5th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Bond
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

PARENTS

10 NAME OF FATHER Thomas Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER — Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John H. Jones

(Address) 414 E. 28th St

MAY 6 1931 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH was as follows:

Colonary Disease
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.
Coroner

May 4th 1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet (Frederick Co Md)	5/6 1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 68455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 23 E 68455

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 North Ensor ST. 10-14 WARD)

2-FULL NAME Wm. T. Bast

(a) RESIDENCE NO Mt. Wilson Sanatorium ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William Bast

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Dora Papst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. Alfred Bast Sister-in-law
(Address) 1614 N. Durham St

15 [illegible] Hanson Jones, M. D.
Registrar

MAY 9 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Jos. L. Baer, M. D. Coroner

5/5/31 19 (Address) 408 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	5/6 19 31
UNDERTAKER	ADDRESS
J. McCook	1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68456 — 68456

CERTIFICATE OF DEATH.

72-002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3822 Elmley ave ST. 8-40 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bernard Leo Connor

(a) RESIDENCE NO. 3822 Elmley ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 11 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1-1919

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Leo S. Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Marie Dunkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address) Mrs Ingne Connor 3822 Elmley ave

Filed MAY 6 - 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3-1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 31 1931 to May 3 1931

that I last saw h alive on May 3 1931

and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:

Lymphogranuloma

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M.D.

Address 3000 E. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: May 6, 31

20 UNDERTAKER: John A Moran — ADDRESS: 3000 E. Balto St

Check of certificates. CAUSE OF DEATH in plain words. TION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 68457

131 E 68457

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2211 Baker Street WARD 15-68

2 FULL NAME Lena Shapero

(a) RESIDENCE NO. 2211 Baker St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 20 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Shapero

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Hanah Lekold 2211 Baker St

15 Filed ..... 19... Registrar

MAY 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/5/31

17

I HEREBY CERTIFY, That I attended deceased from April 25th, 1931, to May 5th, 1931

that I last saw h— alive on May 5th, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

~~Chronic Interstitial Nephritis~~

Myocarditis

arteriosclerosis (duration)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of Heart 3 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. J. Sankin M. D.

5/5, 1931 (Address) 119 N Milton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rock Wood

DATE OF BURIAL 5/6 1931

20 UNDERTAKER Jack Lewis Inc 1439 E Balto

ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68458

CERTIFICATE OF DEATH

X 107 E 68458

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 11-24 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carroll Abbott Jr.

(a) RESIDENCE NO. Spruce Md. ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 9-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederickburg Maryland.

PARENTS

10 NAME OF FATHER Carroll Abbott Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Carrie Fair

13 BIRTHPLACE OF MOTHER (city or town) Sandy Mt. (State or country) Maryland.

14 Informant Hospital Records.
(Address)

15 Filed MAY 5 - 1931 Registrar

Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-5-31

17

I HEREBY CERTIFY, That I attended deceased from 5-5, 1931, to 5-5, 1931, that I last saw him alive on 5-5, 1931 and that death occurred, on the date stated above, at 9:40 P m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Where did disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Albert R. Wilkerson, M. D.

5/5, 1931 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Emory Chapel Cem. & Md.	May 7 1931
20 UNDERTAKER E. C. Lipton	ADDRESS 7 N. Eutaw

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68459

E 68459

CERTIFICATE OF DEATH

1—PLACE OF DEATH Md. Gen. Hospital REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. ST. WARD)

BRIZENDINE

2—FULL NAME Mrs Rosie M. Brizendine

(a) RESIDENCE NO. 2820 Woodbrook Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Brizendine

6 DATE OF BIRTH (month, day, and year) April 19 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	0	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ocean Virginia

PARENTS

10 NAME OF FATHER Austin Bruce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maine (Va.)

12 MAIDEN NAME OF MOTHER Catherine Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maine (Va.)

14 Informant Hospital Records

(Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5-31

17

I HEREBY CERTIFY, That I attended deceased from 4-16 . 19 31 . to 5-5 . 19 31 .

that I last saw h[illegible] alive on 5-5 . 19 31

and that death occurred, on the date stated above, at 3:50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma breast

Cancer.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 10-30-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert K. Clements, M. D.

. 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ozana Va	May 7 19 31
20 UNDERTAKER Wm. J. McKenrow & Son	ADDRESS North St

MAY 6 - 1931

Important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68460

CERTIFICATE OF DEATH.

E 68460

1-PLACE OF DEATH West Balto Gen Hosp 5-6-1931 REGISTERED NO.

CITY OF BALTIMORE: (No. allesta ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME [redacted]. Carrie Henderson.

(a) RESIDENCE NO. 3412 Powhatan Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Henderson Jr.

6 DATE OF BIRTH (month, day, and year) April 23, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	61	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Smallwood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Laura E. Horner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mr. John Henderson Jr. 3412 Powhatan Ave.

15 Filed MAY 6 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 3 1931

17

I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to May 3, 1931, that I last saw her alive on May 3, 1931, and that death occurred, on the date stated above, at 1:30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Intestinal obstruction

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 2, 1931

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H Eshmeyer M. D.

(Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: May 5 31

20 UNDERTAKER: Wm J Pickner & Sons ADDRESS: Northern

CAUSE OF DEATH must be stated plainly. See instructions on back of certificates. TION is very important

Spec.—9-30—A. & Co.—250 Bks.

E 68461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 20 E 68461

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 12-51 WARD)

2. FULL NAME Mrs Sallie Corbin

(a) RESIDENCE NO. 2205 N. Charles St., Balt. St. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. John W Corbin

6 DATE OF BIRTH (month, day, and year) June 4 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co Md.

PARENTS

10 NAME OF FATHER John W. Druff

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Sallie F. Lloyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Mrs. Franklin P. Ward

(Address) 276 N. Fulton Ave Monticello Ave

15 Filed MAY 6 1931 19 C. MAGRUDER, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4-31

17

I HEREBY CERTIFY, That I attended deceased from May 4 , 1931 , to May 4 , 1931

that I last saw her alive on May 4 , 1931

and that death occurred, on the date stated above, at 11.15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

H. Crown J. Thomas

(duration) yrs. 4 mos. 1 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? O Date of

Was there an autopsy? O

What test confirmed diagnosis? Clinical Course

(Signed) Francis W Sluck M. D.

5/4/1931 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	May 7 1931
20 UNDERTAKER Wm. J. McKnew Son.	ADDRESS Mt. Rainier

CAUSE OF DEATH must be plainly written, and the certificate filled out in every particular. TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 68462 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68462

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 413 N. Luzerne Ave. St 6-10 Ward)

Registered No 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME M. Louise Mintiens

(a) Residence No 413 N. Luzerne Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles L. Mintiens

6 DATE OF BIRTH (month, day, and year) Mch. 9, 1893,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Charles Miller

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Frances Hanoka

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Charles L. Mintiens
(Address) 413 N. Luzerne Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3/31

17

I HEREBY CERTIFY, That I attended deceased from March 10, 1929 to May 3, 1931

that I last saw her alive on May 2, 1931

and that death occurred, on the date stated above, at 1150 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Womb,

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. C. Hearn M. D.

5/4 1931 (Address) 3407 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: May 6, 1931,

20 UNDERTAKER: Wm. C. Black — ADDRESS: 927 N. Broadway

CAUSE OF DEATH must be plainly stated, and the certificate must be filled out in every case. Neglect of this provision will delay the issuance of certificates. ATTENTION is very important. See instructions on back of certificate.

MAY 9 1931

Spec.—9-30—A. & Co.—250 Blks.

E 68463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 126 E 68463

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp[l] WARD 7-49)

2 FULL NAME (Mrs. Henry W Rogers (Fannie) Fanny Dennis or Fannie Rogers)

(a) RESIDENCE NO. Riderwood Md ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widowed

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry W Rogers (d)

6 DATE OF BIRTH (month, day, and year) July 3, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Frederick Co Md.

PARENTS

10 NAME OF FATHER George R. Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Alice McPherson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed 6-1931 C. HAMPSON JONES, M. D. Registrar

CAUSE OF DEATH IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 9, 1931, to May 5, 1931

that I last saw h[er] alive on May 5, 1931

and that death occurred, on the date stated above, at 7.10 a m

The CAUSE OF DEATH* was as follows:

Cholecystitis chronic & cholelithiasis
Perforation (fistula) between gall bladder and duodenum
(duration) 3 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Duodenal fistula (external) (duration) ... yrs. ... mos. 18 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? Yes Date of April 13, 1931

Was there an autopsy? No

What test confirmed diagnosis? ~~Sur~~ Op. findings

(Signed) Samuel McSamuhan M. D.

May 5 1931 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dunmore Am

DATE OF BURIAL 5-6 1931

20 UNDERTAKER Henry W. Jenkins & Son

ADDRESS Oxford McCulloh

Spec.—9-30—A. & Co.—250 Blks.

E 68464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68464

CERTIFICATE OF DEATH.

18-76 93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 937-W.Franklin Street St. (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Magdalena Smiley

(a) RESIDENCE NO. 937-W.Franklin Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? - - yrs. - - mos. - - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. R. Smiley

6 DATE OF BIRTH (month, day, and year) 6/20/1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	14 13	xxxx

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Gauges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Helen G. Bahr 937-W.Franklin Street

15 Filed MAY 5 - 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4th. '31.

17

I HEREBY CERTIFY, That I attended deceased from October 20, 1927, to May 4th, 1931

that I last saw her alive on May 3rd., 1931

and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs, etc.

(Signed) Frederick L. Crane M. D.

19 (Address) 1827 Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 5/7/31

20 UNDERTAKER George J. Roth Inc

ADDRESS 1131 Hanford

CAUSE OF DEATH must be plainly written, and the certificate filled out in full. See instructions on back of certificates. TION is very important.

Spec.—9-30—A. & Co.—250 Bks.

E 68465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68465

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1305-Gough Street ST. 35 WARD)

2 FULL NAME Angelina Leone

(a) RESIDENCE NO 1305-Gough Street ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 40 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Vincent Leone

6 DATE OF BIRTH (month, day, and year) 5/12/1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Domenick Damonti

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Louise Gondolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Vincent Leone 1305-Gough Street

15 FILED MAY 6 1931 G. [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 31

17

I HEREBY CERTIFY, That I attended deceased from Dec. 1930, to May 4, 1931

that I last saw h-r alive on May 4, 1931

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy —

(duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial Disease

(duration) yrs. 1 mos. ... ds.

18 Wher was disease contracted If not at place of death? 519 Ensor St.

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Israel J. Feinglos M. D.

5/6, 1931. (Address) 1900 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross A.A.Co.

DATE OF BURIAL 5/8/31

20 UNDERTAKER Geo. J. Puth Inc.

ADDRESS 1135 Hanford

CAUSE OF DEATH in plain terms, so that a non-medical person can understand it. TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 68466

E 68466 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10-14 89802

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital ST. WARD)

2 FULL NAME John E. Truelove

(a) RESIDENCE NO. 934 E Biddle ST. WARD

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 7 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 22 1923

7 AGE: Years 7 | Months 9 | Days 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER John Truelove

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Marie Shanahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Hospital Records.

15 Filed MAY 6 - 1931 19 C. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/5/31

17

I HEREBY CERTIFY, That I attended deceased (from 5/3, 1931, to 5/5, 1931

That I last saw him alive on 5/5, 1931

and that death occurred, on the date stated above, at 6.50 A. m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

(duration) yrs. mos. 7+ ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 3+ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5/3/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab.

(Signed) J. Leyko M. D.

5/5, 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: May 1931

20 UNDERTAKER: Mercy Hearse Assn, Inc ADDRESS 1501 E Eager

CAUSE OF DEATH should be plainly written, so that it may be properly coded. Read carefully the instructions on back of certificate. ATTENTION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 68467 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 23 E 68467

1 PLACE OF DEATH Baltimore City Hospitals (C. B.) REGISTERED NO.
CITY OF BALTIMORE: (No. 11-24 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Moses Smith

(a) RESIDENCE NO. 922 Bolton st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 31, ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Bootblack
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Cape Charles, Virginia

PARENTS
10 NAME OF FATHER: Moses Smith
11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia
12 MAIDEN NAME OF MOTHER: Lillie Beck
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Hospital Records

15 Filed MAY 6 1931, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4, 1931

17
I HEREBY CERTIFY, That I attended deceased from Feb. 18, 19 31, to May 4, 19 31
That I last saw h im alive on May 4, 19 31
and that death occurred, on the date stated above, at 3.30 a. m.
The CAUSE OF DEATH* was as follows:

Caseous pneumonia

(duration) unknown mos. ds.

CONTRIBUTORY (Secondary) ____ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & autopsy
(Signed) David Lewis M. D.
5-4, 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 5-6 1931
UNDERTAKER: Dennis Carton — ADDRESS: 916 Pa ave

CAUSE OF DEATH to be plainly written. All that is necessary to be stated. See instructions on back of certificates. TION is very important.

Cor.—10-18-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68468

E 68468

93-004

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. 1621 W.Lexington St. St., 14-27 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha Barnes.(C)

(a) RESIDENCE NO. 1621 W.Lexington St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ---- mos. ---- da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Married

5a If married, ~~widowed or divorced~~ (or) WIFE of Arthur I.Barnes.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina.
(State or country)

PARENTS

10 NAME OF FATHER Stewart Taylor.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Annie Rowe.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina.

14 Informant (Address) Arthur I.Barnes.(C)husband. 1621 W.Lexington St.

15 Filed ---- 19 ----
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.
(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Steinhardt, M. D.

May 4 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Arridental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	5-6 1931
20 UNDERTAKER David Ford	ADDRESS 516 Pr ave

tion should be carefully supplied. AGE should be stated EXACTLY. The information called for in the item OCCUPATION is very important. See instructions on back of certificate. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

6 MAY 1931

C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68469

E 68469

CERTIFICATE OF DEATH

82-001

26-39

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ... St. ... Ward)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mitchell Bouldin

(a) RESIDENCE NO. Rio Rita, Philadelphia Rd. ST. ... WARD ...
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Rio Rita Night Club
(c) Name of employer: Al Seidman

9 BIRTHPLACE (city or town) (State or country): ? Ala.

PARENTS
10 NAME OF FATHER: Jerry Bouldin
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ala.
12 MAIDEN NAME OF MOTHER: Eliza ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ala.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-3-31

17
I HEREBY CERTIFY, That I attended deceased from 3-17-31, 19... to 5-3-31, 19...
that I last saw h im alive on 5-3-31, 19...
and that death occurred, on the date stated above, at 6:10 A m.
The CAUSE OF DEATH* was as follows:

Abscess of lung
(duration) yrs. ... mos. 9 ds.
CONTRIBUTORY (Secondary) Hemorrhage into cerebrum
(duration) yrs. ... mos. 47 ds.

18 Where was disease contracted if not at place of death? 1. Hospital 2. Home.
Did an operation precede death? no Date of ...
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget M. D.
(Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery
20 UNDERTAKER: John M. Johnson
DATE OF BURIAL: May 6 19 31
ADDRESS 2338 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificates.

MAY 6 - 1931 HARRISON JONES M.D.

1-30—M & T—100 B—50L

E 68470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 68470

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO. Hopkins Hospital ST. 11-24 WARD)

2. FULL NAME Cora B. Thompson

(a) RESIDENCE NO 831 Druid Hill Ave ST. WARD

(Usual place of abode) 15 (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Wm. S. Thompson

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Wm S. Thompson

(Address) 831 Druid Hill Ave

15 Filed MAY 5 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D. Coroner

5/5/31 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Cavalry Cemetery — DATE OF BURIAL: May 7" 1931

20 UNDERTAKER: John M. Johnson — ADDRESS 2228 Madison Av.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MAY 5 - 1931

C. HARRISON JONES, M. D.

Spec—9-30—A A Co.—250 Blks

E 68471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-10 107-a

E 68471

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2115 Mayer (St.) (Ward) 6-10

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas J Cassilly

(a) RESIDENCE NO. 2115 Mayer St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie E Cassilly

6 DATE OF BIRTH (month, day, and year) Mar 25 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver 023

(b) General nature of industry, business, or establishment in which employed (or employer): Hauling Mdse

(c) Name of employer: Geo Wernicke

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James Cassilly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Rebecca Delany

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): Annie E Cassilly 2115 Mayer St

15 Filed: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May. 6. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1 1931 to May 6 1931

that I last saw him alive on May 5 1931

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(Duration) yrs. mos. One

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) H H Thomson M. D.

19 (Address) 9 E Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	May 9 1931
21 UNDERTAKER: John Allen	ADDRESS: 1108 Edmon

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

G. HAMILTON JONES, M. D. Registrar

6-1931

Spec.—1-30—M. & T.—250 Bks.

E 68472 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 68472

CERTIFICATE OF DEATH.

12-51 x 23

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital ST. Baltimore, Md. WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Byron Woods

(a) RESIDENCE NO. Seattle, Washington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work A.B.SeAMAN
(b) General nature of industry, business, or establishment in which employed (or employer) Seaman
(c) Name of employer S.S. "Dorothy Cahill"

9 BIRTHPLACE (city or town) Seattle
(State or country) Washington

PARENTS

10 NAME OF FATHER William Woods

11 BIRTHPLACE OF FATHER (city or town)
(State or country) California

12 MAIDEN NAME OF MOTHER Lottie Mercer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Seattle, Wash.

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Md.

15 Filed May 7, 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-4-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19, 19 31, to May 4, 19 31, that I last saw h im alive on May 4, 19 31, and that death occurred, on the date stated above, at 12:30 A.M.

The CAUSE OF DEATH* was as follows:
Tuberculosis, pulmonary, chronic, active
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcohol (ethyl) poisoning, acute (duration) yrs. less than mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & lab. findings

(Signed) Gordon A. Abbott, M. D.

5/4, 19 30 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's, Hampden — DATE OF BURIAL May 7, 19 31

20 UNDERTAKER E. LeRoy Stifflen, Inc. — ADDRESS 1256 North Ave.

CAUSE OF DEATH must be plainly written, and all questions answered. See instructions on back of certificates. TION is very important.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68473

CERTIFICATE OF DEATH.

92-E 68473

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 801 W. Cross St ST. 21-29 WARD

2. FULL NAME Mary Lavenstein

(a) RESIDENCE NO. 801 W. Cross St ST. WARD 21-29

(Usual place of abode) (If non-resident give town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
F	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isidore Lavenstein

6. DATE OF BIRTH (month, day, and year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	+	+	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Russia U.S.

PARENTS

10. NAME OF FATHER Harry Gann

11. BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12. MAIDEN NAME OF MOTHER Edith

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14. Informant (Address) Isidore Lavenstein 801 W. Cross St

15. Filed 1931 J. FAWCETT JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 5/5/31

17. I HEREBY CERTIFY, That I attended deceased from 1/1, 1930 to 5/5, 1931

That I last saw h alive on 5/5, 1931

and that death occurred, on the date stated above, at 11:30 P m

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Chr Endocarditis

(duration) Unknown ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? Circumstances

(Signed) Wm Francis M. D.

5/6 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL 5-6- 1931

20. UNDERTAKER Pace Heirs, Inc.

ADDRESS 1439 E Balto St

CAUSE OF DEATH in plain terms, so that it may be understood. The penalty for failure to comply with the law is a fine of $100.00. See back of certificate. TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 68474

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 68474

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Aves St. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rebecca Deal

(a) RESIDENCE NO. 1119 Appleton ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Daisy Hearnell

(Address) Phone Gilmor 1332 W

15 Filed MAY 9 - 1931 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1931

17

I HEREBY CERTIFY, That I attended deceased from April 30th 1931, to May 6th 1931,

that I last saw her alive on May 6th, 19....,

and that death occurred, on the date stated above, at 6^10 a. m.

The CAUSE OF DEATH was as follows:

Myocardial degeneration &
decompensation.

(duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Hjalmar S. Anderson, M. D.

5-6-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem — DATE OF BURIAL 5/6 1931

20 UNDERTAKER Sorge & Farley — ADDRESS Fulton & Fayette

CAUSE OF DEATH in plain terms, so that it can be understood by the general public. See instructions on back of certificates. TION is very important.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68475

CERTIFICATE OF DEATH.

13 E 68475

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 N. Monroe ST.) 14-27 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alfred Stanley Bryan 2nd

(a) RESIDENCE NO. 318 N. Monroe ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth W. (nee Macubbin)

6 DATE OF BIRTH (month, day, and year) May 9, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired chief Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Balto. City 009

(c) Name of employer Water Dept.

9 BIRTHPLACE (city or town) (State or country) Queen Anne's Co., Md.

PARENTS

10 NAME OF FATHER Alfred Stanley Bryan, 1st

11 BIRTHPLACE OF FATHER (city or town) (State or country) Queen Anne's Co., Md.

12 MAIDEN NAME OF MOTHER Emily Pinkton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Queen Anne's Co., Md.

14 Informant Mrs. Adolph Yakel (Address) 318 N. Monroe St.

15 Filed MAY 5 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4/31

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to May 4, 1931, that I last saw him alive on May 1/31, and that death occurred, on the date stated above, at 12.30? m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jos. H. Waller, M. D.

4/4/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 5/6/31

20 UNDERTAKER Enoch L. Fuhrman

ADDRESS Lafayette

mation should be carefully supplied. Exact statement of OCCUPA- it may be properly classified. CAUSE OF DEATH in plain terms, so that it TION is very important. See instructions on back of certificates.

I-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68476

CERTIFICATE OF DEATH

13 7 ✓ E 68476

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Pierce ST., 7-26 WARD)

2-FULL NAME Emmanuel Sheppard

(a) RESIDENCE No. 603 Pierce ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Robert Sheppard

(Address) 230 Arlington Ave

15 Filed MAY 6 - 1931 HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia Septicemia - due to Enlarged Prostate gland.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D.
Coroner

5/6, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	May 7, 1931
20 UNDERTAKER: Mrs Katie R. Williams	ADDRESS 522 N Schroeder St

matron should be careful, supplies. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 68472

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68472

CERTIFICATE OF DEATH.

16-72 122-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Bell

(a) RESIDENCE NO. 412 N Fremont Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sadie Bell

6 DATE OF BIRTH (month, day, and year): June 14-1876

7 AGE — Years: 54 / 55 — Months: 10 — Days: 20 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Deceased

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Deceased

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address):

15 Filed MAY 6 1931 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4-1931

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1931, to May 4, 1931

that I last saw him alive on May 4, 1931

and that death occurred, on the date stated above, at 3 50 P. M.

The CAUSE OF DEATH* was as follows:

Strangulated Inguinal Hernia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of April 26, 1931

Was there an autopsy? Yes - Limited

What test confirmed diagnosis? Operation

(Signed) Harold C. Singleton M. D.

May 7 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: May 6, 1931

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 3224 Schroeder St.

CAUSE OF DEATH to be plainly written, so that it may be a permanent record. Attention is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Wks

E 68478 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68478

CERTIFICATE OF DEATH

23

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1408 Myrtle ave 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jennie Jones

(a) RESIDENCE NO 1408 Myrtle ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced
HUSBAND of Wm Jones.
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-30-1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer —

9 BIRTHPLACE (city or town) (state or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Connelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Leh Wise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Interment (Address) Leh Connelly 517 Vincent st

15 Filed ... 19... [illegible] Registrar

Fee —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-4-31

17

I HEREBY CERTIFY, That I attended deceased from 4-15- , 19 31 to 5-4- , 19 31

that I last saw h-r alive on 5-1- , 19 31

and that death occurred, on the date stated above, at 5 A m

The CAUSE OF DEATH* was as follows:

Tuberculous Laryngitis

(duration) unknown

CONTRIBUTORY (Secondary) Tuberculosis of lung unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jas H. Cargis M. D.

5-4- 1931 (Address) 611 N. Carol

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 7, 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement on this certificate may be verified. See instructions on back of certificate. TION is very important.

MAY 6 1931 C. HAMPSON JONES, M. D. Registrar

Spec.—9 30—A. & Co.—250 Bks.

68479

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002 68479

CERTIFICATE OF DEATH.

13-52

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 4715 Roland Ave. ST. WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dr. Samuel W. Moore

(a) RESIDENCE NO. 4715 Roland Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Lawrence

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER John J. Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Annie Platt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant (Address) Dr. T. B. Moore Rising Sun, Md.

15 Filed ..... 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4, 1931

17

I HEREBY CERTIFY, That I attended deceased from ..... 19 20, to May 4, 1931

that I last saw him alive on May 4, 1931

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical examination

(Signed) Geo. M. Gruhl M. D.

5/6, 1931 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Slate Ridge, Penna.

DATE OF BURIAL: May 7, 1931

20 UNDERTAKER: John O. Mitchell & Sons

ADDRESS: 1934 Eutaw Pl.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is necessary. TION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68480 181 E 68480

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1049 W. Fayette St. 18-16 Ward)

2-FULL NAME Frank J. Walbert.

(a) RESIDENCE NO. 1049 W. Fayette St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 20, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42	10	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Kent Co. Md.
(State or country)

PARENTS

10 NAME OF FATHER Joseph A. Walbert

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Kent Co. Md.

12 MAIDEN NAME OF MOTHER Rosie Harris

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Kent Co. Md.

14 Informant Norris F. Walbert. (brother)
(Address) 2408 Arinah Ave.

15 6-1931 G. Hampson Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to h●● death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suffocation and burns about the body.
Accidental death due to cigarette smoking in bed.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Enquiry

(Signed) Otto Reinhardt, M. D.

5/6, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ROCK HALL, KENT COUNTY

DATE OF BURIAL MAY 7 1931

20 UNDERTAKER ROBERT BROOKS SON

ADDRESS CALHOUN HOLLINS

57

tion should be carefully supplied. AGE should be stated in YEARS, MONTHS and DAYS. If LESS than 1 day, HOURS or MINUTES. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 68431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 23 E 68431

1 PLACE OF DEATH Provident Hosp. REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No 1514 Division St. 14th WARD 20

2 FULL NAME Matthew Lant

(a) RESIDENCE NO Dameron P.O. St. Mary's Co. Md. WARD St. Mary's Co Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer. do
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Willie Lant
(Address) 1514 Linwood st.

15 1931 C. HAMPSON JONES, M. D. Registrar
6-10-31

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-4-31

17
I HEREBY CERTIFY, That I attended deceased from 3-23-, 1931, to 5-4-, 1931
that I last saw him alive on 5-4-, 1931
and that death occurred, on the date stated above, at 4.10 P. m.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis,

(duration) Unknown.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Dr George McDonald M. D.
5-5-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ridge St Mary's Co.	May 6 1931
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 127 Eastlander

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

68482

HEALTH DEPARTMENT—CITY OF BALTIMORE 68482

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) REGISTERED NO. 23

CITY OF BALTIMORE: (No 54 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Florence Osterd

(a) RESIDENCE NO. 1122 Low st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 15, ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Records
(Address)

Filed MAY 6 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2, 1931

17
I HEREBY CERTIFY, That I attended deceased from April 30, 19 31, to May 2, 19 31
that I last saw her alive on May 2, 19 31
and that death occurred, on the date stated above, at 6 a. m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & autopsy

(Signed) David Lewis M. D.
5-2, 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary
UNDERTAKER: Mrs. R. G. Elliott
DATE OF BURIAL: May 6, 1931
ADDRESS: 1727 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—9 30—A A Co—250 10ks

248104
Jud.
68483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 68483

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST.) 76-42 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Pamela Collinson

(a) RESIDENCE NO. Hazelwood Ave. (Usual place of abode) Govans ST. Md. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: Joseph Collinson

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or mdn.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS
10 NAME OF FATHER: ?
11 BIRTHPLACE OF FATHER (city or town) (State or country): ?
12 MAIDEN NAME OF MOTHER: ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Records
(Address)

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): MAY 5 - 1931

17
I HEREBY CERTIFY, That I attended deceased from May 1. , 1931 , to May 5. , 1931
that I last saw h.e. alive on May 5. , 1931
and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia following upper respiratory infection in a person with cancer of the breast (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)
Cancer (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? X-ray

(Signed) John B. Youmans M. D.
5/6. 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cremation — DATE OF BURIAL: May 6 1931

20 UNDERTAKER: Jos. S. Young & Sons — ADDRESS: Annapolis Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

68484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-0L 68484

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 W. Mulberry St 11-25 Ward)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Seaton Mann

(a) RESIDENCE No. 101 W Mulberry St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 ~~Single~~ ~~Married~~ Widowed, or ~~Divorced~~, (write the word): Widow

5a If ~~single~~, ~~married~~ widowed, or ~~divorced~~
(or) WIFE of Late

6 DATE OF BIRTH (month, day, and year) April 8th 1855

7 AGE: Years 76 | Months | Days 28 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Butlmust N. B.

PARENTS
10 NAME OF FATHER: Thomas Jackson Seaton
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Elizabeth Dean
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Lenhens
(Address) 101 W Mulberry St

FILED MAY 6 - 1931, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6th 1931

17
I HEREBY CERTIFY, That I attended deceased from May 3, 31, to May 6, 31
that I last saw ~~him~~ her alive on May 6, 31
and that death occurred, on the date stated above, at 6 A. M.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary): Arterio-sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? P. F.

(Signed) Edwin B. Jewett M. D.
5/6 1931 (Address) 111 N. Calvert St, City.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Portland Maine
DATE OF BURIAL: May 7th 1931
UNDERTAKER: Henry W. Jenkins & Co
ADDRESS: Charles & Pratt Sts

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-32-53—M&T—500 Blks.

E 68485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68485

CERTIFICATE OF DEATH. 159

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 240 Preston St., WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Handler

(a) RESIDENCE NO. 240 Preston St. WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	baby.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work baby

(b) General nature of industry, business, or establishment in which employed (or employer) ood

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Joseph Handler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5 4 1931

17

I HEREBY CERTIFY, That I attended deceased from 5-4, 1931, to 5-4, 1931, that I last saw her alive on 5-4, 1931 and that death occurred, on the date stated above, at 11 40 m.

The CAUSE OF DEATH* was as follows:

Asphyxia Neonatorum

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Premature birth (6 mo)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical signs

(Signed) Wm. Nagle, M. D.

(Address) 1500 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr Fisher State Board

DATE OF BURIAL ..... 19 .....

20 UNDERTAKER [illegible]

ADDRESS MAY 6 - 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 M—50L

E 68486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67 E 68486

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 7-13 WARD)

2-FULL NAME Charles Lenert

(a) RESIDENCE NO 2022 Ashland Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lenert

6 DATE OF BIRTH (month, day, and year) Jan 28/1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer(night) 30
(b) General nature of industry, business, or establishment in which employed (or employer) Clifton High School
(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Lenert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Anna Bedvas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Anna Lenert

(Address) 2022 Ashland Ave

15 Filed ..... 192 ..... Registrar

G. EMPSON JONES, M. D.

Y 6-1031

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot in right temple.
Suicide

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Clifton High School

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Chen, M. D. Coroner

4/5/31 (Address) 10 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 7 1931
20 UNDERTAKER	ADDRESS
Frank Brachter	1900 Ashland Ave

mation should be carefully supplied. Age, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

68487. HEALTH DEPARTMENT—CITY OF BALTIMORE

L 68487

CERTIFICATE OF DEATH

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3003 Gibbons Ave St. 27-44 WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hoffman

(a) RESIDENCE NO 3003 Gibbons Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolf Hoffman

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 23

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Holroyd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Rudolf Hoffman

(Address) 3003 Gibbons Ave

15 Filed MAY 6 1931 C. RIXEY SMITH M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4/31

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 4, 1931

that I last saw h[illegible] alive on May 4, 1931

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Intervention

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Herman A Voigt M D M. D.

, 19 (Address) 5106 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakhill DATE OF BURIAL May 7 1931

20 UNDERTAKER Frank E Jackson ADDRESS 1406 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68488

CERTIFICATE OF DEATH

E 68488

1 PLACE OF DEATH Baltimore City Hospitals 9-18 REGISTERED NO 137

CITY OF BALTIMORE: (No ... St ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ben Baker

(a) RESIDENCE NO 1114 Olive ST. ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 16, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0-40

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Va.

PARENTS

10 NAME OF FATHER John W.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Liza West

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-3-31

17

I HEREBY CERTIFY, That I attended deceased from 5-13-30, 19 ..., to 5-3-31, 19 ...

that I last saw h ... alive on 5-3-31, 19 ...

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis, Chronic, Without oedema

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uraemia, acute.

(duration) ... yrs. ... mos. 9 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Clinical lab.

(Signed) Paul Padgett. M. D.

5.5.1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL ... 19

20 UNDERTAKER ... ADDRESS ...

MAY 6 - 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 68489

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68489

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 515 N. Calhoun ST. 19-26 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Linden Scott

(a) RESIDENCE NO. 515 N Calhoun ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 4, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Lillie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

16 Informant .....
(Address) JOHNS HOPKINS HOSPITAL

17 Filed MAY 6 - 1931 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 4 .1931. to May 5 .1931.

that I last saw her alive on May 4 .1931.

and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Linden Wilson M. D.

19 (Address) 1919 Orleans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL .....

DATE OF BURIAL 19 .....

20 UNDERTAKER .....

ADDRESS MAY 6 - 1931

Deputy Commissioner of Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Cause of Death must be filled in. See instructions on back of certificates.
TION is very important

Cor.—10-10-29—A Cc.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68490

CERTIFICATE OF DEATH

X 92-001 ✓

E 68490

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 1824 Palmer Avenue St. 27-56 (Ward)

2-FULL NAME Alexander William Perryman

(a) RESIDENCE NO. 1824 Palmer Ave St., Ward Texas

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth F. Perryman

6 DATE OF BIRTH (month, day, and year) Dec 19, 1879

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	4	15	

8 (OCCUPATION OR RECEALED)
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Mississippi

PARENTS

10 NAME OF FATHER Wm Perryman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Alabama

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Mississippi

14 Informant Mrs Elizabeth Perryman
(Address) 1824 Palmer Ave.

15 Filed ... 19 ... Registrar

Y 6 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH was as follows:

Paludism
Nervous Shock
Heart Failure

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Thomas, M. D.

5/6, 1931 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Houston, Texas

DATE OF BURIAL May 6 1931

20 UNDERTAKER E. LeRoy Stefflen, Inc

ADDRESS 125 E. North Ave

E.—WHITE PLAINLY WITH INK. PHYSICIANS should state CAUSE tion should be carefully supplied. AGE should be stated EXACTLY.' OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 68491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 68491

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No Monument · Rutland ST. 5-8 WARD)

2 FULL NAME Mr Abraham Serkon Serken

(a) RESIDENCE NO 914 - E - Fayette - ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Serken

6 DATE OF BIRTH (month, day, and year) Oct 15-1866

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Morris Serken

(Address) 857 Christian St Phila

15 Filed [illegible] 19 [illegible] Registrar

Y 6 - 102

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/6/31

17

I HEREBY CERTIFY, That I attended deceased from 5/2, 1931, to 5/6, 1931

that I last saw h/M alive on 5/6, 1931

and that death occurred, on the date stated above, at 8:00 A. m.

The CAUSE OF DEATH* was as follows:

Carbuncle of neck and Septicemia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia. Chronic myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

5/6 1931 (Signed) J. E. Zadmar M. D.

(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 5/7 1931

20 UNDERTAKER Jack Lewis 1434

ADDRESS Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

68492 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82-01 68492

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2733 St Paul St. 12-50 (WARD)) REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Jemima Risser Carnagey

(a) RESIDENCE No. 2733 St Paul St. WARD (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec 10 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~about~~	84	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Jesse Carnagey

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Julia Rash

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Informant John W. Shaum (Address) 2733 St Paul St

15 Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4 1931

17

I HEREBY CERTIFY, That I attended deceased from May 2 1931 to May 4 1931

that I last saw h alive on May 4 1931

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis (Left hemiplegia)

(Duration) — yrs. — mos. 2 hrs.

CONTRIBUTORY (Secondary) ✓

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No ✓

What test confirmed diagnosis?

(Signed) Ethel Evans Shipp M. D.

5/6/31 (Address) 1516 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: May 1931

UNDERTAKER: J. H. Pedrow & Sons — ADDRESS: Norfolk Va

INFORMATION MUST be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 1931

Spec.—9-30—A. & Co.—250 Blks

E 68493 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68493

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2872 Woodbrook Ave 43-54 (WARD) 17-002

2-FULL NAME Kate E. Downing

(a) RESIDENCE NO. 2872 Woodbrook Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: William E Downing

6 DATE OF BIRTH (month, day, and year): July 23. 1877

7 AGE — Years: 53 — Months: 9 — Days: 12 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Alice P. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Maria Austin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): W. E. Downing 2872 Woodbrook

Filed MAY 6-1931 C. EMERSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5. 1931

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1931, to May 5, 1931

that I last saw her alive on May 5, 1931

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

From history about 8 months (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hodgkins Disease from history about (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? do not know

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) Walter D Nisbet M. D.

May 6/31 (Address) 2220 Harrison Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury, Md. — DATE OF BURIAL: May 8 1931

20 UNDERTAKER: Wm J. Tickner & Son — ADDRESS: North & Penna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

68494 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

29-00E 68494

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 33rd & Calvert St. S. 27-48 WARD

2 FULL NAME Robin Taylor

(a) RESIDENCE NO. 5312 Tilbury Way Homeland ST. ..... WARD .....
(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Sept 21st 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER H. Leroy Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alice Stanton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mother Mrs. L. Taylor
(Address) 5312 Tilbury Way

15 ... C. EAMPSON JONES, M. D. (Registrar)

MAY 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5th 1931

17

I HEREBY CERTIFY, That I attended deceased from March 21st, 1931, to May 5th, 1931

that I last saw h[illegible] alive on May 5th, 1931

and that death occurred, on the date stated above, at 2.10 p.m.

The CAUSE OF DEATH* was as follows:

Meningitis (organism not determined)

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Empyema

(duration) ... yrs. ... mos. 40 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of April 14th 1931 thoracotomy

Was there an autopsy? no

What test confirmed diagnosis? clinical exam - spinal puncture

(Signed) J. Jerry Burger M. D.

5/5. 1931 (Address) 104 W. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL May 7 1931

20 UNDERTAKER Wm. J. Tickner Sons — ADDRESS N. Ba.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

B 68495

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 68495

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 12-50 ST. (OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Fanning

(a) RESIDENCE NO. 3104 N. Calvert St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michael J. Fanning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Norton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs. T. D. Sandry 3622 Clifton Ave.

15 Filed , 19 Registrar

C. HARRISON JOHNS, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 8, 1931, to May 4, 1931

that I last saw her alive on May 4, 1931

and that death occurred, on the date stated above, at 7.05 P.M.

The CAUSE OF DEATH* was as follows:

Toxic Encephalitis

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 3104 N Calvert St.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) E. M. Baumgardner M. D.

, 19 (Address) Mercy Hosp. Balt.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	May 7, 1931
20 UNDERTAKER	ADDRESS
Wm. M. Windsor	5011 Eas[illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 8 1931

I-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68496

CERTIFICATE OF DEATH

× 23 ✓ E 68496

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-9 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Schnabel

(a) RESIDENCE No 6747 Bessemer Ave., Gracland Park ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 614

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Julius Schnabel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lena Malser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hopkins Hospital Records

(Address)

15 DEC 6 1931 C. HAMPSON JONES, M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pyrothorax

Tuberculosis left lung

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins Hospital

What test confirmed diagnosis? .....

(Signed) H. H. Hamer, M. D. Coroner

5/6/31 (Address) 608 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cem	5/7/31
20 UNDERTAKER	ADDRESS
Joseph Ahrens	421 Aisquith

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 68497

HEALTH DEPARTMENT—CITY OF BALTIMORE

51 68497

CERTIFICATE OF DEATH.

1-PLACE OF DEATH South Baltimore General Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 27 WARD 8)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Goforth

(a) RESIDENCE NO. 523 Annesley Road ST., (502 Hamilton Ave) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 19, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Goforth

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C

12 MAIDEN NAME OF MOTHER Mitchelmore Infant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant George Goforth

(Address) 523 Hamilton Ave

Filed MAY 6 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1931

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1931, to May 6, 1931, that I last saw her alive on May 6, 1931, and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows:

Premature birth (7 mo.)

(Duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical recds

(Signed) Joseph Lauletta, M. D.

, 19 (Address) 1213 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cathedral — DATE OF BURIAL 5/7 1931

20 UNDERTAKER Wilson Cook — ADDRESS 1217 St Paul

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Occupation is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Blks.

68498 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ D 68498

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 23

CITY OF BALTIMORE: (No. 17-26 St. Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Cope Bird or Byrd

(a) RESIDENCE No. 743 George st. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Bird

6 DATE OF BIRTH (month, day, and year) 10-27-1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Crane conductor

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (City or town) (State or country) Granite South Carolina

PARENTS

10 NAME OF FATHER Horace Bird

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Ida Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records
(Address)

15 Filed MAY 6 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1931

17
I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1930, to May 5, 1931

That I last saw h i alive on May 5, 1931

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Levene M. D.

5-5. 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury N-6 DATE OF BURIAL: May 7 1931

UNDERTAKER: John C. Miller ADDRESS: 2435 E Oliver

INFORMATION SHOULD BE CAREFULLY SUPPLIED. Exact statement of OCCUPATION and CAUSE OF DEATH may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 68499 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68499

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Balto. City Hospitals 14-20 WARD)

2 FULL NAME Alice Hall

(a) RESIDENCE NO. 537 Wilson ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 25/1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New Orleans La

PARENTS

10 NAME OF FATHER: Peter Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): La

12 MAIDEN NAME OF MOTHER: Josephine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): La

14 Informant (Address): Balto City Hospitals

15 Filed MAY 6 - 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-2-31

17

I HEREBY CERTIFY, That I attended deceased from 2-18, 19 30, to 5-2, 19 31

that I last saw h er alive on 5-2, 19 31

and that death occurred, on the date stated above, at 10 1/2 P. M.

The CAUSE OF DEATH* was as follows:

Granuloma Inguinale

(duration) 2 yrs. (?) mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Luther C. Little M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Houston Texas	May 7 19 31

20 UNDERTAKER: John C. Butler ADDRESS: 730 E Abrie

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68500

CERTIFICATE OF DEATH

210-002 E 68500

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp ST. 4-20 (WARD)

2-FULL NAME Paul Watkins

(a) RESIDENCE NO Bluedon Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	25			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Jockey
(b) General nature of industry, business, or establishment in which employed (or employer) Otb
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lex. Ky

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant David Woodford (Address) Glendon Md.

15 Filed MAY 7 - 1931 H. [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto he was riding in collided with an object throwing him on

(a) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Boswell Jones Md

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) [illegible], M. D.

5 J. 1931 (Address) 2939 Md Ellery Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lexington Kentucky	May 7 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Preastman S

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 68501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68501

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1320 ½ N Gilmore ST. 15-27 WARD) 82

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Wilkerson

(a) RESIDENCE NO. 1320 ½ N Gilmore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widowed

5a If married, widowed, or divorced HUSBAND of or ~~WIFE of~~ Annie P Wilkerson

6 DATE OF BIRTH (month, day, and year) Jan 8 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Old

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Thomas Wilkerson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Sarah Wilkerson 1320 ½ Gilmore St

15 Filed MAY 7 - 1931 T. SYDNOR JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 2 . 1931 . to May 4 . 1931 . that I last saw him alive on May 4 . 1931 . and that death occurred, on the date stated above, at 11 45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

& Paralysis of Right muscles Also

Fatal Paralysis (duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) Hypertension unknown

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) T. Sydnor Jones, M. D.

5/6, 1931 (Address) 14 24 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL May 7 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-001

E 68502

CERTIFICATE OF DEATH

E 68502

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2007 Hargrove ST. 12-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Jennings

(a) RESIDENCE NO. 2007 Hargrove ST.

(Usual place of abode) WARD

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaid Jennings

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Express

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Riley Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ann Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Adeliad Jennings

(Address) 2007 Hargrove St

15 Filed MAY 7 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4/31

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1931 to May 4, 1931

that I last saw him alive on May 3, 1931

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis (duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. Dalcher M. D.

5/6, 1931 (Address) 1220 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL May 7 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68503 — 92-001 — E 68503

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. 1419 Covington ST. WARD 24-34

2-FULL NAME Louis J. Kohlhoff

(b) RESIDENCE NO. 1419 Covington ST. WARD

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Louise Kohlhoff

6 DATE OF BIRTH (month, day, and year): Dec 10th 1876

7 AGE — Years: 54 Months: 4 Days: 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Ludwig Kohlhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germ

12 MAIDEN NAME OF MOTHER: Amelia Lutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

11 Informant (Address): Mrs Louise Kohlhoff 1419 Covington St

15 Filed May 7 1931 H. PARSONS JARVIS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 6th 1931

17 I HEREBY CERTIFY, That I attended ~~deceased~~ from April 15th 1929 to May 6th 1931.

that I last saw him alive on May 5th 1931.

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic aortic regurgitation

(duration) 2 yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) General arteriosa

(duration) — yrs. mos. 22 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) J. Leroy Weibel M. D.

5/6, 1931 (Address) 1234-36 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: May 9th 1931

20 UNDERTAKER: C. Schlosman Son

ADDRESS 1039 Hanover St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 68504

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68504

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH U.S. Marine Hospital
CITY OF BALTIMORE: (NO. Baltimore, Md. ST. 2-4 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Timothy Kilday

(a) RESIDENCE NO. The Anchorage, Baltimore, Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced (HUSBAND) of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 18, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Seaman
(c) Name of employer S.S. O. J. Moran

9 BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

PARENTS
10 NAME OF FATHER Patrick Kilday
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Mary McAllen
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Md.

15 Filed 7-1931 19 HAMPDEN [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 12, 19 31 to May 5, 19 31, that I last saw him alive on May 5-, 19 31, and that death occurred, on the date stated above, at 5:50 A. m.

The CAUSE OF DEATH* was as follows:
Syphilis, tertiary and aortic insufficiency
syphilitic
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical & lab. findings

(Signed) Gordon A. Abbott, M. D.
5/5, 1931 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's, Hampden
UNDERTAKER E. LeRoy Stiffler, Inc
DATE OF BURIAL May 7, 1931
ADDRESS 125 E. North Ave

Spar.—9-30—A. & Co.—250 Blks.

E 68505 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68505

CERTIFICATE OF DEATH

108

REGISTERED NO. 17-244

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 Canal St

2. FULL NAME Mary Ellen White

(a) RESIDENCE NO. 537 Canal St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. Single, Married, Widowed, or Divorced, (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel White

6. DATE OF BIRTH (month, day, and year): 1887

7. AGE: Years 44 | Months — | Days — | If LESS than 1 day ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Annapolis Md

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

11. Informant: Irene Cook

(Address) 759 Hamilton St Philadelphia Pa

13. Filed ... 1931 ... C. [illegible]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): May 5/31

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1931, to May 5, 1931

that I last saw her alive on May 5, 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

1. Bronchial Asthma

2. (duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) — yrs. — mos. 4 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(signed) H. C. Pettelon M. D.

19. (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

UNDERTAKER: Daniel Carlin

DATE OF BURIAL: 5-8 1931

ADDRESS 916 Park

STOP is very important. See instructions on back of certificate

Spec.—1-30—M. & T.—250 Bks.

68506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

6 V D 68506

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 18-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Catherine Harvey

(a) RESIDENCE NO. 119 South Poppleton St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 5 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Weaver do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Gandy Belt Co last employ

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Owen Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Callan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John T. Harvey (Brother)
(Address) 121 S. Poppleton St.

Filed 7 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1931, to May 5, 1931, that I last saw h[illegible] alive on May 5, 1931, and that death occurred, on the date stated above, at 7 45 p. m.

The CAUSE OF DEATH* was as follows:

Pelagra

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull M. D.

May 5 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	5/9/1931
20 UNDERTAKER	ADDRESS
John J. Cowan & Son	901 Hollins St

1-30—M. & T.—100 B—50L

Clendenin

E 68507

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68507

CERTIFICATE OF DEATH

REGISTERED NO. 13-429

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Clendenin ST.) (WARD)

2-FULL NAME Elizabeth Austin

(a) RESIDENCE No. 1201 Clendenin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L Austin

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Cook
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Davis

(Address) 501 Bentalou Ave

15 Filed 7-1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart VALVULAR DISEASE

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Thompson, M. D. Coroner

5/6 1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL May 8 1931

20 UNDERTAKER Jerome D Wolfe

ADDRESS 700 N Carrollton

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 68508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68508

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital 126

CITY OF BALTIMORE: (No. 21-29 ST. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Reed

(a) RESIDENCE NO. 1916 Austin Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John W. Reed

6 DATE OF BIRTH (month, day, and year) April 18-1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Charles F. Ingro

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Alice Ann White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant John W. Reed

(Address) 2216 Eutaw St

15 Filed 7-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-7-31

17 I HEREBY CERTIFY, That I attended deceased from March 24 .19 31. to April 7 .19 31.

that I last saw he alive on 5-7 .19 31.

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Cholelithiasis

Cholecystitis

CONTRIBUTORY (Secondary) Myocardial failure (duration) 3 yrs. mos. ds.

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-29-31

Was there an autopsy? No Removed Gall Bladder

What test confirmed diagnosis? Operation

(Signed) C. W. Peake M. D.

.19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	May 11 1931
20 UNDERTAKER	ADDRESS
George L. Schwartz	240 Stricker Ave

Spec.—9-30—A. & Co.—250 Blks.

E 68509

68509 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68509

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Marlborough Aprts., St. 14-30 WARD)

2 FULL NAME Mary Adler,

(a) RESIDENCE NO. (Usual place of abode) Eutaw Place & Wilson St., ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham S. Adler,

6 DATE OF BIRTH (month, day, and year) Sept. 18, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Pa.,

PARENTS

10 NAME OF FATHER Samuel Oppenheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Hannah Thanhouser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss L. Adler

(Address) Marlborough Aprts.

15 DATE RECEIVED MAY 1 - 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1910, to May 5, 1931

that I last saw h er alive on May 5, 1931

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Hypertension

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. W. Kelly M. D.

19 (Address) 1907 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew

DATE OF BURIAL May 8 1931

20 UNDERTAKER David Sondheim & Son ADDRESS 170 Eutaw Place

Spec—9-30—A. & Co.—250 Blks

E 68510 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68510

CERTIFICATE OF DEATH

50

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2020 West North Ave. St 15-21 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bertha F. Emrich

(a) RESIDENCE NO. 2020 West North Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Morris Emrich

6 DATE OF BIRTH (month, day, and year) May 20, 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

600

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jacob Flaunlacher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Decker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Arthur Emrich
(Address) New York

15 Filed MAY 7 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 4, 1931 to May 6, 1931

that I last saw her alive on May 6, 1931

and that death occurred, on the date stated above, at 6:15 A. m. May 7.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast with metastases to stomach & liver

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination sufficient

(Signed) Samuel Morrison M. D.

19 (Address) 1013 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem.	5/8/ 1931
20 UNDERTAKER David Sondheim & Son	ADDRESS 1902 Eutaw Place

1-30—M & T—100 B—50L

E 68511

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 68511

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 N Hallas. ST., 3-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospitol or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sara. Filson

(a) RESIDENCE NO 240 N Hallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 9. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	24.	6	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): Own
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salisbury Md

PARENTS

10 NAME OF FATHER John. Filson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salisbury Md.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salisbury Md

14 Informant Joseph Small

(Address) 240 N Hallas St

15 E. HAMPSON JONES, M.D. Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month) May 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cemetery	May 7. 1931.
20 UNDERTAKER Kendall & Hopgood	ADDRESS 2126 N Calvert

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68512

CERTIFICATE OF DEATH.

9-46 86-001 E 68512

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital ST. (or WARD)

2 FULL NAME Louise Herbst

(a) RESIDENCE NO. 1731 Homestead ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 4 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Gottlieb Herbst

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Stuck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records
(Address)

MAY 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/5/31

17
I HEREBY CERTIFY, That I attended deceased from 2-8, 1931, to 5/5, 1931

that I last saw h alive on 5/5, 1931

and that death occurred, on the date stated above, at 2-12 A m.

The CAUSE OF DEATH* was as follows:

Fracture of femur
Accidental fall down stairway (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia 3 days
(duration) yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? Amputation Date of 3/11/31

Was there an autopsy? No

What test confirmed diagnosis Clinical

(Signed) J Geyho M. D.

(Address) Mercy Hospital.

*State the Disease Causing Death, Or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 5-7 1931

UNDERTAKER Mrs Chas A. G. Rohde

ADDRESS 2327 Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks.

E 24825 E 68513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68513

10-14 7V

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph F Wolf

(a) RESIDENCE NO. 1211 E Chase ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr-23-1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) ood

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Otto Wolf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Welsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address)

15 1934 , 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-7-1931

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to May 7, 1931

that I last saw him alive on May 7, 1931

and that death occurred, on the date stated above, at 5 A M.

The CAUSE OF DEATH was as follows:

Murder

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? 1211 E Chase St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Exam and Blood chem.

(Signed) Walter R Myers M. D.

5/7, 19 31 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 5-9 19 31

20 UNDERTAKER J J Rush

ADDRESS Baltimore

Spec.—1-30—M. & T.—250 Bks.

E 68514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68514

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital 26-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Nelson

(a) RESIDENCE NO. 3715 Eutaw Place ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5 If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Jan 4, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Bernard Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Essie Buckley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Bernard Nelson

(Address) 3715 Eutaw Place

15 Filed 7-1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1931, to May 6, 1931,

that I last saw h[illegible] alive on May 6, 1931,

and that death occurred, on the date stated above, at 6.15 A. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 1 mos 30 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 21 ds.

18 Where was disease contracted if not at place of death? 3715 Eutaw Place

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) I. Peter Meranski, M. D.

, 19 (Address) Lyndenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL May 8 1931

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS Baltimore St & Broadway

Spec.—9-30—A. & Co.—250 Blks

E 68515 ✓ E 68515

E 68515 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals

93-003

REGISTERED NO

CITY OF BALTIMORE: (No 23-31 S. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Ziwil

(a) RESIDENCE NO 1031 Hanover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Records of

(Address) Balto. City Hosp.

15 Died 5-7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-6-31

17

I HEREBY CERTIFY, That I attended deceased from 7-17-25, 19, to 5-6-31, 19

that I last saw her alive on 5-6-31, 19

and that death occurred, on the date stated above, at 2:45 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) UNKNOWN yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget. M. D.

5-6 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	May 8 1931
UNDERTAKER Chenowith Son	ADDRESS 3417 Chestnut

Cor.—10-10-29—A Co.—100 Bks.

E 68516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94001

E 68516

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Providence Hosp St. 1929 Ward)

2-FULL NAME Wm Blake

(a) RESIDENCE NO. 617 Eathern St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1906-

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
25	25			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) & State or country) Aberdeen Md

PARENTS

10 NAME OF FATHER Elias Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella West

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Charles Moore
(Address) 1126 Brewer

15 Filed MAY 7 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris
(duration) Sudden

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) May 3rd Hoffman, M. D.
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	5/7/31
20 UNDERTAKER Samuel Hemsley	ADDRESS 17 E Baltimore

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 68517

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 68517

CERTIFICATE OF DEATH

10-14 75

1-PLACE OF DEATH

City of Baltimore: (No. 513 Colvin St. 5C Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME LeRoy P.Cummings.(C)

(a) RESIDENCE NO. 712 Ensor St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ;----------

6 DATE OF BIRTH (month, day, and year) September 11,1904

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	26	7	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles Cummings.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Bertha Price.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Charles Cummings.(C) father
(Address) 712 Ensor St.

15 Filed [illegible] 1931 C. HARRISON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt M. D.

5/7 . 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Centreville Md.	May 9 1931
20 UNDERTAKER	ADDRESS
Chas. H. Johnson	416 N. Carolina St.

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

E 68518

CERTIFICATE OF DEATH

E 68518

REGISTERED NO. E 68518

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 Edmondson Ave. ST. 16-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Kate Hale Sinclair

(a) RESIDENCE NO. 1808 Edmondson Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FeMale	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Sinclair

6 DATE OF BIRTH (month, day, and year) November 9, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex County Virginia

PARENTS

10 NAME OF FATHER Thomas A. Montgomery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Matilda Powers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mr. Charles H. Sinclair

(Address) 1808 Edmondson Ave.

15 Filed MAY 7 1931 19 C. PATTERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 28 1930 to May 7 1931

that I last saw h.e alive on May 7 1931

and that death occurred, on the date stated above, at 11 25 A m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Norwood M. D.

May 7 1931 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

20 UNDERTAKER Joseph B Cook

DATE OF BURIAL May 9 1931

ADDRESS 1003 West Baltimore St.

Spec.—9-20—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68519

CERTIFICATE OF DEATH

20-69 (WARD)

97 E 68519 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 490 Brunswick St. St.

2 FULL NAME Mary Rittler

(a) RESIDENCE NO. 490 Brunswick St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Rittler

6 DATE OF BIRTH (month, day, and year) March 17, 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
93	92	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hamburg Germany

PARENTS

10 NAME OF FATHER John Englehart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Wm. Dailey

(Address) 490 Brunswick St.

15 [illegible] 19 [illegible] Registrar

7 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1931, to May 6, 1931, that I last saw her alive on May 6, 1931, and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Senile Gangrene

Antecedent (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Glassman M. D.

May 6 1931 (Address) 753 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

UNDERTAKER Joseph B Cook

DATE OF BURIAL May 9 1931

ADDRESS 1003 West Baltimore St.

ACTION IS VERY IMPORTANT. See Instructions on Back of Certificate.

Spec.—9-30—A. & Co.—250 Blks.

68520 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

L 68520

93003

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 22-30 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Carman

(a) RESIDENCE NO. 42 E. York St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Carman

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Lucretia Alud

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 (Informant) Records of (Address) Balto. City Hosp.

15 Filed 5-7 1931. C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-6-31

17:

I HEREBY CERTIFY, That I attended deceased from 12-1-30, 19..., to 5-6-31, 19...

that I last saw him alive on 5-6-31, 19...

and that death occurred, on the date stated above, at 10:55 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) UNKNOWN yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) UNKNOWN. yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of?

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget. M. D.

5-7 1931. (Address) Balto. City Hosp.

* State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — DATE OF BURIAL May 5 1931

20 UNDERTAKER John H. Denny — ADDRESS 715 Eutaw

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68521 CERTIFICATE OF DEATH 68521

1 PLACE OF DEATH Good Shepherd General Hospital REGISTERED No 126

CITY OF BALTIMORE (No 1512 Gilmor St. WARD 5

2 FULL NAME Ellen Street

(a) RESIDENCE No 657 Fairmount Ave WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): M Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: Years 61 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant (Address): Hartford

7 - 1931 C. FAMPSON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/6/31

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to 5/6/31, 19

that I last saw h[illegible] alive on 5/6/31, 19

and that death occurred, on the date stated above, at 4: Ans

the CAUSE OF DEATH* was as follows: Chron. Cirrhosis of Liver

(Acute)

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Gall Stone

(duration) yrs. 4 mo mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W R Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: MAY 7 - 1931

20 UNDERTAKER

ADDRESS

Commissioner Health.

Spec.—9-30—A. & Co.—250 Blks

246904

Ired.

E 68522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68522

16-32 34

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL ST. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel Campbell

(a) RESIDENCE NO. 1616 N. Lanvale St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook & Butler

(b) General nature of industry, business, or establishment in which employed (or employer) 81

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jamaica

PARENTS

10 NAME OF FATHER George Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jamaica

12 MAIDEN NAME OF MOTHER Esther Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jamaica

14 Informant Records

(Address)

15 Filed MAY 7 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 6 - 1931

17

I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to May 6, 1931

that I last saw h[illegible] alive on May 5, 1931

and that death occurred, on the date stated above, at 3.30A m.

The CAUSE OF DEATH* was as follows:

chronic arteriolo nephritis

hypertension

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) syphilis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? WR Blood Wassermann

(Signed) John P. Worthington M. D.

5-6-1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	May 9 1931
20 UNDERTAKER	ADDRESS
C. H. O'Neal & Son	638 N. Gilmor

1-30—M. & T.—100 B—50L

Dr Morrissey Poland Ave Penna 1600

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68523

CERTIFICATE OF DEATH

92 - 2 68523

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2101 Linden Ave St. 3-59 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Elizabeth M. White

(a) RESIDENCE No 2101 Linden Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married ~~widowed, or divorced~~ (or) WIFE of Julius H. White

6 DATE OF BIRTH (month, day, and year) Nov 21st 1875

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
55	45	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Sarah F. White

(Address) 2101 Linden Ave

Filed 7 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Valvular Disease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Morrissey, Coroner, M. D.

5/7 1931 (Address) 1632 Bloomfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	5/8/1931
20 UNDERTAKER: Wm Cook	ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

68524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 68524

REGISTERED No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 13-51 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Nash.

(a) RESIDENCE No. (Usual place of abode) 3116 Chestnut Av. ST. WARD

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 14th 1907

7 AGE: Years 23 | Months 6 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mt. St. Agnes College

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Nash

11 BIRTHPLACE OF FATHER (city or town) (State or country) Woodstock Md

12 MAIDEN NAME OF MOTHER Tessie Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs. Soldie Carroll 3116 Chestnut Ave

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 8 1930, to May 6 1931

that I last saw h[illegible] alive on May 6 1931

and that death occurred, on the date stated above, at 9 30 a m.

The CAUSE OF DEATH* was as follows:

Glio-sarcoma of brain

(duration) yrs. 6+ mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Jan 3, 1931

Was there an autopsy? Brain removed

What test confirmed diagnosis? Finding at autopsy & finding at operation

(Signed) G. Burns Hamilton M. D.

5/6 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: 5/9 1931

21 UNDERTAKER: Wm Cook

ADDRESS: St Paul & Preston Sts

Spec.—9-30—A. & Co.—250 Blks.

Dr Diebel
1224 Hanover Hway

HEALTH DEPARTMENT—CITY OF BALTIMORE

68525

CERTIFICATE OF DEATH

53 E 68525

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Maldeis St. 21-24 WARD)

2 FULL NAME Bertha A. Clem

(a) RESIDENCE NO. 1023 Maldean St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Clem

6 DATE OF BIRTH (month, day, and year) July 21, 1887

7 AGE	Yrs.	Months	Days	If LESS than 1 day, hrs. or min.
	41	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER William Cleyball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Angeline Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Rosie May Clem (Address) 825 Mansfield Ave.

15 Filed MAY 7 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 30, 1931 to May 6, 1931

that I last saw her alive on May 6, 1931

and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the bladder

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - -

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Otto Diebel M. D.

(Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL May 6 1931

20 UNDERTAKER William Cook ADDRESS 1217 St Paul

Spec.—9-30—A. & Co.—250 Blks

St. Alex Gage 709 N. Broadway 24-16-97 ✓

E 68526 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68526 82-E 68526

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 E. Hoffman St. 8-17 WARD)

2. FULL NAME Laura V. Hunter

(a) RESIDENCE NO. 2010 E. Hoffman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of James R. Hunter

6 DATE OF BIRTH (month, day, and year) Oct 21st 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	0	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Benjamin Cloud

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Isabella Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant (Address) Arthur Hunter 2010 E. Hoffman St

15 Filed MAY 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6th 1931

17

I HEREBY CERTIFY, That I attended deceased from May 2 1931, to May 6 1931

that I last saw h alive on May 6 1930

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 4 ds.

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Coma 2 ds.

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alex Gage M. D.

5/6/31 19 (Address) 709 N Bdway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 5/8 19 31

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks

Wolf 4585 801 N. Kenwood
Washington Ashland 7118 by Janet

68527 HEALTH DEPARTMENT—CITY OF BALTIMORE 01 V

CERTIFICATE OF DEATH. 8 V E 68527

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 2535 East Oliver St. 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME James E. Mellor

(a) RESIDENCE NO. 2535 East Oliver ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Mellor

6. DATE OF BIRTH (month, day, and year): Feb 22-1842

7. AGE: Years 89; Months 2; Days 15; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Balto City

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10. NAME OF FATHER: unknown

11. BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14. Informant: Mrs Margaret Mellor

(Address) 2535 E. Oliver st

Filed 7-1931, 19 C. PAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): May 7-1931

17. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to May 7 1931

that I last saw him alive on May 7 1931

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 1 d

(duration) yr. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Nephritis

(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rosamond M. D.

May 19 31 (Address) 801 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 5/9 1931

20. UNDERTAKER: William Cook — ADDRESS: 1217 St Paul

Spec.—9-30—A. & Co.—250 Blks.

E 68528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68528

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 E. 20th St. ST. 17-19 WARD)

2. FULL NAME George Thompson Williams

(a) RESIDENCE NO. (Usual place of abode) 208 E. 20th St. ST. WARD

(If non-resident give city or town and State)

Length of residence in City or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sue Colton

6 DATE OF BIRTH (month, day, and year) Apr. 18, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49		18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: organist

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Port Deposit Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs. Nellie B. Stone 208 E. 20th St.

15 Filed ... 19 ... Registrar

5-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 6/31

17

I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1930, to May 6, 1931

that I last saw h im alive on May 6, 1931

and that death occurred, on the date stated above, at 2.20 p m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration, chronic nephritis

(duration) ?yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral embolus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No special test

(Signed) Jack. B. Morgan M. D.

5/7. 1931 (Address) Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: May 8, 1931

20 UNDERTAKER: John O. Mitchell & Sons, 1900 Eutaw Pl. ADDRESS

Mahlon B. Mitchell

Spec.—9-30—A. & Co.—250 Blks

68529

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 34 E 68529

CERTIFICATE OF DEATH

REGISTERED NO

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 33rd & Calvert St. ST 12-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Henry Gilbert (Stella

(a) RESIDENCE NO Benson, Harford County Md. ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Gilbert

6 DATE OF BIRTH (month, day, and year) July 11 1889

7 AGE	41 Years	9 Months	26 Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

PARENTS

10 NAME OF FATHER Thomas French

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Helen Gilbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed 7-1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 7, 1931

that I last saw h alive on May 7, 1931

and that death occurred, on the date stated above, at 8 10 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes. Partial

What test confirmed diagnosis? laboratory

(Signed) Samuel McClenahan M. D.

(Address) Union Memorial Hosp. May 7 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stephens Cem — DATE OF BURIAL: May 9 1931

20 UNDERTAKER: Clarence E. Allen — ADDRESS: Brooklyn Md

Spec.—1-30—M. & T.—250 Bks

E 68530

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

E 68530

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Schwartz St. Sparrow Point) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert L. Smith

(a) RESIDENCE NO. 409 Schwartz St., Howard WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Annie

6 DATE OF BIRTH (month, day, and year) March 10 - 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Robert Smith Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Martha Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie Smith (Address) 409 Schwartz Ave

15 Filed NOV 8 - 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to May 5, 1931,

that I last saw h[illegible] alive on May 5, 1931,

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Contusions, Ch. Ds Nephritis,

Ch. Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. H. Bishop, M. D.

May 5, 1931 (Address) 521 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 5/8/1931

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill

Spec.—9-30—A. & Co.—250 Blks.

E 68531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68531

X 51 v

CERTIFICATE OF DEATH

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 7-13 WARD)

2 FULL NAME Nathan Shear

(a) RESIDENCE No. Romney W. Va ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 mos. 2 ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, Divorced, (write the word)
Male	white	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Shear

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Lena Shear Romney W. Va

Filed 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-7-31

17 I HEREBY CERTIFY, That I attended deceased from 4-5 1931 to 5-7 1931

that I last saw him alive on 5-7 1931

and that death occurred, on the date stated above, at 3:10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate

Hypernephroma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

5/7 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kehilath Jesurun Rem

DATE OF BURIAL 5/8 1931

20 UNDERTAKER Jack Levis Ave 1409 Eutaw

ADDRESS

1-30—M & T.—100 B—50L

E 68532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 68532

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 McDonough ST., 7-13 WARD)

2-FULL NAME Daisy E. Stokes

(a) RESIDENCE NO. 908 McDonough ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred L yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Stokes

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Joseph Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nancy Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Nancy Scott (Mother)
(Address) 908 McDonough St

15 Filed ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cerebral Accident

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) History Syphillis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Hopkins Disp. Records

(Signed) Robt A Cullen, M. D.
Coroner

5/7/31 (Address) 908 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leakey Cem.

DATE OF BURIAL 5-8- 1931

20 UNDERTAKER Byron Wright 1218 E. Oldenberg St

ADDRESS

TION is very important. See instructions on

HARRISON JONES, M. D. Registrar

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68533

CERTIFICATE OF DEATH.

23 V E 68533

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Canal St.) (Ward) 17-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alice Johnson

(a) RESIDENCE NO. 523 Canal St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	col	married

5a If married, widowed, or divorced (or) WIFE of Frank Johnson

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	V	V	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Albert Johnson

(Address) Sandy Spring Md

15 Filed . 19 JOHN M. [illegible] Registrar

MAY 6 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7/31

17

I HEREBY CERTIFY, That I attended deceased from April 18 . 1931 . to May 7 . 1931

that I last saw h[illegible] alive on May 7 . 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 6 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Bateman M. D.

. 19 (Address) 817 Hunterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	5-8 1931
20 UNDERTAKER James Easton	ADDRESS E/6 Saratoga

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68534

CERTIFICATE OF DEATH

168

E 68534

1-PLACE OF DEATH

City of Baltimore: (No. 1140 N. Stricker St., 16-22 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude Dorsey

(a) RESIDENCE NO. 1140 N. Stricker St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 Color or Race: Col

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: _____

6 DATE OF BIRTH (month, day, and year): Oct 28 1927

7 AGE — Years: 3 — Months: 6 — Days: 9 — IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Morris Dorsey

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Md

12 MAIDEN NAME OF MOTHER Flora Adams

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Mrs Dorsey
(Address) 1140 N. Stricker

15 Filed _____ 19 _____ Registrar _____

MAY 8 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

_____ (duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted? If not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) _____ M. D. (Address) _____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: May 8 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Presstman St

Important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—800 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓

E 68535

REGISTERED NO. E 68535

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 E. Lexington ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Bostick

(a) RESIDENCE NO. 1116 E. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sophronia Bostick

6 DATE OF BIRTH (month, day, and year) [illegible] 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer gen'l

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Sophronia Bostick

(Address) 1116 E. Lexington St

15 Filed 5-9-1931 CLAUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-5-31

17 I HEREBY CERTIFY, That I attended deceased from 4-28, 1931, to 5-5, 1931, that I last saw him alive on 5-5, 1931 and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Intersticial Nephritis (Uraemic Poisoning)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D.

5-6, 1931 (Address) 507 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	5/8 — 1931
UNDERTAKER	ADDRESS
Chas G. Bailey	1431 Jefferson St

1-20—M & T —200 B—50L

E 68536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 ✓ E 68536

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 W. Barre ST. 22-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha F. Bowser

(a) RESIDENCE NO 426 W. Barre ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colord	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Bowser

6 DATE OF BIRTH (month, day, and year) Oct 9-1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	6	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER C. C. Handy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Frances Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant C. C. Handy

(Address) 426 W. Barre St

15 Filed: C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

5/8. 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson — DATE OF BURIAL: May 10 1931

20 UNDERTAKER: Joseph A Lively — ADDRESS: 4097 Reed St

1-30—M. & T.—100 B—50L

E 68537 E 68537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. John Hopkins Hosp ST. 7-9 WARD)

2-FULL NAME Henry Mueller

(a) RESIDENCE NO 519 N Castle St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	W. Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia Mueller

6 DATE OF BIRTH (month, day, and year) Aug 15 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clk 009
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Adolf Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Adolf Mueller

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant George Mueller

(Address) 519 N Castle St

15 [illegible] C. HAMILTON JOHNS, M. D.

MAY 8 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/6 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by a moving automobile while crossing street

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract (C. C.) skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Castle & Orleans

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Obsn.

(Signed) J. F. Johns Coroner, M. D.

5 6, 19 31 (Address) 2439 Mc Elderry 300

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	May 9 1931
UNDERTAKER John Ulrich	ADDRESS 900 E Baltimore

Spec.—9-30—A. & Co.—250 Blks.

68538

HEALTH DEPARTMENT—CITY OF BALTIMORE

68538

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3537 Old Frederick Road (WARD) 20-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Richard J. Laughland

(a) RESIDENCE NO. 3537 Old Frederick Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Laughland

6 DATE OF BIRTH (month, day, and year) June 5 - 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town and State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Richard McHenry Laughland

11 BIRTHPLACE OF FATHER (city or town and State or country) Towson, Prince George County, Md.

12 MAIDEN NAME OF MOTHER Mary Ellen King

13 BIRTHPLACE OF MOTHER (city or town and State or country) Laurel, Prince George County, Md.

14 Informant Mary R. Laughlin (Address) 3537 Old Frederick Rd

15 Filed MAY 9 - 1931

C. HILLSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 / 31

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1926, to May 6, 1931.

That I last saw him alive on May 3, 1931.

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

(Senility X)

Myocarditis.

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) D. Lloyd Johnson M. D.

19 (Address) 4200 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: May 8th 19 31

UNDERTAKER: H. B. Hufford

ADDRESS: 1300 Eutaw Place

Spec.—1-30—M. & T.—250 Bks.

E 68539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68539

CERTIFICATE OF DEATH.

97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 70-64 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Catherine Carl

(a) RESIDENCE NO. 2885 Mt. Kinsey Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Louis

6 DATE OF BIRTH (month, day, and year) Sept 25th 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ballo Post

PARENTS

10 NAME OF FATHER Michael Burggraf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bonlanner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Louis Carl

(Address) 2885 Mt. Kinsey Ave

Filed 8-1931 C. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-5-31

17 I HEREBY CERTIFY, That I attended deceased from 4-23, 19 31, to 5-5, 19 31,

that I last saw her alive on 5-5, 19 31,

and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension - Arteriosclerosis.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Gangrene - foot rt.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 5-4-31

Was there an autopsy? Yes No

What test confirmed diagnosis? Physical.

(Signed) Holmes S. Anderson, M. D.

5-5-31, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery May	31 19
20 UNDERTAKER	ADDRESS
J. B. Hippert	850 W. Pratt St

Spec.—1-30—M. & T.—250 Bks.

E 68540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-001

10 E 68540

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 7-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Thomas

(a) RESIDENCE NO. 1123 Ridgely ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) May 4, 1929

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Harry Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Florence Vezzil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Harry Thomas 1123 Ridgely St.

15 Filed MAY 8 - 1931 19 [illegible] JOHN M. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to May 7, 1931, that I last saw h[illegible]alive on May 7, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchopneumonia

(duration) 0 yrs. 1 mos 27 ds.

CONTRIBUTORY (Secondary) Left Empyema (Chest)

(duration) 0 yrs. 0 mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 4/23/31

Was there an autopsy? No (Thoracotomy)

What test confirmed diagnosis? X-ray

(Signed) L. Petty Menaker, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 5/9 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Fayette St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

13/E 68541

E 68541

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

15-68

CITY OF BALTIMORE: (No ST. WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eva Hammond

(a) RESIDENCE NO 2812 W. North Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 9, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 07°

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Hammond

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa.

12 MAIDEN NAME OF MOTHER [illegible]ery Curner

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant
(Address) Records of Balto. City Hosp.

15 [illegible] 5-[illegible]-1931 C. HARRISON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-6-31

17

I HEREBY CERTIFY, That I attended deceased from 5-1-31, 19__, to 5-6-31, 19__

that I last saw h[illegible]er alive on 5-6-31, 19__

and that death occurred, on the date stated above, at 6:35 A m.

The CAUSE OF DEATH* was as follows:

Nephritis, chronic, with oedema

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) ... Cellulitis of right arm (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Lab.

(Signed) Paul Padget. M. D.

5-7 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL MAY 8 - 1931

ADDRESS

20 UNDERTAKER [illegible]

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

E 68542

CERTIFICATE OF DEATH

E 68542

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 813 Hanover ST. 22-31 (WARD)

2—FULL NAME Garnett Spruell

(a) RESIDENCE NO. 813 Hanover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

3a If married, widowed, or divorced (or) WIFE of Joseph Spruell

6 DATE OF BIRTH (month, day, and year) Aug 20, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D. C.,

PARENTS

10 NAME OF FATHER Clarence Morton

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.,

12 MAIDEN NAME OF MOTHER Emma Ball

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D. C.

14 Informant William Morton

(Address) Washington D. C.

15 Filed [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to May 8, 1931, that I last saw h[illegible] alive on May 7, 1931 and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia (duration) yrs. 1½ mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? H. McCard

(Signed) H. McCard, M. D.

5/8, 1931 (Address) 202 S Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D. C

DATE OF BURIAL May 10 1931

20 UNDERTAKER Chas. H. Grace & Son

ADDRESS 638 N. Gilmor

1-20—M & T—100 B—50L

E 68543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68543

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen'l Hosp. ST. Harlady

2-FULL NAME Estella Gosnell

(a) RESIDENCE NO. Granite Maryland ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence W Gosnell

6 DATE OF BIRTH (month, day, and year) 9-14-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Clarence Platt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER ? Taggart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant C R Gosnell

(Address) Granite Maryland.

15 Filed ... 1931 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Alleged she was during [illegible] accident in auto & traffic [illegible] Attorney two officers that she colluded with [illegible] her car

CONTRIBUTORY (Secondary) Fract Skull (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Rogers Av & Reisterstown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) H. H. Brown Coroner, M. D.

5 8, 1931 (Address) 2139 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL May 9 1931

20 UNDERTAKER J M Cook

ADDRESS 1217 E Fayette St

1-30—M. & T.—100 B—50L

E 68544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68544

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto St. 4th-68 ST. [illegible] WARD

REGISTERED NO. 210-901

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen R Merkle

(a) RESIDENCE NO Granite Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph G Merkle

6 DATE OF BIRTH (month, day, and year) Nov-13, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER Leonard Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Arthur Merkle

(Address) Granite Maryland.

15 Filed MAY 8 - 1931 C. HARRISON JONES, Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/7 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

CAUSE OF DEATH* was as follows: Arterio Sclerosis Cerebral Hemorrhage

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fract Skull (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Rogers & Rustleton

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

3/ 19 31 (Address) 2939 W. Clifton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Granite Presbyterian	May 10 1931
UNDERTAKER	ADDRESS
J M Cook	1217 E Fayette St

Cor.—10-10-29—A Co.—100 Bks.

James Prestbury

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22 E 68545

B 68545

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 245 S. Duncan St. 1-3 Ward)

2-FULL NAME James Prestbury

(a) RESIDENCE NO. 245 S. Duncan St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Mal	Col	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aug 7/885

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer Gd
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER George W Prestbury

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Harriet

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Anna Perrin
(Address) 99 South Duncan St

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Acute Catarrhus

(duration) hrs. yrs. mos. 8 ds

CONTRIBUTORY (Secondary) Could not be determined.

There is History of Injury (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

5-7-31 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National cemetery — DATE OF BURIAL May 11, 31

20 UNDERTAKER Edward Bryan — ADDRESS 660 Orleans St

8-1931

over

important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68546

5/ E 68546

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1831 Hope St 9-18 Ward)

2. FULL NAME Michael Brandner

(a) RESIDENCE No 1831 Hope St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 23 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/27/1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	13	

22 mo

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank G. Brandner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Gertrude Adelhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Frank G. Brandner 1831 Hope St.

15 Filed 19 Registrar

MAY 8 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/7/31

17

I HEREBY CERTIFY, That I attended deceased from 4/13/31, 19 , to 5/7/31, 19 31

that I last saw living on 5/6/31 19

and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Sarcoma of Kidney

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 3/3/31

Was there an autopsy? No Were findings known?

What test confirmed diagnosis?

(Signed) S. Lee Mandanes M. D.

5/9 19 31 (Address) 1206 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 5/9/31

20 UNDERTAKER Gunby Realty Co

ADDRESS 1135 Hope

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68547 E 68547

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 8-16 23 REGISTERED NO.

CITY OF BALTIMORE: (No.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary King

(a) RESIDENCE NO. 2024 Llewellyn ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick King

6 DATE OF BIRTH (month, day, and year) 7-16-1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Robert Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Edna Barner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

MAY 8 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1930, to May 5, 1931

that I last saw her alive on May 5, 1931

and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Seman M. D.

5-5-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL May 8, 1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Ashland Ave

Cor.—10-18-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68548

CERTIFICATE OF DEATH

107-001 E 68548

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 2114 Oak. ave St., 12 Ward 51

2-FULL NAME Clarence Newman

(a) RESIDENCE NO. 2114 Oak. ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: C

5 Single, Married, Widowed or Divorced, (write the word)

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/27/30

7 AGE: Years | Months 9 | Days 7 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Clarence Newman

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Ethel Newman

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Ethel Newman
(Address) 2114 Oak ave

15 [illegible] 8-1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or Inquiry) thereon and from the evidence obtained by said Inquest, and find that said deceased came to *His death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronch. Pneumonia

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Norman M. D.

(Address) 2032 Rolanda ve

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary cemty — DATE OF BURIAL May 8 1931

20 UNDERTAKER Wm. R. A. Elliott — ADDRESS 1725 Eastland ave

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

CERTIFICATE OF DEATH.

E 68549 E 68549

1 PLACE OF DEATH at Hospital of the Sisters of Saint Francis

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 345 S. Chris St. (WARD) 6

2 FULL NAME Maria Dilisco

(a) RESIDENCE No. 345 S. Chris St. WARD 6
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 28, 1879

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Guateano Dimono

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Louisa Scopa

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Peter DiAdamo 107 Old Town Back Blds

15 [illegible] 8-1931 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-6-31

17

I HEREBY CERTIFY, That I attended deceased from 4-28-31 19 , to 5-6-31 , 19

that I last saw h alive on 5-6-31 , 19

and that death occurred, on the date stated above, at 8a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course.

(Signed) H B Woodbury M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	May 9 1931
20 UNDERTAKER: Frank V. Pipitone	ADDRESS 2818 E. Baltimore St

Spec.—1-30—M. & T.—250 Bks.

E 68550 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68550

CERTIFICATE OF DEATH. 93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 N Mulberry St. 18-16 WARD)

2-FULL NAME Jennie Saturn

(a) RESIDENCE NO. 1317 N Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
(a) WIFE of James Saturn

6 DATE OF BIRTH (month, day, and year) March 29 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Benjamin F Short

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Gaston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Arthur Saturn 1317 N Mulberry St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from 1929, 19..., to May 7th, 1931.

that I last saw h[illegible] alive on May 7th, 1931.

and that death occurred, on the date stated above, at 3.30 A, m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Abdominal Aneurism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) Sara D. Abbott M. D.

(Address) 211 N. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	May 9 1931

20 UNDERTAKER F Vernon Keehner ADDRESS 153 Hollins

Spec.—9-26—A. A Co.—250 Blks.

68551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 B 68551

15-61

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2520 Ellamont Ave. (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emily Bennett

(a) RESIDENCE NO. 2520 Ellamont Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick P. Bennett

6 DATE OF BIRTH (month, day, and year) May 5, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	-	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denton Maryland

PARENTS

10 NAME OF FATHER Stephen Henry Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel Wix

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. Frederick P. Bennett
(Address) 2520 Ellamont Ave.

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from August, 1930, to May 7, 1931

that I last saw h er alive on May 5, 1931

and that death occurred, on the date stated above, at 12.45 A m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

about 1½ (duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic interstitial Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

5/8 1931 (Signed) Walter S. Tibbitt M. D.
(Address) 2220 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL May 9 1931

UNDERTAKER Joseph B. Cook

ADDRESS 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Blks

68552

HEALTH DEPARTMENT—CITY OF BALTIMORE

68552

CERTIFICATE OF DEATH

27-43 46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3112 Glenmore Ave. WARD

2 FULL NAME PHILIP J. KRACH

(a) RESIDENCE NO. 3112 Glenmore Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Krach

6 DATE OF BIRTH (month, day, and year) Jan. 18, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Caspar Krach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER B. Kausmaul

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Earnest A. Krach

(Address) 3100 Glenmore Ave.

15 [illegible] C. HAMPSON JONES, M.D. [illegible]

8 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1931.

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1931, to May 7, 1931, that I last saw h[illegible] alive on May 6, 1931, and that death occurred, on the date stated above, at 12:40 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Isaac A. Long M. D.

May 7 1931 (Address) 5305 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Jerusalem Lutheran Cem.

DATE OF BURIAL May 9, 1931

20 UNDERTAKER Frederick Lauenstein & Sons

ADDRESS 7401 Belair R.

Spec.—9-30—A. & Co.—250 32o.

68553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 13-52 WARD 10T001)

REGISTERED NO. 68553

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Howard Johnson

(a) RESIDENCE NO. 3746 Hickory Ave. ST. Baltimore WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Ashton Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lottie Hamilton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Union Mem. Hosp.

15 [illegible] 19 [illegible] Registrar

8 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 6, 1931 to May 8 1931

that I last saw h in alive on May 8 1931

and that death occurred, on the date stated above, at 2.25 P. m.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchopneumonia

2 wks

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam & X-ray

(Signed) H. Sando Gluck M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
L. Marx Sons undert	May 11, 1931
20 UNDERTAKER	ADDRESS
L. Marx Sons undert	3615 Gaston Ave

Spec.—9-30—A & Co.—250 Blks.

E 68554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 68554

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp (ST.) 12-44 (WARD)

2 FULL NAME Mrs Stanley Gardner (Lucy)

(a) RESIDENCE NO. 3303 Abell Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Stanley Gardner

6 DATE OF BIRTH (month, day, and year) Nov 6, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Walter Gosling

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Harriet Gramer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Stanley Gardner
(Address) 3303 Abell Ave

15 Filed May 9 1931 FARSON JONES Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931 to May 8, 1931

that I last saw h alive on May 7, 1931

and that death occurred, on the date stated above, at 12.50 P.M.

The CAUSE OF DEATH* was as follows:

Carcinomatosis - abdomen

(duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Balto, Md

Did an operation precede death? Yes Date of Mar 9, 1931

Was there an autopsy? No

What test confirmed diagnosis? Pathological exam

(Signed) Samuel McLanahan M. D.

May 8 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	May 11 1931
20 UNDERTAKER	ADDRESS
Thanower & Son	315 Cathedral Ave

192

Spec.—1-10-21—M&T—1500 Blks.

E 68555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68555

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2650 Maryland Ave ST. 12 WARD)

2-FULL NAME Baby Hollifield
2600 Maryland

(a) RESIDENCE NO. ST., 12 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-6-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Born in Baltimore

PARENTS

10 NAME OF FATHER Harry Hollifield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Teresa F. Hollifield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Harry Hollifield 2600 Maryland Ave

15 Filed 1931 C. HARRISON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-8 1931

17 I HEREBY CERTIFY, That I attended deceased from 5-6 1931 to 5-8 1931

that I last saw living on 5-7 1931,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical signs

(Signed) C. J. Cullen, M. D.

5-8 1931 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Mary Hampden

DATE OF BURIAL May 9, 1931

20 UNDERTAKER Chenowith & Son

ADDRESS 915 Eutaw Ave

Spec.—9 30—A. & Co.—250 Blks

68556 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

248073 Surg

CERTIFICATE OF DEATH. 82-OE 68556

1-PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St 15-21 Ward)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Bell

(a) RESIDENCE NO. 1550 Woodyear St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) April 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of Industry, business, or establishment in which employed (or employer) — 037
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER Thomas Days
11 BIRTHPLACE OF FATHER (city or town) (State or country) —
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 - 31

17
I HEREBY CERTIFY, That I attended deceased from April 30, 1931, to May 7, 1931
That I last saw her alive on May 7, 1931
and that death occurred, on the date stated above, at 10 15a m.
The CAUSE OF DEATH* was as follows:
Cerebral embolus

(duration) yrs. mos. 1 ds.
CONTRIBUTORY (Secondary) Arteriosclerotic heart disease
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of May 6/31
Was there an autopsy? Ambulatory
What test confirmed diagnosis? Clinical evidence
(Signed) Arthur Fenwick M. D.
(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, And (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: May 11 1931
20 UNDERTAKER: Robert F. Williams — ADDRESS: 15-15 McElderry St

Spec.—9-30—A. & Co.—250 Bks.

E 68557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

49 E 68557

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Lauretta Ave. ST.) 20-69 (WARD)

2-FULL NAME Caroline M. Smith

(a) RESIDENCE NO. 2310 Lauretta Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph G. Smith

6 DATE OF BIRTH (month, day, and year) Aug. 18, 1906.

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	24	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md.

PARENTS

10 NAME OF FATHER Jacob Schultz

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Switzerland

12 MAIDEN NAME OF MOTHER Pearl Bredbinner

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Michigan

14 Informant (Address) Joseph G. Smith 2310 Lauretta Ave.

15 [illegible] 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 19 30, to May 6, 19 31

that I last saw h alive on May 5, 19 31

and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of both ovaries with metastasis in omentum and stomach.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myo. cardial degeneration

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Jan 31 1931

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic section

(Signed) Winchel M. D.

May 6 1931 (Address) 290 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	5/9/31 19

20 UNDERTAKER Harry A. Kuetzel ADDRESS 410 Edmondson Ave.

Spec.—9-30—A. & Co.—250 Blks.

68558

HEALTH DEPARTMENT—CITY OF BALTIMORE

68558

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 107 South Calhoun St. St 19-24 Ward 13

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna E. Mitchell

(a) RESIDENCE NO. 107 South Calhoun St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of late Timothy B. Mitchell

6 DATE OF BIRTH (month, day, and year) Sept.5th.1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or (own) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown Mann

11 BIRTHPLACE OF FATHER (city or (own)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or (own)
(State or country) Md.

14 Informant Mrs. George Crofoot,
(Address) 107 So. Calhoun St.

15 Filed 5 8 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/7/31

17

I HEREBY CERTIFY, That I attended deceased from 4/1/31, 19... to 5/7/31, 19...

that I last saw h[illegible] alive on 5/7/31, 19...

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Cr Int Nept.
Hypertension
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY ...
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Bernard J. Levy M. D.

5/8/1931. (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 5/11/31

20 UNDERTAKER: Henry Holtzke — ADDRESS: 4101 Edmondson Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68559

CERTIFICATE OF DEATH

57 E 68559

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 415 N. Pulaski St. St., 70-27 Ward)

2-FULL NAME Katherine A. Gately.

(a) RESIDENCE NO. 415 N. Pulaski St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 13, 1890

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	41	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Johns Hopkins Hospital
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER: Thomas Gately.

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Anne McCormick.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Ireland.

14 Informant: James F. Gately. (brother)
(Address) 415 N. Pulaski St.

15 Filed ... 19... HARRISON JOYCE, Registrar
1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic rheumatic Cardiac Disease.
Mesentery Thrombosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D.

5/8, 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	May 9th 31
20 UNDERTAKER	ADDRESS
F. A. Schaus & Son	1703 Harum St.

Important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68560

CERTIFICATE OF DEATH

X 108

E 68560

25-72

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Agnes Hospital. St. Ward)

2-FULL NAME Joseph Edward Knauff.

(a) RESIDENCE NO. Ellicott City, Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, HUSBAND of (WIFE of) Agnes A. Knauff.

6 DATE OF BIRTH (month, day, and year) October 4, 1876

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER George Knauff.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret Mills.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant (Address) Agnes A. Knauff. (wife) Ellicott City, Md.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Ellicott City, Md.

Did an operation precede death? No. Date of May 7, 1931

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt M. D.

5/8 . 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Cem. DATE OF BURIAL: May 11 1931

20 UNDERTAKER: Easton Sons ADDRESS: Ellicott City

Important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68561 — 34 — L 68561

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. 21-29 Ward)

2 FULL NAME Thomas W. Williams

(a) RESIDENCE NO. 702 Eislen St. ____ WARD ____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Luella Williams

6 DATE OF BIRTH (month, day, and year): Dec. 22, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	40	4	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: unemployed

9 BIRTHPLACE (city or town) (State or country): Whitakers N.C.

PARENTS
10 NAME OF FATHER: Robert
11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.
12 MAIDEN NAME OF MOTHER: Rose Taylor
13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant (Address): Deceased

15 Date received: 5-8 1931 — Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-6-31

17
I HEREBY CERTIFY, That I attended deceased from 4-29-31, 19__, to 5-6-31, 19__
that I last saw him alive on 5-6-31, 19__
and that death occurred, on the date stated above, at 2:30 P. M.
The CAUSE OF DEATH* was as follows:

Hepatitis, acute, toxic

(duration) yrs. ____ mos. 12 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. ____ mos. 6 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of ____
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy

(Signed) Paul Padget M. D.
(Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rocky Mt. N.C. — DATE OF BURIAL: May 8 1931

20 UNDERTAKER: John C. Muller — ADDRESS: 2135 E Oliver

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68562 CERTIFICATE OF DEATH 131 68562

1 PLACE OF DEATH Good Shepherd General Hospital REGISTERED NO

CITY OF BALTIMORE: (No 1512 Gilmor St. 7-24 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lamar Stewart

(a) RESIDENCE NO 933 Wilmor Court ST. WARD (If non-resident give city or town and state)

(Usual place of abode)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Stewart

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Ott

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Edward Rollins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore Md

12 MAIDEN NAME OF MOTHER Sarah McGlunkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Joseph A Jackson 1420 N Elderson St

Filed 9 1931 19 [redacted]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-6-31.

17 I HEREBY CERTIFY, That I attended deceased from March 21 1931 to 5 6 1931

that I last saw h-e alive on 5-6-31 19

and that death occurred, on the date stated above, at 1.30 Am

The CAUSE OF DEATH* was as follows:

Chron. Nephritis +
Hypertension 11y

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mit. Insufficiency

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? — Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W B Burke M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery DATE OF BURIAL 5/9/ 1931

UNDERTAKER Wm & Chas G. Bailey ADDRESS 1421 Jefferson St

Spec.—2-20-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68563

CERTIFICATE OF DEATH

E 68563

REGISTERED NO. 46

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. (Street) 17-55 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie May Hedrick

(a) RESIDENCE NO. 5349 Lemmon Lane. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced (or) WIFE of — Hedrick

7 DATE OF BIRTH (month, day, and year) 1-25-1869

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	3	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

10 NAME OF FATHER Edward Bonn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Elizabeth Nelson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Hospital Record.

(Address)

15 FILED 1931 May 9 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 31

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1931, to May 8, 1931,

that I last saw her alive on May 8, 19

and that death occurred, on the date stated above, at 4:40 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes. Date of 5/1/31

Was there an autopsy? No.

What tests confirmed diagnosis? Operation. Microscopic

(Signed) Robert H. Clements, M. D.

19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's Hampden	May 11 31

20 UNDERTAKER H. H. Marshall ADDRESS 3539 Falls Road

Spec.—C-30—A. & Co.—250 Bks

E 68564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68564

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1626 Clement St. ST. 24-35 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph G Mildenberger

(a) RESIDENCE NO. 1626 Clement ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	—

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Son

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	1	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph A. Mildenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elyabity Pronckoske

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Elizabeth Mildenberger
(Address) 1626 Clement St

15 Filed MAY 9 1931 C. HAMPSON JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1931

17

I HEREBY CERTIFY, That I attended deceased from April 21, 1931, to May 8, 1931

that I last saw h[illegible] alive on May 8, 1931,

and that death occurred, on the date stated above, at 2:20 p m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) — yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

(Give date and nature of operation) —

What test confirmed diagnosis? Physical Examination

(Signed) J Edward Norris M. D.

(Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross a & C Co	May 9 1931
20 UNDERTAKER Chas L Sterrett	ADDRESS 1508 E Fork Ave

Spec.—1-12-23—M&T—500 Blks.

E 68565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 68565

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 611 E Hoffman Ave ST. 27-54 WARD

2-FULL NAME Pattie Lowry Gernand

(a) RESIDENCE NO. 611 E Hoffman Ave ST. 27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L. Gernand (dead)

6 DATE OF BIRTH (month, day, and year) 6? 3, 23 61

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James Broadwater Lowry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Ann Sutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Marie Gernand Harris.

(Address) 2114 Maywood Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1931

17 I HEREBY CERTIFY, That I attended deceased from , 1911 , to May 7 , 1931 .

that I last saw her alive on May 6 , 1931 , 1:30 p. m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Uremic asphyxia

Embolism Heart

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Williams Todd, M. D.

, 19 (Address) 7217 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns (Waverly) DATE OF BURIAL May 9th 1931.

20 UNDERTAKER Stewart & Mowen Company ADDRESS 108-10 North Ave.

Spec.—9-30—A. & Co.—250 Bks.

68566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002 REGISTERED NO. 68566

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1802 Lancaster 7-4 WARD)

2. FULL NAME Mary Seidler

(a) RESIDENCE NO 1802 Lancaster ST. 7 WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Seidler

6 DATE OF BIRTH (month, day, and year) Jan 13 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER ? Blum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Tena Blum

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Dora Ichniowski 1802 Lancaster St

15 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7-31

17 I HEREBY CERTIFY, That I attended deceased from March 10 1931 to May 7 1931

that I last saw her alive on May 7 1931

and that death occurred, on the date stated above, at 8.50 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Cerebral Hemorrhage (duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Disease (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) A. Hostetter M. D.

19 (Address) 1937 Gough St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem DATE OF BURIAL May 11 1931

20 UNDERTAKER Martin W. C. Dippel Inc. ADDRESS 37 S Ann St.

1-30—M. & T.—100 B—50L

E 68567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68567

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. ST. 10-14 WARD)

2-FULL NAME Julius Lee

(a) RESIDENCE NO 1312 Ashlandave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	C.	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10 11	8	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Julius Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Richards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Anna Lee

(Address) 1312 Ashlandave

15 Filed 9 1931 192 C. ELMPSON JOHN M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis (Meningococcic)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Smear & Culture

(Signed) Jos. Raas, M. D. Coroner

5/8/31 (Address) 308 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	May 1931
20 UNDERTAKER Mrs R. G. Elliott	ADDRESS 1225 Eastland Av

Spec.—9-30—A. & Co.—250 Bks.

68568

HEALTH DEPARTMENT—CITY OF BALTIMORE

68568

CERTIFICATE OF DEATH.

93-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1022 Boyd St. 18-24 WARD

2 FULL NAME Mary E. McHugh

(a) RESIDENCE NO. 1022 Boyd St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mathias McHugh

6 DATE OF BIRTH (month, day, and year) Aug. 15 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Fagan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Nester

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Fagan C. Howe

(Address) 1022 Boyd St.

15 Filed May 9 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8. 31

17

I HEREBY CERTIFY, That I attended deceased from May 6 1931 to May 8 1931

that I last saw h[illegible] alive on May 8 1931

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart.

Cardiac asthma (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, arteriosclerosis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical findings

(Signed) Fred MacMurchy M.D.

, 19 (Address) 2647 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park

DATE OF BURIAL 5/11 1931

20 UNDERTAKER Frederick A. Cole

ADDRESS 1220 N. Fremont

Spec.—9-30—A. & Co.—250 Blks.

E 68569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 68569

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1916 E Chase St. 8-13 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Olga Austin

(a) RESIDENCE NO. 1916 E Chase St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Arthur Austin

6 DATE OF BIRTH (month, day, and year): Dec 10-1875

7 AGE: Years 55 Months 4 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Chas Boehnke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louise Blencken

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Arthur Austin 1916 E Chase St

15 Filed May 8 1931 C. HAMILTON JOHNS, M. D. Registrar

1926

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 24 1931 to May 7 1931

that I last saw h alive on May 7 1931

and that death occurred, on the date stated above, at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

CONTRIBUTORY (secondary) (duration) Acute Cardiac Dilatation yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J. E. Hosier (M. D.)

May 8 1931 (Address) 1301 N Paca St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: May 11 1931

20 UNDERTAKER: John Ulrich — ADDRESS: 2008 Aliceanna

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68570

92 1001

E 68570

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 604 W Lanvale St. (Ward) 14-20

2-FULL NAME Irene Boone

(a) RESIDENCE No. 604 W. Lanvale St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Fem	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day and year) Oct 10 1895

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	35	6	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Josiah Boone

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Verona Hunsley

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Effie Carter
(Address) 604 Lanvale

15 Filed 19 32 C. HAMPSON JOHNS, M. D.
Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month) May (day) 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis
(duration) Sudden

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Fla Leach M. D.
May 7th 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	May 9, 1931
20 UNDERTAKER Mrs Katie R. Williams	ADDRESS 3227 Schroeder st.

Important. See instructions on back of certificate.

9 1931

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

144-002 L 68571

68571

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Providence Hosp. St. 5-9 Ward)

2-FULL NAME Martinis Bertuian

(a) RESIDENCE NO. 728 N. Spring St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Col.	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abe Roberts

6 DATE OF BIRTH (month, day and year) Aug 5-1904

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
26	27	9	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 70
(c) Name of employer Belt

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Hughlett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Bessie Smith
(Address) 1316 W Lanvale

15 Filed May 6 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to (autopsy or inquiry) death on the day stated above.

The CAUSE OF DEATH was as follows:

Ect Pregnancy Hemorrhage & Anemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? 4th

Did an operation precede death? yes Date of May 6th

Was there an autopsy? No

What test confirmed diagnosis? Pathologist

(Signed) _____, M. D.

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cem	May 9 1931
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1725 Ashland

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

68572 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1721 68572

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No University Hospital 13 WARD)

2 FULL NAME Frank A. Dziemnik

(a) RESIDENCE NO. 828 South Kenwood St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 08 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W'te	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Dziemnik

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS
10 NAME OF FATHER Not known
11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant (Address) Frank Dziemnik 828 S. Kenwood Ave

15 Filed 6 1931, 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8/31

17
I HEREBY CERTIFY, That I attended deceased from 5/8, 1931, to 6/8, 1931
that I last saw him alive on 6/8, 1931
and that death occurred, on the date stated above, at 10:45 A m.

The CAUSE OF DEATH* was as follows:
Bil. Inguinal Hernia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 5/7/31
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination
(Signed) George Grayer M. D.
5/8, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary
UNDERTAKER: Wm Fitzgerald
DATE OF BURIAL 6/12 1931
ADDRESS 1618 Eastern

Spec.—1-10-21—M&T—1500 Blks.

E 68573 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68573

CERTIFICATE OF DEATH. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5159 Frederick Ave (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Eismont.

(a) RESIDENCE NO. 5159 Frederick ST., Ave WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Femal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Maried

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kastantin Eismont

6 DATE OF BIRTH (month, day, and year): Dec. 28 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Christopher Garagan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Kastantin Eismont 5159 Frederick Ave

15 1931 C. HAMPSON JONES, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/8 1931

17 I HEREBY CERTIFY, That I attended deceased from May 4 1931 to May 8 1931.

that I last saw her alive on May 8 1931.

and that death occurred, on the date stated above, at 9.10 AM

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Acute Cholecystitis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) Elliot W. Johnson, M. D.

May 11 1931 (Address) 3326 Gwynns Falls Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: May 11 1931

20 UNDERTAKER: Tilley & Suburban — ADDRESS: 403 Dolphin

Spec.—1-30—M. & T.—250 Bks

E 68574 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68574

CERTIFICATE OF DEATH.

REGISTERED NO. 13-59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 David Hill St. Ward 13)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Gittings

(a) RESIDENCE NO. 2320 David Hill Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col.	married

6a If married, widowed, or divorced HUSBAND of WIFE of Nathan Gittings

6 DATE OF BIRTH (month, day, and year) Sept 16 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	07	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Gittings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Flora Hutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Florence Gittings (Address) 2320 David Hill Ave.

FILED MAY 9 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1 1931 to May 5 1931.

that I last saw him alive on May 5 1931.

and that death occurred, on the date stated above, at 8 54 p.m.

The CAUSE OF DEATH* was as follows:

Nephritis

about a week

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) 48 hrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto. Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical, etc

(Signed) Emmett Field Boyle M. D.

6 May 31 (Address) 1212 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 5/9 1931

20 UNDERTAKER Wm. Geo. H. Holland

ADDRESS 1831 David Hill

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68575 50 V 68575

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 4607 Kenwick Rd ST. 27-53 WARD)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jennie Bergen.

(a) RESIDENCE No. 4607 Kenwick Rd. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Bergen.

6 DATE OF BIRTH (month, day, and year) Aug 17 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER George W. Phelps

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Jeanette Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm Bergen
(Address) 4607 Kenwick Road

15 Filed MAY 12 1931, 19 FAR... JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 31

17

I HEREBY CERTIFY, That I attended deceased from June 6th 1930, to May 9th 1931

that I last saw h e alive on May 9th 1931

and that death occurred, on the date stated above, at 7:24 m.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Carcinomatosis

(duration) 1 yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/6/30

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. E. Bellis M. D.

5/12 1931 (Address) 6 E Read St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem — DATE OF BURIAL: May 11 1931

20 UNDERTAKER: Thanowetz & Son — ADDRESS: 3615 Chestnut Av

Spec.—9-30—A. & Co.—200 Blks

E 68576 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 VE 68576

1. PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. 14-23 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Herman Jutt

(a) RESIDENCE NO 721 Small ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	child

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 9 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Jutt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rosa Montgomery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Friends
(Address)

15 Filed , 19 FAME Registrar

9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7-1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to May 7, 1931

that I last saw him alive on May 7, 1931

and that death occurred, on the date stated above, at 5P m.

THE CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Spondylitis

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Typical Findings

(Signed) Alan E. Kuttner M. D.

5/8 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	5/9 1931

20 UNDERTAKER ADDRESS

Daniel Foster 916 Pa Ave

Spec.—9-30—A. & Co.—250 Blks.

68577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 V E 68577

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1629 N. Appleton St. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rosa Seligson

(a) RESIDENCE NO. 1629 N. Appleton St., ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Seligson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jos. Shure

(Address) 1629 N. Appleton

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5- 8- 31

17

I HEREBY CERTIFY, That I attended deceased from March 1st, 1931, to May 8, 1931

that I last saw h alive on May 5, 1931

and that death occurred, on the date stated above, at 5, 45 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kader M. D.

19 (Address) 7306 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 5/10 1931

UNDERTAKER Jack Lourie Inc

ADDRESS 1437 Eutaw

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68578

CERTIFICATE OF DEATH.

82-001

68578

REGISTERED NO. 43-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3507 Woodbrook Ave ST. WARD)

2-FULL NAME Anneta Chircus also known as Ethel Chircus

(a) RESIDENCE NO. 3507 Woodbrook Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	widowed

5a If married, widowed, or divorced (or) WIFE of Benjamin Chircus

6 DATE OF BIRTH (month, day, and year) July 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	51	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Spivakoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER cannot know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Henry Strich (Address) 3507 Woodbrook Ave

15 Filed ... C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1931

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1931, to May 9, 1931, that I last saw h[illegible] alive on May 9, 1931, and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 20 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam.

(Signed) Frank Levinson, M. D.

, 19 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible] Hebrew Cem	5-10-1931
20 UNDERTAKER	ADDRESS
Jacob Levine	1439 E. Baltimore St

Spec.—9-26—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 01

68579

CERTIFICATE OF DEATH

REGISTERED No. E 68579

1 PLACE OF DEATH Wyman Park Hospt

CITY OF BALTIMORE: 1 No Beech Ave ST 13-52 WARD 9th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jacob Lindley

(a) RESIDENCE No Beech Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word) Widow

If ~~single~~, widowed, or ~~divorced~~

HUSBAND of ~~Name~~ Late

6 DATE OF BIRTH (month, day, and year) April 13 1856

7 AGE Years 75 Months 1 Days 28 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant 086

(b) General nature of industry, business, or establishment in which employed (or employer) Real Estate

(c) Name of employer Roland Park Co

9 BIRTHPLACE (city or town) (State or country) Indiana

PARENTS

10 NAME OF FATHER Jacob Lindley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Cath L Ellicott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles L Ellicott

(Address) Green Spring Ave

MAY 10 1931 HAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9-1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to May 9th, 1931

that I last saw him alive on May 7th, 1931

and that death occurred, on the date stated above, at ... M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Myocardial Insufficiency

(duration) 5 yrs. ~ mos. ~ ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? ~ Date of ...

Was there an autopsy? ~

What test confirmed diagnosis? Symptoms

(Signed) Joel Chatard M. D.

May 7 1931 (Address) 130 W Cathedral St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem May 11 1931

DATE OF BURIAL

20 UNDERTAKER Henry Jenkins & Co

ADDRESS Eutaw & Madison Sts

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68580 — CERTIFICATE OF DEATH — 108 — E 68580

1—PLACE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Md. General Hospital (St.) (WARD)

2—FULL NAME Constance W Whitney

(a) RESIDENCE NO. 5 Houston Ave ST. Hurstville ave Toronto Canada
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

WARD (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Claude F. Whitney

7 DATE OF BIRTH (month, day, and year): 1895? July 2, 1888

8 AGE: Years 40? Months 9- Days 23 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Toronto Canada

11 NAME OF FATHER: Henry J. Grasett

12 BIRTHPLACE OF FATHER (city or town) (State or country): Canada

13 MAIDEN NAME OF MOTHER: Josephine Stanton

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

15 Informant: Hospital records
(Address)

5-10-1931 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-9-31

17 I HEREBY CERTIFY, That I attended deceased from 5-8, 1931, to 5-9, 1931.

that I last saw her alive on 5-9, 1931

and that death occurred, on the date stated above, at 12:30 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert F. Chenault, M. D.

5/9, 1931 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: May 11 1931

20 UNDERTAKER: Henry H. Jenkins Sons Co — ADDRESS: McCulloh & Orchard Sts.

Spec.—9-30—A. A Co.—250 Bks.

68581 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68581

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 559 Lamont St. 14-20 10 7 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E. Smith.

(a) RESIDENCE NO 559 Lamont ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	M.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Ord Smith

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md.

PARENTS

10 NAME OF FATHER, Thomas Snowden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Isaacs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ord Smith
(Address) 559 Lamont St

15 Filed ..... 19 C. H. Beck Jones M. D. Registrar

10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-8-1931

17

I HEREBY CERTIFY, That I attended deceased from 5-6, 1931, to 5-8, 1931

that I last saw her alive on 5-8-31

and that death occurred, on the date stated above, at 3:45 a m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W B Butler M. D.

5-9 1931 (Address) 421 N. Carlton St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MK Brown	19 31
20 UNDERTAKER	ADDRESS
Virginia A Brooks	1443 Pulaski

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68582

181 E 68582

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt City Hos ST. (or) 76-1 WARD)

2-FULL NAME Phillip Carradi

(a) RESIDENCE No. 3217 Fait ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Wht	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 14th 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Severnino Carradi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Esposito

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Severnino Carradi

(Address) 3217 Fait ave.

15 Filed 10 1931 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

3d Burns over Face Chest
R arm Fracture
Accident

(duration) yrs. mos 2 ds

CONTRIBUTORY (Secondary) Pushed Off Stool
Coffee off Stove (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 3217 Fait ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

5 8. 1931 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL May 11 1931

20 UNDERTAKER Frank V. Pistone

ADDRESS 2818 E Balto st

Spec.—6 30—A. & Co.—250 Blks.

E 68583 — E 68583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 10 — REGISTERED No. E 68583

CITY OF BALTIMORE: (No. Balto Md. 22-6 St. or Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Isabel Bonneville

(a) RESIDENCE No. 619 Light St. St. ... Ward ...
(Usual place of abode) (If non-resident give city or town and state)

length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jas W. Bonneville

6 DATE OF BIRTH (month, day, and year) Jan 27 65

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Housework
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Webster
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Martha ...
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Records Balto City Hospitals

JUN 10 1931 C. HAMILTON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-8-31

17
I HEREBY CERTIFY, That I attended deceased from 4-27-, 1931, to 5-8-, 1931
that I last saw h... alive on 5-8-, 1931
and that death occurred, on the date stated above, at 6.05 P. m.
The CAUSE OF DEATH* was as follows:

I Cerebral Thrombosis
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Senile Psychosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Abby L. Stewart M. D.
6-9, 1931 (Address) 1 Baltimore Ct, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Bluff Cemetery Annapolis Md	5/11/1931
UNDERTAKER	ADDRESS
Wm Cook	1217 E Pratt St

pec.—1-30—M. & T.—250 Bks.

E 68584 HEALTH DEPARTMENT—CITY OF BALTIMORE 46 E 68584

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Caton & Wilkens Ave ST. 8-16 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Tully

(a) RESIDENCE No. 1831 N. Chester ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Female~~ Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widower

6a If married, widowed, or ~~divorced~~
HUSBAND of ~~or] WIFE of~~ Elizabeth Tully

6 DATE OF BIRTH (month, day, and year) July 3rd 1864

7 AGE: Years 68 | Months 10 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Gas & Electric
(c) Name of employer: Consolidated Gas & Electric Co

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (daughter) Mrs. Habucht
(Address) 1831 N. Chester St

15 Filed JUN 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 30th, 1931, to May 8th, 1931, that I last saw him alive on May 8th, 1931, and that death occurred, on the date stated above, at 950 p m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Oesophagus - Complete obstruction.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Empyema rt. chest.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy and Microscopic examination.

(Signed) Roth Levin, M. D.

, 19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: 5/12/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E Fayette St

Spec.—9-30—A. & Co.—250 Bks

Dr Pettigrew 1623 E. North Ave
Wolf 4496 1739 Bank Wolf 4919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68585 131 E 68585

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1845 Durham St. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles B Johnson

(a) RESIDENCE NO. 1845 Durham ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE of~~) Susan A. Johnson

6 DATE OF BIRTH (month, day, and year) Feby 1st 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	85	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 86

(b) General nature of industry, business, or establishment in which employed (or employer) Husbandry

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Adolphus Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Geo. H. Johnson

(Address) 811 E 34th St

15 ~~EMBALMED~~ ~~JOHN~~ Registrar

Y 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8th 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1931, to May 8, 1931

that I last saw h ~~im~~ alive on May 8, 1931

and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

(a) Cerebral Hemorrhage, arteriosclerosis, & senile degeneration

(duration) yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia & Hemiplegia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) John A Pettigrew M. D.

, 19 (Address) 1623 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem Md Wilson M. E. Church Cemetery

DATE OF BURIAL 5/11/1931

20 UNDERTAKER Wm Cook 1217 E Fayette St

ADDRESS

Spec.—9 30—A. & Co.—250 Blks.

E 68586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. 107-001

1 PLACE OF DEATH: Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2-4 ST. Balto Md WARD)

2 FULL NAME: Elizabeth Pennewell

(a) RESIDENCE No. 113 Griffin Court ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Edgar Pennewell

6 DATE OF BIRTH (month, day, and year) April 7th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): N. Carolina

PARENTS

10 NAME OF FATHER: Benjamin Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant (Address): Records City Health Dept

15 [illegible] 10 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/8/31

17 I HEREBY CERTIFY. That I attended deceased from 3-21-, 19 31, to 5/8/, 19 31

That I last saw h[illegible] alive on 5/8/, 19 31

and that death occurred, on the date stated above, at 3:30 m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible] (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm L. Smith M. D.

. 19 (Address) 1211 Eutaw St. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: 5/11/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

68587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97-001 E 68587

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Little Sisters of the Poor ST. 10-W (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rudolph Specht

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced
HUSBAND of
or) WIFE of

7 DATE OF BIRTH (month, day, and year) 8-9

7 AGE: Years 62 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Specht

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Barbara Hagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor
(Address) Preston & Valley

15 Filed MAY 10 1931 [illegible] Registrar

107931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9th 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 2, 1931, to May 9, 1931, that I last saw h alive on May 8, 1931, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wess M. D.

May 9, 1931 (Address) 1216 E Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: May 11, 1931

20 UNDERTAKER: Rita Medford — ADDRESS: 914 Fremont Ave

Imp—12-23-21—E.B.P.S.—400 Bks.

E 68588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68588

108

1-PLACE OF DEATH

City of BALTIMORE: (No. 414 E Preston St. 11-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Irvin Beck

(a) Residence No. 414 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where ... occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Divorced

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary E Beck

6-DATE OF BIRTH (month, day and year): March 25 1885

7-AGE: 46 yrs. 1 mos. 14 ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Sussum Dairy Co

9-BIRTHPLACE (city or town) (State or Country): Pa

PARENTS.

10-NAME OF FATHER: Milton C Beck

11-BIRTHPLACE OF FATHER (city or town) (State or Country): York Co Pa

12-MAIDEN NAME OF MOTHER: Sarah E Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Pa

14- (Informant): Irvin E Beck

(Address): 4601 Asbury Ave

D- Filed MAY 10 1931 C. Hanson Jones M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 9. 1931

17- I HEREBY CERTIFY, That I attended deceased from May 4th 1931 to May 9th 1931.

that I last saw him alive on May 9th 1931.

and that death occurred, on the date stated above, at 4:15 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Ralph Isaacs M. D.

, 19 (Address) 2114 Wilkens ave.

*State the **Disease Causing Death**, or in deaths from **Violent Causes**, state (1) **Means and Nature of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.** (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Hamilton Pa — DATE OF BURIAL: 5.12. 1931

20-UNDERTAKER: Wm Cook — ADDRESS: 1219 Ft Wood St

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68589

CERTIFICATE OF DEATH.

97-001

E 68589

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE, (No.) 3740 Roland Av. Ward 43-52

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Ann Chilcote

(a) RESIDENCE No. 3740 Roland Av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced [illegible] or wife of: John O. Chilcote

6 DATE OF BIRTH (month, day, and year): May 31 1838

7 AGE: Years 92 Months 11 Days 8 If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Co.

PARENTS

10 NAME OF FATHER: Richd. Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co

12 MAIDEN NAME OF MOTHER: Elson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

14 Informant (Address): Mrs. Baker 3742 Roland Av

Filed ... 19... Registrar

MAY 10 19...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): May 8 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Tubercular Disease of Kidney

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

(Signed) Dwight Mowbray M. D.

5/9 1931 (Address) 3752 Roland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Black Rock Balto Co. Md. Date of Burial May 10 31

ADDRESS

20 UNDERTAKER: H S Marshall 3539 Falls Rd

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68590 CERTIFICATE OF DEATH. 46 E 68590

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) University Hospital (Street) +30

2 FULL NAME Clarence E Smith

(a) RESIDENCE NO. New Windsor Md. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Cary E. Smith.

6 DATE OF BIRTH (month, day, and year): Jan 2 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll Co Md

PARENTS

10 NAME OF FATHER: Joshua T. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emma J. Hoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Cary E. Smith. New Windsor Md

15 10 1931 C. E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10 1931

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to May 10, 1931

that I last saw h[illegible] alive on May 10, 1931

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of May 5

Was there an autopsy? yes.

What test confirmed diagnosis? Operation.

(Signed) George H Yeager M. D.

5/10, 1931 (Address) University Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Linden Grove May 12

DATE OF BURIAL 19

20 UNDERTAKER: Hartley & Bankert

ADDRESS New Windsor Md.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68591 — CERTIFICATE OF DEATH. — 7 — E 68591

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2222 Flat st. S 1-3 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Raymond Walas

(a) RESIDENCE No. 2222 Flat st. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 18-1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant. child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Stanislaw Walas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, md.

12 MAIDEN NAME OF MOTHER Agnes Kurlyniec

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. md.

14 Informant Mrs. Agnes Walas
(Address) 2222 Flat st

15 10 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9/31

17

I HEREBY CERTIFY, That I attended deceased from May 7, 1931, to May 9, 1931
that I last saw h[er] alive on May 9, 1931
and that death occurred, on the date stated above, at 1:30 P. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY Measles
(Secondary)

(duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Reaver M. D.

May 9 1931 (Address) 811 Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cemetery — DATE OF BURIAL May 10th 1931

20 UNDERTAKER George A. Weber — ADDRESS 705 S. Amity st

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68592 Burg. 46 E 68592

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 21-31 WARD

2. FULL NAME John Ridley

(a) RESIDENCE NO. John Ridley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora (Jane)

6 DATE OF BIRTH (month, day, and year) Feb 8th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. T. Ridley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Amelia Purpus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records

Registrar

10.1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1931, to May 8, 1931

that I last saw h... alive on May 8, 1931

and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas with metastases to Liver - Empyema of Gall Bladder associated.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of May 6, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological Examination

(Signed) Jas R. Brawner, Jr. M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet DATE OF BURIAL May 11 1931

20 UNDERTAKER E. Schoenwald Son ADDRESS 1539 Hanover St

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68593 ✓ 7

E 68593

REGISTERED NO. 16-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1023 S. Conkling ST. (or) WARD

2-FULL NAME Mary E. Schafer

(a) RESIDENCE NO. 1023 S. Conkling ST., 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept 22nd 1930

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	17	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Chas. Mumma

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mabel Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mabel Williams

(Address) 1023 S. Conkling St.

15 Filed 10-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 31

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1931, to May 9, 1931,

that I last saw h e alive on May 9, 1931,

and that death occurred, on the date stated above, at 7 30 a. m.

The CAUSE OF DEATH* was as follows:

Measles

Broncho Pneumonia

(duration) yrs. mos 16 da.

CONTRIBUTORY (Secondary) None other

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) O. L. Long, M. D.

M. D. 1931 (Address) 2711 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	May 11th 1931
20 UNDERTAKER	ADDRESS
Libby-Zuber Inc.	4033 Wolfe St

1-20—M. & T.—100 B—50L

E 68594

HEALTH DEPARTMENT—CITY OF BALTIMORE

13-002

E 68594

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkinds Hospital St. 28-64 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Agnes Joy McCall

(a) RESIDENCE NO. 4512 Wentover Road ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred Westworth yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 31.1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	1	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Austin J. McCall

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Omaha, Neb.

12 MAIDEN NAME OF MOTHER Genevieve Kraus

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Carroll, Iowa

14 Interment Austin J. McCall
4512 Wentover Road
(Address)

15 [illegible] 192

Y 10 1931

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery (Probably Flexner Type)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Vacca M. D.
Coroner

5/10/1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	5/11 1931
20 UNDERTAKER Harry N. Amacost	ADDRESS 424 Pratt Edgewood Ave

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68595

CERTIFICATE OF DEATH

19-28 92-E 68595

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 W. Pratt ST. 19 WARD)

2 FULL NAME William L. Boller

(a) RESIDENCE NO. 1720 W Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 10 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Kat Company

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Wm. Boller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margaret Mess

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Rosa Bodley

(Address) 1720 W Pratt St

15 10 1931 C. HAMPSON, CITY, H. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9/1931

17

I HEREBY CERTIFY, That I attended deceased from April 21 1931 to May 9 1931

that I last saw him alive on May 8 1931

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Aortic Regurgitation

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical test

What test confirmed diagnosis?

(Signed) M. D.

5/9/1931 (Address) 108 N Dulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore, Md

DATE OF BURIAL: 5/12/1931

20 UNDERTAKER: John J. Cowan & Son

ADDRESS: Gallows St.

Spec.—9-30—A & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

68596 — 82-001 — E 68596

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3217 Kingsley. 20-28 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bertha Paulup

(a) RESIDENCE NO 3217 Kingsley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Julius Pauly

6 DATE OF BIRTH (month, day, and year) Aug 27th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76.	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — house work.

(b) General nature of industry, business, or establishment in which employed (or employer) — /

(c) Name of employer — 0

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs George Sauer

(Address) 3217 Kingsley

15 Filed 5-9-1931 H. F. LAWTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 7 1931 to May 8 1931 that I last saw h[illegible] alive on May 8 1931 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) undefinite (duration) yrs. mos. ds. Arterio Sclerosis

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? CC + Phy Exam

(Signed) [illegible] M. D.

. 19 (Address) 3521 [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cem. — DATE OF BURIAL 5/11/1931

20 UNDERTAKER John F. Howard Sr. — ADDRESS 901 Gilmor St.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68597 — REGISTERED NO. 59 — E 68597

1 PLACE OF DEATH: Sinai Hospital
CITY OF BALTIMORE: (No.) Monument - Rutland (St.) 27-48 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME: mrs Zda Webb

(a) RESIDENCE NO. 5209 - Alhambra Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: William Webb

6 DATE OF BIRTH (month, day, and year): May 10/71

7 AGE: Years: 60 — Months: 11 — Days: 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: housework.
(b) General nature of industry, business, or establishment in which employed (or employer): /
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS
10 NAME OF FATHER: Thos Roberts
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER: unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mr. Wilson Webb
(Address) 34 Hunter ave

15 10 1931 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/9/31

17 I HEREBY CERTIFY, That I attended deceased from 3/10 19 31 to 5/9 19 31
that I last saw her alive on 5/9 19 31
and that death occurred, on the date stated above, at 1:30 P. M.
The CAUSE OF DEATH* was as follows:
Diabetes mellitus

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Chr myocarditis and decompensation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? yes
What test confirmed diagnosis?
(Signed) Morton L. Heine M. D.
19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cem.
DATE OF BURIAL: 5/12 19 31
ADDRESS
20 UNDERTAKER: John J. Cavanaugh
ADDRESS 1 Holbein Pl

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68598 E 68598 11-001 ✓

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 524 McMechen (St.) 14-20 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME, Herbert Francis Turner

(a) RESIDENCE. No. 524 McMechen St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-5-05

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter & Waiter

(b) General nature of industry, business, or establishment in which employed (or employer): Hotel

(c) Name of employer: Manager of dif. hotels Prince George Co Maryland

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Frank W. Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): A.A. Co. Maryland

12 MAIDEN NAME OF MOTHER: Nannie E. Byrd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fredericksburg Virginia

14 Informant (Address): Father 524 McMechen St.

15 Filed 10 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-7 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-14 1931 to 5-7 1931

that I last saw him alive on 5-6-31

and that death occurred, on the date stated above, at 1-P. m.

The CAUSE OF DEATH* was as follows:

Pa Goitre and Exophthalmic

(duration) yrs. mos. 83 ds.

CONTRIBUTORY (Secondary) Toxic Pneumonia

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical exam

(Signed) William A Harris, M. D.

5/7. 1931 (Address) 1200 Penn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem. — DATE OF BURIAL: May 10 1931

20 UNDERTAKER: Samuel T. Kimsley — ADDRESS: 574 N Biddle St

Spec—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68599

CERTIFICATE OF DEATH

66-012

E 68599

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1805 Hanneman St. (WARD) 8-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Machaver

(a) RESIDENCE NO. 1805 Hanneman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vaclov Machaver

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Musilek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant (Address) Jane Machaver 1805 Hanneman St

15 Filed ... 19 ... Registrar

MAY 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8/31

17

I HEREBY CERTIFY, That I attended deceased from March 21, 1931, to May 8, 1931

That I last saw her alive on May 8, 1931

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Toxic adenoma of thyroid

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxic myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? N

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph P. Kenny M. D.

, 19 (Address) 200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL May 12 1931

20 UNDERTAKER Frank Brachbon ADDRESS 1106 Gilmor

Spec. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68600 ✓ E 68600

CERTIFICATE OF DEATH

1—PLACE OF DEATH Md Gen Hospital REGISTERED NO. 21

CITY OF BALTIMORE: (No. 9-46 ST. (WARD)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry J Householder

(a) RESIDENCE NO. 1716 Hanover St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel S. Householder

DATE OF BIRTH (month, day, and year) Feb 14 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	45	2	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railroad Man

(b) General nature of industry, business, or establishment in which employed (or employer) of B

(c) Name of employer

BIRTHPLACE (city or town) (State or country) St Dennis Md.

10 NAME OF FATHER Frederick Householder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pendleton Co W. Va.

12 MAIDEN NAME OF MOTHER Georgia V. Lusby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Spruce Md

Informant Hospital Records
(Address)

Filed [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1931

17 I HEREBY CERTIFY, That I attended deceased from May 5 , 1931 , to May 8 , 1931 ,

that I last saw him alive on May 8 , 1931

and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Appendicitis
(Acute gangrenous.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Peritonitis (Generalized

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? at home May 1 '31

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Robert V. Clements, M. D.

. 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	May 12 1931
20 UNDERTAKER Wm J. Ecknerons	ADDRESS N. 4 Pa

Spec.—9-30—A. & Co.—250 Blks.

E 68601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#6 E 68601

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2241 E. Preston ST. 8-12 WARD)

2 FULL NAME John E. Kinnamon

(a) RESIDENCE NO. 2241 E. Preston Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura T. Kinnamon

6 DATE OF BIRTH (month, day, and year) Oct 30th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Oxford, Talbot Co. Md.

PARENTS

10 NAME OF FATHER: Robert G. Kinnamon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Talbot Co., Md.

12 MAIDEN NAME OF MOTHER: Josephine Lecompe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Co., Md.

14 Informant: Mrs Laura T. Kinnamon
(Address): 2241 E. Preston St.

15 MAY 10 1931 C. HAMSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8-1931

17 I HEREBY CERTIFY, That I attended deceased from April 15 1931 to May 8th 1931

that I last saw him alive on May 8th 1931

and that death occurred, on the date stated above, at 11.50 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): None,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Biopsy.

(Signed) L. L. Eberly M. D.

May 9 1931 (Address) Harbor Rd & Sherwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tilghman, Talbot Co. Md.

DATE OF BURIAL: May 11 1931

20 UNDERTAKER: L. J. Tedder & Sons

ADDRESS: Oxford

Rev. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 V

E 68602

E 68602

REGISTERED NO.

1—PLACE OF DEATH Home for Incurables - (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 700 et 40th ST. 13-53 WARD)

2—FULL NAME Caroline Miller

(a) RESIDENCE NO. Home for Incurables ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of 2

DATE OF BIRTH (month, day, and year) May 11, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Conrad Braun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marie Schnabel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records

(Address) 40th & Leeds Rd

15 Date received MAY TO 1931 F. A. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 29 . 1930 . to May 9 . 1931 .

that I last saw her alive on May 8 . 1931

and that death occurred, on the date stated above, at 11:55 a. m.

The CAUSE OF DEATH* was as follows:

Sub-arachnoid Hemorrhage

Old acute Cellulitis of Broad Ligament (duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Pyelitis-Necrosis of Fossa (duration) yrs. mos. 20 ds.

If Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) W. B. Mayo M. D.

5/9. 1931 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Pauls Cemetery	May 12 1931
UNDERTAKER	ADDRESS
Wm J. Tickner & Sons	North & Paca

spec.—1-30—M. & T.—250 Blks

E 68603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68603

CERTIFICATE OF DEATH.

REGISTERED NO. 108

1-PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (NO. 1000 Eaton Avenue ST., 9-46 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Jenkins

(a) RESIDENCE NO. 318 E. 22nd Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov 26 1846

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	84	5	13	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Thomas P. Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Euphemia Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Jenkins Memorial Hosp

(Address) 1100 Eaton Avenue

15 Filed May 10 1931 19 F. ALTHEUS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1930, to May 9, 1931,

that I last saw her alive on May 5, 1931,

and that death occurred, on the date stated above, at 10 20 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Hypostatic)

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonal Emphysema (Hypertrophy)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Robt Dewar, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL May 11 1931

20 UNDERTAKER George A. Smith — ADDRESS 532 Hollins

Spec.—9-30—A. & Co.—250 Blks

68604

HEALTH DEPARTMENT—CITY OF BALTIMORE

68604

CERTIFICATE OF DEATH.

REGISTERED NO. 27-44 47

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811-Gibbons Ave. Hamilton) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Lee McPoland

(a) RESIDENCE NO. 2811-Gibbons Ave Hamilton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida (Simms)

6 DATE OF BIRTH (month, day, and year) 3/21/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Finisher

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Daniel McPoland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliz. Rudden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Ida McPoland
(Address) 2811- Gibbons Ave.

15 FILED MAY 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1930, to May 7, 1931

that I last saw him alive on May 6, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Nasal Cavities
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. McPoland M. D.

5/9, 1931 (Address) 936 E. Monument St

*State the Disease Causing Death, or In Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cem.

DATE OF BURIAL 5/11/31

20 UNDERTAKER George J. Roth Jr.

ADDRESS 1733 Fleet Ave

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68605

E 68605

CERTIFICATE OF DEATH.

REGISTERED NO. 7

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital B-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Del Grasso

(a) RESIDENCE NO. 1105 E. Pratt St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) March 30 1930

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	19	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nick Del Grasso

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Nichin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Josephine Del Grasso 1105 E Pratt St

15 [illegible] 10 1931 H. Hamm [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1931, to May 9, 1931, that I last saw her alive on May 9, 1931, and that death occurred, on the date stated above, at 7:17 P m.

The CAUSE OF DEATH* was as follows:

Measles 5 ds.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Zeel, M. D.

5/10/31 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 5/11/31

20 UNDERTAKER Geo J Potts Jr

ADDRESS 1130 Hanover

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68606 — CERTIFICATE OF DEATH. — E 68606

3-4 114-00

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ... St. 3-4 WARD)

REGISTERED NO ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Descalakis

(a) RESIDENCE NO 320 S. Broadway ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sea fireman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: unemployed

9 BIRTHPLACE (city or town) (State or country): Greece

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-8-31

17 I HEREBY CERTIFY, That I attended deceased from 4-23-31, 19..., to 5-8-31, 19...

that I last saw him alive on 5-9-31, 19...

and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Abscess of Lung
(Not tuberculous)

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY ... (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? X-ray: Clinical

(Signed) Paul Podgat. M. D.

5-9-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 5/11/31

20 UNDERTAKER: George J. Mutty Inc

ADDRESS: 1731 Harford Ave

1-30—M. & T.—100 B—50L

E 68607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-48 164-001 ✓ E 68607

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5846 Bellona Avenue ST. ..... WARD .....

2-FULL NAME Frederick W. Miller

(a) RESIDENCE NO 5846 Bellona Avenue ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud V. Smith

6 DATE OF BIRTH (month, day, and year) July 28, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Restaurateur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER Charles H. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Katharine Mengus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ------ Germany

14 Informant Mrs. Maud V. Miller

(Address) 5846 Bellona Avenue

15 MAY 10 1931 C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows: Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -----

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... Coroner

1931 (Address) ..... M. D.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL 5/11 1931

UNDERTAKER Henry U. Mears & Son

ADDRESS 805 N. Calvert

pec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68608

CERTIFICATE OF DEATH.

53

REGISTERED NO. E 68608

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 68608

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1517 Mt. Royal Ave. (Ward) 14-20

2-FULL NAME Ella Lee Fogarty

(a) RESIDENCE NO. 1517 Mt. Royal Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 6 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick T. Fogarty

6b DATE OF BIRTH (month, day, and year) Aug. 1, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	6 ?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John F. Colein

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah E. McGuire

13 BIRTHPLACE OF MOTHER (city or town) New Brunswick
(State or country)

14 Informant Mrs. Florence T. Riley
(Address) 1517 Mt. Royal Avenue

15 Filed MAY 18 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 - 31

17 I HEREBY CERTIFY, That I attended deceased from May 8-1931, 19 ... to May 8 1931, 19 ...

that I last saw her alive on May 3 - 1931

and that death occurred, on the date stated above, at May 8. 1931 3 P m.

The CAUSE OF DEATH* was as follows:

Cancer right groin
with metastasis
about 6 mos. (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of May 1931

Was there an autopsy? no

What test confirmed diagnosis? all

(Signed) W. J. Riley, M. D.

May 9 1931 (Address) 1639 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 5/11 1931

20 UNDERTAKER Henry W. Myers & Son

ADDRESS 1505 N. Calvert

Spec.—9-30—A. & Co.—250 Blks.

E 68609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 68609

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2240 W. Lexington St. (Ward) 20-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Madeline C Burton

(a) RESIDENCE NO. 2240 W. Lexington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Olin Burton

6 DATE OF BIRTH (month, day, and year) March 31, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Matthew Quirn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary A. Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Olin Burton

(Address) 2240 W. Lexington St.

15 10 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7 31

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to May 7, 1931

that I last saw h-r alive on May 7, 1931

and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

(duration) 4 mos. yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Dysentery Stool Exam

(Signed) Herbert Wolf M. D.

May 9, 1931 (Address) 524 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: May 11 1931

UNDERTAKER: Margaret F. Flynn

ADDRESS: 142 W. Lig[illegible]

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68610 82-001 ✓ E 68610

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Providence Hosp. 11-24 (St.) (Ward)

2-FULL NAME Stanley Waters

(a) RESIDENCE NO. 1317 Madison Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day and year) March 31 - 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Gardener
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Carroll Co

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Wm Waters

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Fallen

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Fannie Rogers
(Address) 1523 Bridges

15 Filed 10 1931 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 8th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
(duration) 3 hrs. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Regular

(Signed) H. Hedrick, M. D. Coroner
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 6/10 1931

20 UNDERTAKER Samuel Stanley — ADDRESS 77 W Balto

Spec.—9-30—A. & Co.—250 M's

246562 Surg E 68611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 46 E 68611

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 WARD)

2 FULL NAME John Lee

(a) RESIDENCE NO. 93 Conduit St. Annapolis Md ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lee

6 DATE OF BIRTH (month, day, and year) Sept. 18 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73 74	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

62

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Collison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) JOHNS HOPKINS HOSPITAL Records

15 MAY 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 10 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar 17, 1931, to May 10, 1931

that I last saw h[illegible]live on May 10, 1931

and that death occurred, on the date stated above, at 6 25 P. m.

The CAUSE OF DEATH* was as follows: Operation and removal of Carcinoma of Rectum 5 wks before, death resulting from Bronchopneumonia, and Intestinal Obstruction -

operation for (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of Rectum

complication for (duration) yrs. 1 mos. ds.

18 Where was disease contracted, if not at place of death? — 3/24/31 V

Did an operation precede death? Yes Date of 3/31/31

Was there an autopsy? Yes

What test confirmed diagnosis? Path. Examination

(Signed) Jas. H. Brawner, Jr. M. D.

5/12 1931 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Annes Annapolis Md	May 13 1931
20 UNDERTAKER	ADDRESS
Geo M Smith Son	811 W Lodge

Spec.—9-30—A. & Co.—250 Blks

24835 Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68612

CERTIFICATE OF DEATH

E 68612

131

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St.) 26-37 WARD

2 FULL NAME Fred. Squires

(a) RESIDENCE NO. Freeland Park St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of Mary Squires

6 DATE OF BIRTH (month, day, and year) July 22 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Ot O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Squires

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Marg. Hoppy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 (Informant) (Address) Records

15 10 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1931 to May 10 19 31

that I last saw h[illegible] alive on May 10 19 31

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Chronic glomerular nephritis

(duration) 3 + yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Maryland

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Chemistry

(Signed) Caroline C Bedell M. D.

5/10 19 31 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL May 13- 1931

UNDERTAKER Margaret V. Flynn

ADDRESS [illegible]

Cor.—10-10-29—A Co.—100 Bks.

E 68613

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68613

CERTIFICATE OF DEATH

131

REGISTERED NO. 45-63

1-PLACE OF DEATH

City of Baltimore: (No.) 4315 Garrison Blvd (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. McLean

(a) RESIDENCE NO. 4315 Garrison Blvd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes McLean

6 DATE OF BIRTH (month, day, and year) [illegible] Jan

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	83	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Dutch mill
(State or country)

PARENTS

10 NAME OF FATHER David McLean

11 BIRTHPLACE OF FATHER (city or town) Scotland
(State or country)

12 MAIDEN NAME OF MOTHER Agnes Gleghorn

13 BIRTHPLACE OF MOTHER (city or town) Scotland
(State or country)

14 Informant Susie P. McLean
(Address) 4315 Garrison

Filed 1-1-1931 19[illegible] C. HAMMOND Jr. N. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, and by (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and find that said deceased came to (Autopsy or inquiry) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

(Address) 1110 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	May 11 1931
20 UNDERTAKER	ADDRESS
Chas. H. Black & Son	1111 W. North ave

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68614

CERTIFICATE OF DEATH.

108 E 68614

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1710 McCulloh ST. 14-20 WARD)

2 FULL NAME Amelia Taylor

(a) RESIDENCE NO 1710 McCulloh ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND OF) (or) WIFE of Hector Taylor

6 DATE OF BIRTH (month, day, and year) May 15. 1856

7 AGE: Years 74 | Months 11 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Florencia Figueroa
11 BIRTHPLACE OF FATHER (city or town) (State or country) Cuba
12 MAIDEN NAME OF MOTHER Annie Rhodes
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Grace Young
(Address) 1710 McCulloh St

15 Filed MAY 11 1931 Murray Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 31

17
I HEREBY CERTIFY, That I attended deceased from Apr 27, 1931, to May 7, 1931
that I last saw her alive on May 7, 1931
and that death occurred, on the date stated above, at 4 0 m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E Wilbur Frey M. D.
5/8. 1931 (Address) 1928 Pierce Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL: May 11 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS 1303 Presstman St

Spec.—8-16-29—L. F. S.—100 Blks.

E 68615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 68615

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 N. Carey ST. 15-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James K Ash

(a) RESIDENCE NO. 1317 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17, 1856?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ex Gardner & Lab

(b) General nature of industry, business, or establishment in which employed (or employer) Janitor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co

PARENTS

10 NAME OF FATHER James K Ash

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co

12 MAIDEN NAME OF MOTHER Hannah Hansberry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co.

14 Informant Helen Ash Johnson

(Address) 1317 N. Carey

15 [illegible] JONES, M. D.

1 1 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to May 8, 1931, that I last saw h[illegible] alive on May 7, 1931 and that death occurred, on the date stated above, at 4.55 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 3 mos. 17 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? c

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H Wagner, M. D.

5/9, 1931 (Address) 1209 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	May 11 1931
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	1303 Pennsylvania Ave

Type.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68616

E 68616

231

CERTIFICATE OF DEATH

1 PLACE OF DEATH

15-21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1924 N Payson St (St.) (Ward)

2 FULL NAME Joseph Duchon

(a) RESIDENCE NO. 1924 N Payson St ST. WARD

(Usual place of abode) (If non-resident give city or town, and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie C Duchon

6 DATE OF BIRTH (month, day, and year) March 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Jeweler

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

0 38

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Anton J Duchon

11 BIRTHPLACE OF FATHER (city or town) (state or country) Austria

12 MAIDEN NAME OF MOTHER Anna E Vojtisek

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

13 Interment [illegible] W Deal 816 N St (Address) Washington D C

[illegible] 1931 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9/1931

17

I HEREBY CERTIFY, That I attended deceased from May 4 1931 to May 9 1931

that I last saw h[illegible] alive on May 7 1931

and that death occurred, on the date stated above, at 6 & M. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(Duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) James H Heyenbruch M D

5/10 1931 (Address) 721 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Parkwood Cem

DATE OF BURIAL: May 11 1931

20 UNDERTAKER: John Ulrich

ADDRESS: 20 & Eden

Cor.—10-10-29—A Co.—100 Bks.

E 68617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 68617

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospitals 12-30 Ward)

2-FULL NAME ENOS ~~Geo~~ S. Sprinkel

(a) RESIDENCE NO. 548 S Paca St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	white	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Sprinkel

6 DATE OF BIRTH (month, day, and year) April 14-1856

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	75	0	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mrs Zula Hoffman
(Address) 938 S. Fiedl St

15 Filed MAY 11 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellatus

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 548 S Paca

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

6/9. 1931 (Address) 700 E chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dorsey Md.	5-11 1931
20 UNDERTAKER	ADDRESS
Bernard C Haile	1000 S Paca St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68618

CERTIFICATE OF DEATH.

94-002

E 68618

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 St. Paul St. H-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lee V. Bush

(a) RESIDENCE NO. 841 Hamilton Terrace ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lyda Elma Bush

6 DATE OF BIRTH (month, day, and year) May 31, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Warrant Officer

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Army

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lyda Elma Bush
(Address) 841 Hamilton terrace

Filed JUN 1 1931 C. HAMILTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 19 31

17 I HEREBY CERTIFY, That I attended deceased from May 8, 19 31, to May 8, 19 31, that I last saw h im alive on May 8, 19 31, and that death occurred, on the date stated above, at 12.10 P m.

The CAUSE OF DEATH* was as follows:

~~Corona Thrombosis, acute~~ Coronary Thrombosis Cerebral

6 hours.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? --

Did an operation precede death? -- Date of --

Was there an autopsy? None

What test confirmed diagnosis? --

(Signed) Pastor Torrance M. D.

19 (Address) Ft Lee Med Corps Le Serum

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery Arlington Va

DATE OF BURIAL MAY 11 19 31

20 UNDERTAKER Sol Levinson + Bro

ADDRESS 1127 E Balto St

spec—1-30—M. & T.—250 Blks

E 68619

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68619

CERTIFICATE OF DEATH.

95-02

REGISTERED NO. 13-59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2533 Madison ST., (WARD)

2-FULL NAME John Allen

(a) RESIDENCE NO. 2533 Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1831

7 AGE: Years 100; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): R. J. Reed 2533 Madison Ave

15 Filed 1-1 1931 C. Hampson Jones M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 6 1931, to May 9 1931, that I last saw him alive on May 9 1931, and that death occurred, on the date stated above, at 12:15 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease Duration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) H. Garland Connell M. D.

May 11 1931 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 5/11/31

20 UNDERTAKER: Samuel Hemsley

ADDRESS: 1238 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68620

CERTIFICATE OF DEATH.

17-26 95-09

L 68620

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ... ST. ... WARD

2 FULL NAME George Crawley

(a) RESIDENCE NO. 783 George ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) ? Va.

PARENTS

10 NAME OF FATHER Isaac Crawley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed ... 19 ... Registrar

11 1931 C. H... Jones, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-8-31

17

I HEREBY CERTIFY, That I attended deceased from 4-11-31, 19 ... to 5-8-31, 19 ...

that I last saw him alive on 5-8-31, 19 ...

and that death occurred, on the date stated above, at 6:50 A. m.

The CAUSE OF DEATH* was as follows:

Auricular fibrillation

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Coronary occlusion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padget M. D.

5-9, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL May 11 1931

20 UNDERTAKER Edmund Hensley — ADDRESS 5[illegible] W. Baltimore

Spec.—9-30—A. & Co.—250 Bks.

E 68621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 68621

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 166 W. Cross ST. 23-31 WARD)

2 FULL NAME Charles F. Maurer

(a) RESIDENCE NO. 166 W. Cross ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth L. Maurer

6 DATE OF BIRTH (month, day, and year): June 22-1894

7 AGE: Years 37 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Laundry
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John H. Maurer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Mary Dorlin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant (Address): Ruth L. Maurer 166 W. Cross St

15 [illegible] MAY 11 1931 HAMILTON JOHN, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8/31

17 I HEREBY CERTIFY, That I attended deceased from March 3rd to May 8th, 1931, to May 8th, 1931

that I last saw him alive on May 8th, 1931

and that death occurred, on the date stated above, at 6.25 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) ...

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? In place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Weidel M. D.

5/10, 1931 (Address) 339-36 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 5/11/31

20 UNDERTAKER: F. S. Wishart — ADDRESS: 300 Eutaw Place

pec.—1-30—M. & T.—250 Blks

E 68622 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68622

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO. 24

CITY OF BALTIMORE: (No. ST. WARD 10-70

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Dorsey

(a) RESIDENCE NO. 3326 Fredrick Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17th 1911

7 AGE Years 19 Months 7 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 609

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry L. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mattie J. Renwshaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Henry L. Dorsey (Address) 3326 Fredrick Ave

15 Filed 1-1 1931 C. H. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-10-31

17 I HEREBY CERTIFY, That I attended deceased from 5-1-1931 to 5-10 1931

that I last saw h[illegible] on 5-10 1931

and that death occurred, on the date stated above, at 12:10 A m.

The CAUSE OF DEATH* was as follows:

Probable tuberculous meningitis

(duration) yrs. mos 19 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Pegram M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 5/12/31

UNDERTAKER J. B. Wiseburt

ADDRESS 1300 Eutaw Place

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 E 68623 REGISTERED NO.

E 68623

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 W. Baltimore St. St. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A. Johnson

(a) RESIDENCE NO. 2507 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Thelma W. Johnson

7 DATE OF BIRTH (month, day, and year) November 4, 1905

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	6	4	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Meat Packer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

11 NAME OF FATHER C. Edward Johnson

12 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

13 MAIDEN NAME OF MOTHER Margaret Lang

14 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

Informant Mrs. Margaret Johnson

(Address) 1923 W. Baltimore St.

15 Filed MAY 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 2nd 1930, to May 8, 1931, that I last saw him alive on May 8, 1931, and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Insipidus, Benign Tumor Brain, asthenia,

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? Clinical

(Signed) E. Helle Hemming M. D.

5/10, 1931 (Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

UNDERTAKER: Joseph B. Cook

DATE OF BURIAL: May 11 1931

ADDRESS: 1003 West Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68624

CERTIFICATE OF DEATH

101-001

E 68624

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1709 Rosedale ST., 16-67 WARD)

2—FULL NAME Annie L. Baggott

(a) RESIDENCE NO. 1709 Rosedale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (or) WIFE of: Charles W. Baggott

7 DATE OF BIRTH (month, day, and year): June 18th 1866

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): →

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Essex County Virginia

10 NAME OF FATHER: Lafayette Clarvoe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.

12 MAIDEN NAME OF MOTHER: Sarah Trimyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Charles W. Baggott

(Address) 1709 Rosedale St.

15 Filed ____, 19__ [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1929 to May 10, 1931

that I last saw her alive on May 10, 1931

and that death occurred, on the date stated above, at 1:00 A.m.

The CAUSE OF DEATH* was as follows:

Arteria-sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pneumonia (bronchio)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Plus examin.

(Signed) Bartus I. Baggott M. D.

5/10, 19 31 (Address) 2229 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	May 13th 1931
20 UNDERTAKER: Jos. H. B. Cook	ADDRESS: 1003 N. Bath St.

Spec.—9-30—A. & Co.—250 Bks

E 68625

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68625

462

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No 1111 Monument St. Putland 11-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. Henry Friedmann.

(a) RESIDENCE NO. Emerson apts ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophia S. Friedmann

6 DATE OF BIRTH (month, day, and year) Feb. 2, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Menka Friedmann

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Prager

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. H. Friedmann
(Address) Emerson Apts.

Dec. 1 1931. 19 C. HAMILTON JOHNS, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9/31

17
I HEREBY CERTIFY, That I attended deceased from 5/5, 1931, to 5/9, 1931
that I last saw him alive on 5/9, 1931
and that death occurred, on the date stated above, at 1:30 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of ascending Colon

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) acute Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) Milton B. Kirsh M. D.

19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	5/11/1931

20 UNDERTAKER Ronald Sandheimer & Son ADDRESS 1902 Eutaw Place

Spec.—9 30—A. & Co.—250 Blks.

E 68626 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68626

CERTIFICATE OF DEATH

48

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2415 Annah ave ST. 16-68 WARD)

2 FULL NAME Sarah Durall

(a) RESIDENCE No 2415 Annah ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 45 yrs — mos — ds. How long in U. S. (if foreign born)? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Durall

6 DATE OF BIRTH (month, day, and year) May 4-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	61	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Frankfort Ger

PARENTS

10 NAME OF FATHER Kantz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Catherine Bottner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) William J. Durall 2415 Annah ave

15 Filed 11 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1931

17
I HEREBY CERTIFY, That I attended deceased from Mar 30 1931 to May 9 1931

that I last saw her alive on [illegible] 19

and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus Radium

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of 1930

Was there an autopsy? No

What test confirmed diagnosis? Clinical Operation

5/16 1931 (Signed) J. B. Funkhouser M. D.

(Address) 732 Adams

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 5/12/1931

20 UNDERTAKER Em. Wiebel & Son — ADDRESS 2503 Edmondson

per.—1-30—M. & T.—250 Bks.

E 68627 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68627.

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. 13-59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2524 Madison Ave (WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise H. Roberts

(a) RESIDENCE NO. 2524 Madison Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. dt. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius Roberts

7 DATE OF BIRTH (month, day, and year) ? 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Wm Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. Robinson

(Address) 2127 Boundary Ave

Filed 1-1-1931 By C. H. [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1931, to May 9, 1931, that I last saw her alive on May 8, 1931, and that death occurred, on the date stated above, at 11.15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? No

(Signed) W. F. Rowlls, M. D.

(Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 5/11/1931

20 UNDERTAKER Mrs. Geo. H. Hotlaf

ADDRESS 1631 Druid Hill Ave

Cor.—10-10-29—A Co.—100 Bks.

E 68628

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68628

CERTIFICATE OF DEATH

186-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St Agnes Hospital- St., 20-69 Ward)

2-FULL NAME Elizabeth Smith.

(a) RESIDENCE NO. 2034 Wilkens Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed~~ or ~~divorced~~ (or) WIFE of Joseph F. Smith.

6 DATE OF BIRTH (month, day, and year) May 14, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	11	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland.
(State or country)

PARENTS

10 NAME OF FATHER William Wholey.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England.

12 MAIDEN NAME OF MOTHER Elizabeth Godman.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Joseph F. Smith. (husband)
(Address) 2034 Wilkens Ave.

Filed 1 1 1931 19 HAMILTON JONES M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the left femur.
Accidental fall to the floor.
Senerol Paresis.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2034 Wilkens Ave. April 1931

Did an operation precede death? Yes Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhard, M. D.

5/11, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	May 12, 1931
20 UNDERTAKER	ADDRESS
Mrs. John W. Tenbrook-Son	801 W Fayette

1-20—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

146 E 68629

CERTIFICATE OF DEATH

REGISTERED NO. E 68629

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Macon ST. 16-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edith E. Stein

(a) RESIDENCE NO 624 Macon ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Stein

6 DATE OF BIRTH (month, day, and year) March 17/1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	1	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER Frederick Heuser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Augusta Bolz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Joseph Stein

(Address) 624 Macon

Filed MAY 11 1931 HAMPSON, John M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pre-Natal ~~Toxemia~~ Nephritis

unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Eclampsia (duration) ..... yrs. mos. 2 hrs.

18 Where was disease contracted if not at place of death? 624 Macon

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Francis M Denton Coroner, M. D.

(Address) York & Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL May 11 1931

20 UNDERTAKER George W. Zinkler — ADDRESS 1737 E. Eager st

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68630

CERTIFICATE OF DEATH

50 E 68630

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3420 O'DOnnell St. 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME CAroline E. Waters

(a) RESIDENCE NO. 3420 O'Donell ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Curtis B. Waters

6 DATE OF BIRTH (month, day, and year) June 18, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Korn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Christin Judd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Curtis B. Waters
(Address) 3420 O'Donnell St.

15 Filed MAY 11 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 1931.

17 I HEREBY CERTIFY, That I attended deceased from 3/3, 19 31, to 5/9, 19 31, that I last saw her alive on 5/8/31, 19, and that death occurred, on the date stated above, at 4.25 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma right breast with metastases.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hydrothorax Pneumonia

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. McGinnell M. D.

6/10, 19 31 (Address) 633 S. Conkling

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL May 2, 19 31

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68631

CERTIFICATE OF DEATH.

E 68631

1 PLACE OF DEATH Baltimore City Hospitals

S. 26-37 59 W WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Mary Richards

(a) RESIDENCE NO. 818 S. Conklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6 DATE OF BIRTH (month, day, and year) Feb. 26 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Germany

PARENTS

10 NAME OF FATHER John Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records of Balto. City Hosp.

15 Filed MAY 11 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-9-31

17

I HEREBY CERTIFY, That I attended deceased from 5-3-31, 19, to 5-9-31, 19

that I last saw her alive on 5-9-31, 19

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetic coma

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab.

(Signed) Paul Padget, M. D.

5.9.1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery — DATE OF BURIAL May 13 1931

20 UNDERTAKER George W. Zinkler — ADDRESS 1737 E. Eager St

Spec.—9-30—A. & Co.—250 Bks.

E 68632

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68632

CERTIFICATE OF DEATH.

1. PLACE OF DEATH — St. Josephs Hospital 23

CITY OF BALTIMORE: (No.) Caroline & Oliver (ST.) 2 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Bien

(a) RESIDENCE NO. 405 S. Bouldin ST. 9th WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Kathryn L. Bien

6 DATE OF BIRTH (month, day, and year) June 3 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John J. Bien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Kathryn L. Bien
(Address) 405 S. Bouldin St.

15 Date received MAY 11 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 / 31

17

I HEREBY CERTIFY, That I attended deceased from May 6, 1931, to May 10, 1931

that I last saw h[im] alive on May 10, 1931

and that death occurred, on the date stated above, at 7 50 p. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Bronchopneumonia

(duration) ... yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) ... yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) M. B. Kinsley M. D.

... 19 (Address) 11 Mapes Hopkins

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz's Cemetery — DATE OF BURIAL May 14 1931

20 UNDERTAKER George W. Zinkler — ADDRESS 1737 E Eager St

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68633

CERTIFICATE OF DEATH

19-27 95-90

E 68633

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1521 W. Saratoga St. St. 19-27 Ward)

2-FULL NAME John Smith. (C)

(a) RESIDENCE NO. 1521 W. Saratoga St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Widower.

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	63	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lunch room.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Mamie Keating. (C) niece.
(Address) 241 N. Bruce St.

15 Filed [illegible], 19[illegible] [illegible] Registrar

1 1 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D.

5/11, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: May 11th, 1931

20 UNDERTAKER A. Jones — ADDRESS 1115 E. Fillmore St

IMPORTANT. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

245-768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68634

CERTIFICATE OF DEATH

E 68634

1-PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St 19-27 (WARD) 2-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Cornish

(a) RESIDENCE NO 1720 W. Franklin ST. ST WARD

(Usual place of abode)

(If non-resident give city or town and State)

length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 7-1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: Herman Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: Ruthy Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va -

14 Informant (Address): Friends -

15 Filed 1 1 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5-31

17

I HEREBY CERTIFY, That I attended deceased from Feb 21, 1931, to May 5, 1931

that I last saw him alive on May 5, 1931

and that death occurred, on the date stated above, at 9 10 a.m.

The CAUSE OF DEATH* was as follows:

Aronal lymphatic Leukemia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dan C. Kuttner M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: May 12, 1931

20 UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 1725 Ashland Av

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

68635 — 93-003 — E 68635

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1017 E Pratt ST. 3-5 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Stainman

(a) RESIDENCE No. 1017 E Pratt ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie R Stainman

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Grocery
(c) Name of employer Kinsey

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Stainman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jacob Stainman

(Address) 1017 E Pratt

15 Filed MAY 11 1931, 192 FAMILY REGISTER Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis
Died suddenly this am

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio asthma

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

5-9-1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Tel Aviv Palestine	May 12, 1931
20 UNDERTAKER	ADDRESS
Sol Levinson & Bro	1127 E Balto st

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68636 — 122-0 E 68636

1 PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Union Memorial Hospital) ST. 15-61 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Elizabeth Smith

(a) RESIDENCE No. 3213 Fairview Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 13, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Rev J F Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Susan Francis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Elizabeth Smith (Wife)
(Address): [illegible]

15 [illegible] Registrar.

MAY 11 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-13-31

17

I HEREBY CERTIFY, That I attended deceased from 5-8, 1931, to 5-10, 1931

that I last saw h[illegible] alive on 5-10, 1931

and that death occurred, on the date stated above, at 6 45 A M

The CAUSE OF DEATH* was as follows:

High Intestinal Obstruction (Acute)

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Myocardial Collapse

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? — Date of —

Was there an autopsy? — No

What test confirmed diagnosis? Physical Exam.

(Signed) Samuel McC. Hanahan M. D.

May 13 1931 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	May 13 1931
20 UNDERTAKER: Wm O. Mitchell Sons	ADDRESS: 1900 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68637

CERTIFICATE OF DEATH

47 E 68637.

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST.) (WARD) 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Annie Hodge (John; Johnson)

(a) RESIDENCE NO. 104 N. Gilmor St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Hodge

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va. ~~Baltimore~~

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ernest Hodge

(Address) 104 N. Gilmor St.

15 MAY 11 1931 C. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 7, 1931, to May 9, 1931

that I last saw HER alive on May 9, 1931

and that death occurred, on the date stated above, at 9:20 A. m.

The CAUSE OF DEATH* was as follows:

malignancy of right pleura

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertensive cardio-vas. renal disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy

(Signed) George J. Brady, Jr. M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 5-12 1931

UNDERTAKER David Eadar ADDRESS Pa. Ave.

Spec.—9 30—A & Co.—250 Bks

68638 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68638

CERTIFICATE OF DEATH.

106-0001

1. PLACE OF DEATH Baltimore City Hospitals 17-24

CITY OF BALTIMORE: (No ... St. ... Ward)

REGISTERED NO ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Edith Lee

(a) RESIDENCE NO 551 Moore ... ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 22 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) out

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Robert Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Evelyn ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ... 19 ... CAMERON JOHNS, M. D. Registrar
By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-8-31

17

I HEREBY CERTIFY, That I attended deceased from 5-1-31, 19 ... to 5-8-31, 19 ...

That I last saw her alive on 5-8-31, 19 ...

and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

Bronchiectasis

(duration) ... yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) None.

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padgett M. D.

5-9, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 5-12 1931

20 UNDERTAKER Dennis Easter

ADDRESS 916 Pa Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68639

CERTIFICATE OF DEATH

127 E 68639

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Mercy Hospital 4-7 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Matthews

(a) RESIDENCE No. Texas Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. 1 ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of James Matthews

6 DATE OF BIRTH (month, day, and year) 1873?

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	Bet. 57 & 58 yrs.?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Wm Feeney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Feeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) James Matthews Texas Md

1931 C. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1931

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1931, to May 9, 1931

that I last saw h[illegible] alive on May 9, 1931

and that death occurred, on the date stated above, at 1.58 A m.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. 5 hrs

18 Where was disease contracted if not at place of death? None

Did an operation precede death? yes Date of 5/8/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operative

(Signed) Edward Roberts M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL: Loudon Park DATE OF BURIAL: 5/11 1931

20 UNDERTAKER: [illegible] ADDRESS: 318 Light St

Spec.—9-30—A. & Co.—250 Bks.

E.68640 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E.68640

CERTIFICATE OF DEATH.

82-001

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST 15 WARD 27

2 FULL NAME Ella Lyle

(a) RESIDENCE NO 1358 Whatcoat St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Lyle

6 DATE OF BIRTH (month, day, and year) Dec. 2 ?4

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Ellicott City Md.

PARENTS

10 NAME OF FATHER Willian Benny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Dina Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-10-31

17

I HEREBY CERTIFY, That I attended deceased from 3-24-31, 19..., to 5-10-31, 19...

that I last saw her alive on 5-10-31, 19...

and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Subdural Hemorrhage

(duration) yrs. 1 mos. 29 ds.

CONTRIBUTORY Arteriosclerosis
(Secondary)

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Jas. F. Arnold Jr M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cem

DATE OF BURIAL 5/12 1931

20 UNDERTAKER Easton Bros

ADDRESS Ellicott City

Spec.—8-26—A. & Co.—250 Blks.

E 68641 ✓ E 68641

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 2809 Alameda St. 9-44 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry ~~E.~~ Manken Sr

(a) RESIDENCE NO. 2809 Alameda St. WARD
(If usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary F. Manken

6 DATE OF BIRTH (month, day, and year) 2/14/1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk 004
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 7/40
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Manken

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Maria Baston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Henry Manken Sr 2809 Alameda

15 [illegible] C. [illegible] JONES, M. D. [illegible]

1 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8 - 1931

17 I HEREBY CERTIFY, That I attended deceased from May 8 31 to May 8 31
that I last saw h[illegible] alive on May 8 31
and that death occurred, on the date stated above, at 10:30 a m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary): Cerebral Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: Chas Smith M. D.

1931 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	May 12 31
20 UNDERTAKER: John Ulrich	ADDRESS: 200 Eden

Spec.—9-30—A. & Co.—250 Bks.

68642 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 68642

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 17-24 ST. WARD

2 FULL NAME Elmer Mason

(a) RESIDENCE NO. 1005 Argyle Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 15, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wrecker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Chas. H. Spielman

9 BIRTHPLACE (city or town) (State or country) Wilmington Del.

PARENTS

10 NAME OF FATHER Joseph H. Spielman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Viola Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records of Balto. City Hosp.

15 MAY 11 1931 C. HAMPSON JONES, M. D. By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-7-31

17

I HEREBY CERTIFY, That I attended deceased from 4-29-31, 19..., to 5-7-31, 19...

that I last saw him alive on 5-7-31, 19...

and that death occurred, on the date stated above, at 1:50 A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) Paul Padget. M. D.

5-9-31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL. DATE OF BURIAL MAY 11 1931

20 UNDERTAKER [illegible] ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

68643 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68643

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 2915 Mt Elderry St. 7-11 Ward)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katherine Gifford

(a) RESIDENCE No. 2915 Mt Elderry St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry J. Gifford Sr.

6 DATE OF BIRTH (month, day and year): Aug 19 1857

7 AGE — Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
73	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jacob Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Marie - - -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Henry J. Gifford Jr.
(Address): 2915 Mt Elderry St.

15 [illegible] C. HAMPSON JONES, Registrar
1 1 1931 By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 9 31 to May 9 31

that I last saw her alive on May 9 31

and that death occurred, on the date stated above, at 2 55 P. M.

The CAUSE OF DEATH was as follows:

Eclampsia

(duration) yr. — mos. 3 ds.

CONTRIBUTORY (Secondary): Nephritis Chronic Interstitial

(duration) yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Lawrence Post M. D.

5-4 1931 (Address) 3442 Gorsuch Ave Balto

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dallo Cem — DATE OF BURIAL: May 12 19 31

20 UNDERTAKER: Philip Henig — ADDRESS 2016 Eutaw St

Spec.—9-30—A. & Co.—250 Blks.

(Kolodziejska)

68644 HEALTH DEPARTMENT—CITY OF BALTIMORE 68644

CERTIFICATE OF DEATH.

12

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 515 S. Paterson Park Ave. (ST.) (WARD) 1-3

2 FULL NAME Anna . Kolodziejska

(a) RESIDENCE NO. (Usual place of abode) 515 S. Patterson Park Ave. ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 7 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Julian . Nowak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Mrs. Stanislaw . Budny Daughter 515 S. Patterson Park Ave.

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9/31

17

I HEREBY CERTIFY, That I attended deceased from 3/20 . 1931 . to 5/9 . 1931

that I last saw h[illegible] alive on 5/9/31 . 19

and that death occurred, on the date stated above, at 12-10 M.

The CAUSE OF DEATH* was as follows:

Cholecystitis

(duration) 2 months yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harris A. Penfield M. D.

. 19 31 (Address) 316 S Patterson

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: May 13 1931

20 UNDERTAKER: John M. Weber ADDRESS: 401 S Chester St

Spec.—9-30—A & Co.—250 Blks.

68645 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68645

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Union Memorial Hosp. 15-67 WARD)

2-FULL NAME Mrs John W. Crowley (Emma Virginia Crowley)

(a) RESIDENCE No. 305 nl. North Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No. 86-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (a) HUSBAND of (or) WIFE of: John W. Crowley

6 DATE OF BIRTH (month, day, and year): Feb. 16, 1871

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Richard Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sophronia Blackwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Hospital Records

15 1 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 8, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to May 8, 1931, that I last saw her alive on May 6, 1931, and that death occurred, on the date stated above, at 9:20 P.M.

The CAUSE OF DEATH* was as follows:

Injury to Cervical & Thoracic vertebrae & Temporal bone (fracture)
Fracture of second cervical vertebra (accident at home) 3 mos. 3 ds.

CONTRIBUTORY (Secondary): Resp. paralysis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray, history of fall

(Signed) Samuel McClenahan M. D.

May 8 1931 (Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: May 11 1931

20 UNDERTAKER: Keith B. Cook

ADDRESS: 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Bks.

68646 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68646

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 6-9 St., Ward) 9 3

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Richard Richardson

(a) RESIDENCE NO. 125 Prague Court St. Ward
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Richardson

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	44			

8 OCCUPATION OF DECEASED
(a) Trade, professiau or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

040

9 BIRTHPLACE (city or town) (State or country) Brunswick Co., Va.

PARENTS

10 NAME OF FATHER William Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Alice ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Lottie Richardson, 125 Prague Ct

15 Filed ... 19.. Reg'Mrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9/31

17
I HEREBY CERTIFY, That I attended deceased from May 9, 19 31, to May 9, 19 31
that I last saw h[im] alive on May 9, 19 31
and that death occurred, on the date stated above, at 4^45 P. M.
The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) David Turner, M. D.
5/11/31, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery — DATE OF BURIAL: May 14 1931

20 UNDERTAKER Edward Bryan — ADDRESS 1631 Orleans St

C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

Dr. W. W. Connell
9 E. Mt Royal Ave Ver. 2315

E 68647 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68647.

CERTIFICATE OF DEATH.

51

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3304 Fairview Ave ST. 15-61 WARD)

2-FULL NAME Richard W. Wright

(a) RESIDENCE NO. 3304 Fairview Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~
~~HUSBAND~~ of
(or) WIFE of Sarah L. Wright

6 DATE OF BIRTH (month, day and year) March 6th 1856

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Coal
(b) General nature of industry, business, or establishment in which employed (or employer): Dealer
(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Dublin, Ireland

PARENTS

10 NAME OF FATHER: Joseph Owen Wright
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Annie E. Tabb
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Sarah L. Wright
(Address) 3304 Fairview Ave

15 Filed May 11 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10th 1931

17
I HEREBY CERTIFY, That I attended deceased from Dec 21, 1930, to May 9, 1931
that I last saw him alive on May 9, 1931
and that death occurred, on the date stated above, at 12 P. M.
The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of Bladder + Nephritis, (duration) 1 yrs. 4 mos. 20 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? Date of
Was there an autopsy? No —
What test confirmed diagnosis? microscopic -

(Signed) W. W. Connell M. D.
193 (Address) 9 E Mt Royal Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 5/12/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

[illegible] HAMPSON JONES M. D.

...—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68648

68648

CERTIFICATE OF DEATH.

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital ST. 12-51 (WARD)

2-FULL NAME Elizabeth Shriver

(a) RESIDENCE NO. 2603 Hampden Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 28, 1909

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	9	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Cornelius Shriver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Compton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs. Cornelius Shriver

(Address) 2603 Hampden Ave

15 Filed MAY 11 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to May 10, 1931,

that I last saw her alive on May 10, 1931,

and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary + Laryngeal Tuberculosis

(duration) ... yrs. ? mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical + X Ray

(Signed) Myron B. Juce, M. D.

5/11/1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet cemetery — DATE OF BURIAL 5/13/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

G. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

68649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 E 68649

REGISTERED NO. 24434

1. PLACE OF DEATH University of Maryland Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (St.) (WARD)

2. FULL NAME William F. Schultz

(a) RESIDENCE NO. 1530 Covington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12th 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Albert H. Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia C.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rudolph H. Schultz
(Address) 1530 Covington St

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MAY 11 1931

Reg'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1931, to May 9, 1931

that I last saw h. m. alive on May 9, 1931

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma, base of tongue

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary edema acute

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precedr death? Tracheotomy Date of May 9, 1931.

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy & Operation

(Signed) R. S. Hudson M. D.

5/10 1931 (Address) University of Maryland Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 5/13/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

Dr Castagna Medical Arts Bldg
Vernon 5374 A.R. ✓

68650 HEALTH DEPARTMENT—CITY OF BALTIMORE 68650

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1537 Pennsylvania Ave (Street) 44-20 (Ward)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maria Arena

(a) RESIDENCE No. 1537 Pennsylvania Ave (Usual place of abode) WARD

(If non-resident give city or town and State)

length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, [redacted] (or) WIFE of Joseph Arena

6 DATE OF BIRTH (month, day, and year) Sept 8th 1873

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Thos. Carlo Trota

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Tocco/china

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address) Joseph Arena 1537 Pennsylvania Ave

Filed 5-11-1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1931, to May 10, 1931

that I last saw h[redacted] alive on May 10th, 1931

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Nephritis
Chronic myocarditis (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Symptoms & signs.

(Signed) J. V. Castagna M. D.

5/11, 1931 (Address) 2078 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 5/13/1931

20 UNDERTAKER: Wm Cook 1217 St Paul St — ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

Dr Knull. Frederick Co Grotto Chas

HEALTH DEPARTMENT—CITY OF BALTIMORE

68651 68651

CERTIFICATE OF DEATH. 131

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 315 S Collins Ave St. 20-21 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Isabelle C Gosnell Stobbs

(a) RESIDENCE NO. 315 S Collins Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Thomas Stobbs

6. DATE OF BIRTH (month, day, and year) Dec 4 1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	9	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Home

9. BIRTHPLACE (city or town) (State or country) Md

PARENTS

10. NAME OF FATHER Edmund Gosnell
11. BIRTHPLACE OF FATHER (city or town) (State or country) Md
12. MAIDEN NAME OF MOTHER Catherine Crawford
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14. Informant Sarah Lewis
(Address) 315 S Collins Ave

15. Filed 11 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr. 0, 1931, to May 10, 1931
that I last saw he alive on May 10, 1931
and that death occurred, on the date stated above, at 7A m.
The CAUSE OF DEATH* was as follows:

Chr Int. Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY ...
(Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam
(Signed) W. A. Knull, M. D.
5/10/31 (Address) Irvington.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn
DATE OF BURIAL 5/12 1931

20. UNDERTAKER J. H. Cook
ADDRESS 1217 N. Fulton Ave

Spec.—9-30—A. & Co.—250 Blks

E 68652 HEALTH DEPARTMENT—CITY OF BALTIMORE 68652

CERTIFICATE OF DEATH. 131

1 PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 2217-Kirk Ave. 946 WARD)

2 FULL NAME John Staylor

(a) RESIDENCE NO 2217-Kirk Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred xxxx 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliz. (Kurrle)

6 DATE OF BIRTH (month, day, and year) 3/27/1860

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	14	11m. xxxx

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Thomas Staylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant John C. Staylor
(Address) 2217-Kirk Ave.

15 MAY 11 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 9-1931

17 I HEREBY CERTIFY, That I attended deceased from DEC 20, 1930, to MAY 9, 1931

that I last saw h IM alive on MAY 9, 1931

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows: Toxemia or Uremia after Chronic Nephritis

(duration) X yrs. X mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 5 yrs. 4 mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Test

(Signed) Dr. T. Dukes M. D.

(Address) 926 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: 5/14/31

20 UNDERTAKER: Geo. W. Rife One

ADDRESS: 1 E. Lafayette

1-20—M & T—100 B—50L

E 68653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

E 68653

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Erdman Ave ST. 9-45 (WARD)

2-FULL NAME Richard D. Grauer

(a) RESIDENCE NO. 3000 Erdman AVE. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20/29

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	4	20 21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John H. Grauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Elsie M Harcourt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant John E. Grauer
(Address) 3000 Erdman Ave

15 5/11 1931, 192 C. EMPSON JONES, M. D. Registrar

1 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Toxemia- Gastro-intestinal Indigestion.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Convulsions
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D. Coroner

5/11/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: May 12 1931

20 UNDERTAKER: Albert M Berry — ADDRESS: 3534 Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks.

E 68654

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68654

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospital 10 REGISTERED NO. 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... WARD)

2-FULL NAME Olive Marshall

(a) RESIDENCE NO. 306 East Fort Ave ST. ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fml	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Marshall

6 DATE OF BIRTH (month, day, and year) Jan 20, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 13

(b) General nature of industry, business, or establishment in which employed (or employer) Butcher Shop.

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John H. Marshall

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Jane Evans

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) ?

14 Informant Rumsey Bros (Address) Balto City Hosp.

15 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11-31

17

I HEREBY CERTIFY, That I attended deceased from 2-16-, 1931, to 5-11, 1931

that I last saw h[illegible] alive on 5-11-, 1931

and that death occurred, on the date stated above, at 7:45 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Laryngitis (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. ..... mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy Findings

(Signed) Fred M Dilkerdall M. D.

, 19 (Address) Balto City Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 5/13 1931

20 UNDERTAKER J. F. McCully — ADDRESS 130 E Fort

pec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68655 — CERTIFICATE OF DEATH. — 59 — E 68655

1-PLACE OF DEATH U. S. Marine Hospital — ST. 12-51 — WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ ST. ____ WARD ____

2-FULL NAME Fred Lindstrom
Steamship Charles H. Crump

(a) RESIDENCE NO. ____ ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 3 ds. How long in U. S., if of foreign birth? 27 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov. 6, 1873

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	7	4	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer) Ofc
(c) Name of employer S. S. Charles H. Crump

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS
10 NAME OF FATHER Martin Lindstrom
11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden
12 MAIDEN NAME OF MOTHER Lena ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant U. S. Marine Hospital records
(Address)

15 FILED 1-2 1931 19 — HAMILTON JONES, M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 5, 19 31, to May 10, 19 31, that I last saw h... alive on May 10, 19 31, and that death occurred, on the date stated above, at 4:35 A. m.

The CAUSE OF DEATH* was as follows:
Diabetes mellitus
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia, lobar, left upper lobe
(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & laboratory test

(Signed) Gordon A. Abbott, M. D.

, 19 (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's, Hampden

DATE OF BURIAL May 12, 1931

20 UNDERTAKER E. Leroy Stiffler, & Co

ADDRESS 125 E. North ave.

per—1 30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68656

CERTIFICATE OF DEATH.

49 E 68656

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 206 Swallow Hill ave (ST.) 28-71 (WARD)

2-FULL NAME Lennie Isabell Grove

(a) RESIDENCE NO. 206 Swallow Hill ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb 4 1904

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	27	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Firm

(c) Name of employer F. G. Williams Co

9 BIRTHPLACE (city or town) (State or country) Washington D C

PARENTS

10 NAME OF FATHER Thos E Grove

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Mary Isabell [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Thomas E. Grove

(Address) 206 Swallow Hill ave

Filed MAY 12 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9. 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1930, to May 9, 1931, that I last saw h[illegible] alive on May 9, 1931, and that death occurred, on the date stated above, at 2 30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Left ovary Tube

(duration) 2 yrs. + mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes - Date of June 1929

Was there an autopsy? No

What test confirmed diagnosis? Clinical history.

(Signed) L. F. Robinson M. D.

5/11, 1931 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem"

DATE OF BURIAL 5-12 1930

UNDERTAKER Henry W. Jenkins' Sons Co"

ADDRESS Orchard nr Caroline

E 68657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 57 E 68657

REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1408 E Oliver St.) (WARD) 8-17

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Warren J. Ferguson

(Residence in Baltimore: No. 1408 E Oliver St St.; yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. August 7th, 1913 (Month) (Day) (Year)

7-AGE. 17 yrs. 9 mos. 3 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER. Warren C Ferguson

11-BIRTHPLACE OF FATHER (State or Country) Maryland

12-MAIDEN NAME OF MOTHER Catherine Lembeck

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Kathrine Ferguson

(Address) 1408 E Oliver St

15- DEC 12 1931 C. HAMPSON JONES, M. D. 191.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May 19th, 1931 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) found that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hydrocephalus (Congenital)

..... (Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) .....

..... (Duration) ....yrs. ....mos. ....ds.

(Signed) ..... M. D.
(Coroner)

5/12/31, 191... (Address) 208 E. North Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL. Parkwood Cem

DATE OF BURIAL. May 12th 1931

20-UNDERTAKER Henry H Jenkins Sons

ADDRESS Orchard & Mt Carroll Sts

pec.—2-29-28—L. F. S.—500 Blks.

E 68658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68658

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 611 S. Green ST. 17-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Dawkins

(a) RESIDENCE NO. 611 S. Green ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) 1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unkown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unkown

14 Informant James Thomas
(Address) 611 S Greene St

15 Filed ..., 19 ... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1931

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1931, to May 10, 1931.

that I last saw h[illegible] alive on May 10, 1931

and that death occurred, on the date stated above, at 12,55 A. m.

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Do

(duration) yrs. mos. 12 ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) C. H. Howard, M. D.

May 12, 1931 (Address) 712 S Bond St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	5/13/31
20 UNDERTAKER	ADDRESS
Isaiah L Boron & Son	104 Montgomery

Spec.—9-30—A. & Co.—250 Blks.

68659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68659

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH BALTIMORE CITY HOSPITALS 21-31

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward .....

2-FULL NAME Nathaniel Parkey

(a) RESIDENCE NO. 940 Warner St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Parker.

6 DATE OF BIRTH (month, day, and year) May 24 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	11	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer odd
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Outy Work.

9 BIRTHPLACE (city or town) (State or country): Accomac Va.

PARENTS

10 NAME OF FATHER: Peter Parker.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Elvina ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records of
(Address)

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9. 1931.

17 I HEREBY CERTIFY, That I attended deceased from April 21 . 19 31 . to May 9 . 19 31
that I last saw him alive on May 9 . 19 31.
and that death occurred, on the date stated above, at 3:10 P. m.
The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
(duration) unknown yrs. mos. ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of .
Was there an autopsy? no
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padgett M. D.
5-9-1931. (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Ct — DATE OF BURIAL: 5/12/31

20 UNDERTAKER: Isaiah L Brown — ADDRESS: 108 W Montgomery

MAY 12 1931 BALTIMORE CITY HOSPITALS

Spmc.—9-30—A. & Co.—250 Bks.

E 68660 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68660

CERTIFICATE OF DEATH.

115-001

1-PLACE OF DEATH Estelle Williams

CITY OF BALTIMORE: (No City Hosp. ST. 22-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Estelle Williams

(a) RESIDENCE NO. 707 Y Alley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER: James Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del.

12 MAIDEN NAME OF MOTHER: Ella Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Del

14 Informant: Records of

(Address): Balto. City Hosp.

15 Filed NOV 12 1931 C. HARRISON JONES, M.D. Registrar Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-9-31

17

I HEREBY CERTIFY, That I attended deceased from 5-7-31, 19, to 5-9-31, 19

that I last saw her alive on 5-9-31, 19

and that death occurred, on the date stated above, at 6:15 P.m.

The CAUSE OF DEATH* was as follows:

Acute streptococcic laryngitis and pharyngitis.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. exam.

(Signed) Fred M. Dunkwell M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Ct — DATE OF BURIAL: 6/12/31

20 UNDERTAKER: Placid L Bowers & Son 108 Montgomery — ADDRESS

Spec.—8-36—A. & Co.—250 Blks.

E 68661

E 68661 2485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13-59 56V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Wally

(a) RESIDENCE NO. 1205 Clendenin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-29-1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sophie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 [illegible] Registrar

MAY 12 1931

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-11-1931

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1931, to May 11, 1931

that I last saw h[illegible] alive on May 11, 1931

and that death occurred, on the date stated above, at 3 10 A m.

The CAUSE OF DEATH* was as follows:

Acute rheumatic fever

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Ex.

(Signed) J. W. Parsons. M. D.

, 19 (Address) Johns. Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL May 12 1931

20 UNDERTAKER Geo. A. Robello

ADDRESS 736 N. Eutaw St.

Spec.—9-30—A. & Co.—250 Blks

68662

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68662

CERTIFICATE OF DEATH.

47

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Sinai Hospital St. 2-14 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rabbi Philip Friedlander

(a) RESIDENCE NO. 235 S. Eden St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced, HUSBAND of (or, WIFE of) Sandel Friedlander

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Rer 018
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nathan Friedlander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Sandel Friedlander
(Address) 235 S. Eden St

MAY 12 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12/31

17

I HEREBY CERTIFY, That I attended deceased from May 7, 1931, to May 12, 1931, that I last saw him alive on May 12, 1931, and that death occurred, on the date stated above, at 5:00 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Chronic Myocarditis
Asphyxiation
Asthma

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-13-31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. C. Chesman M. D.

5/17, 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Sinai Rosedale — DATE OF BURIAL 5-12-1931

20 UNDERTAKER [illegible] ADDRESS [illegible] Fenno, 1499 E. Balto.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68663

CERTIFICATE OF DEATH.

22-30 107-81 E 68663

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ... ST ... WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Bailey

(a) RESIDENCE NO. 416 W. Camden ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	55	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Odd jobs

(b) General nature of industry, business, or establishment in which employed (or employer): odd

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Frederick Md.

PARENTS

10 NAME OF FATHER: James Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Julia Renn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 JUN 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-10-31

17 I HEREBY CERTIFY, That I attended deceased from 5-7-31, 19..., to 5-10-31, 19...

that I last saw him alive on 5-10-31, 19...

and that death occurred, on the date stated above, at 11:25 P.M.

The CAUSE OF DEATH* was as follows:

Alcoholism, Chr. + Acute

(duration) ... yrs. ... mos. 1½ ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Chesney Jr. M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olive Cem. Frederick Md	May 13 1931
21 UNDERTAKER: Wm J. Fisher & Sons	ADDRESS: Balto Md

Spec.—2-29-28—L. F. S.—500 Blks.

E 68664

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68664

CERTIFICATE OF DEATH

119

1—PLACE OF DEATH 253 Dalem St City — REGISTERED NO. 1359

CITY OF BALTIMORE: (No. Dwld ST. (WARD)) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elma Summerville

(a) RESIDENCE NO. 2531 Dalem ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Thomas Summerville

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Edna M. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Hannah Gardner

(Address) 2450 Saint Pillans

Filed MAY 12 1931, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11-1931

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1931 to May 11, 1931 that I last saw h alive on May 10, 1931 and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Toxemia

(duration) yr. mo. 2 ds.

CONTRIBUTORY (Secondary) Gastro Enteritis

(duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Johnson M. D.

19 (Address) 1012 N. Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: May 12 1931

UNDERTAKER: Virginia A. Brookes — ADDRESS: 1763 N. Carey

Spec.—9-29—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68665

CERTIFICATE OF DEATH

92-001

E 68665

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Sanders St. 24-23 WARD)

2 FULL NAME Hubert T. Malloy

(a) RESIDENCE NO. 414 Sanders St. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Portman Malloy

6 DATE OF BIRTH (month, day, and year) April 13, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	48	0	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tester 073

(b) General nature of industry, business, or establishment in which employed (or employer) B&O. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas J Malloy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Slavin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mary C Malloy (Wife)
(Address) 414 Sanders St.

Filed 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10-1931

17

I HEREBY CERTIFY, That I attended deceased from April 5, 19 31, to May 10, 19 31

that I last saw h/M alive on May 10, 19 31

and that death occurred, on the date stated above, at 2:00 A m.

The CAUSE OF DEATH* was as follows:

~~Mitral Incompetency~~
Mitral Regurgitation
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) W. H. Campbell M. D.

5/11, 19 31 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery 9.96

DATE OF BURIAL: May 13 19 31

20 UNDERTAKER: Margaret E. Hynes

ADDRESS: 1422 Light St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68666

CERTIFICATE OF DEATH.

23 E 68666

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 817 S. Eaton St. (If not in hospital) Ward 16-37) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wade Henry Brown

(a) RESIDENCE No 817 S. Eaton St. (Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sheet Metal Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer Glenn Martin Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles M. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Catherine Featherman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Catherine Brown
(Address) 817 S. Eaton St

15 Filed MAY 21 1931 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11- 1931

17

I HEREBY CERTIFY, That I attended deceased from March 25, 1931, to May 8, 1931

that I last saw him alive on May 8th, 1931,

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis both lungs + larynx —

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Sputum, X-ray, Swollen glands

(Signed) Alf. Feeting Lopez M. D.

, 1931 (Address) 3222 Eastern a

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery — DATE OF BURIAL May 15 1931

20 UNDERTAKER George W. Zirkler — ADDRESS 1737 E. Eager st

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68667

CERTIFICATE OF DEATH

25-32 75 E 68667

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. 2359 Annapolis Rd. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Ebert.

(a) RESIDENCE NO. 2359 Annapolis Rd. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. [illegible] How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, HUSBAND of [illegible] Blanche Ebert.

6 DATE OF BIRTH (month, day, and year) September 15, 1870

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60	7	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Ohio.
(State or country)

PARENTS

10 NAME OF FATHER William Ebert.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Amelia Reems.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ohio.

14 Informant Blanche Ebert. (wife)
(Address) 2359 Annapolis Rd.

15 Filed 1 21931 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto E. Reinhardt, M. D.

5/11. 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemtey — DATE OF BURIAL: 5/12 1931

20 UNDERTAKER: William Coolo — ADDRESS: 1273 Gaud St

Spec.—9-30—A. & Co.—250 Blks.

E 68668

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68668

CERTIFICATE OF DEATH.

72-002

27-44

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 4505 Hampnett Ave. Monteb[illegible] Park ST. [illegible] WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Barbara Burke

(a) RESIDENCE NO 4505 Hampnett Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 58 Years ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: The late Edward Burke

6 DATE OF BIRTH (month, day, and year): July-27-1857

7 AGE: Years 73 | Months 9 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md.

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Mr. William. J. Burke

(Address) No. 4505 Hampnett Ave.

15 Filed [illegible] 19 1931

C. HAMPSON JONES, M. D.

By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May-11-1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 31 to May 11, 19 31

that I last saw h[illegible]live on May 11, 19 31

and that death occurred, on the date stated above, at 6:15 A.M

The CAUSE OF DEATH* was as follows:

Hodgkin's Disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Dysentery

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pathologic

(Signed) C Hampson Jones M. D.

5/11, 19 31 (Address) 3707 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cem.

DATE OF BURIAL: May-15-1931

UNDERTAKER: Henry Hoeck Sons, Inc.

ADDRESS: 1301 E Eager St

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68669

CERTIFICATE OF DEATH.

23 E 68669

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 W. Conway ST. 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Langford —

(a) RESIDENCE NO. 622 W. Conway ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Langford

6 DATE OF BIRTH (month, day, and year) Dec 18-1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
29	30	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wagon Driver

(b) General nature of industry, business, or establishment in which employed (or employer) Taylor —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Samuel Langford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Waite

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Mary Langford 622 W Conway

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-9-1931

17 I HEREBY CERTIFY, That I attended deceased from 4/10, 1931, to May 9, 1931, that I last saw h... alive on May 9, 1931, and that death occurred, on the date stated above, at 2.00 p. m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis —

(duration) — yrs. 2 mos + da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum Positive

(Signed) W. H. Strauchen M. D.

5/11, 1931 (Address) 122 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cr — DATE OF BURIAL 5/13/31

20 UNDERTAKER Isaiah L Brown Sr — ADDRESS 108 Montgomery St

Spec.—9-30—A. & Co.—250 Blks.

E 68670 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68670

CERTIFICATE OF DEATH

1 PLACE OF DEATH Union Memorial Hospital — REGISTERED NO 1

CITY OF BALTIMORE: (a) No 33rd & Calvert St — 9-46 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jesse A Downin

(a) RESIDENCE NO 1710 Abbottson St, ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	child

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of child

6 DATE OF BIRTH (month, day, and year) Jan 14th 1921

7 AGE	Years	Months	Days	If LESS than 1 day, ___hrs. or ___min.
	10	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Augustus H Downin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Nancy Andrews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London Eng.

14 Interment Fotten

(Address) 2705 Tenby Ave Baltimore

15 DATE RECEIVED 1-2 1931 WILLIAMSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 7th, 1931, to May 11th, 1931

That I last saw h&c alive on May 11th, 1931

and that death occurred, on the date stated above, at 7 m.

The CAUSE OF DEATH* was as follows:

acute glomerular nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) ? Typhoid fever. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1710 abbottson St.

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? clinical and laboratory study.

(Signed) Jesse S. Foter M. D.

19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 5-15 1931

UNDERTAKER Ehrlich Bros — ADDRESS 115 E Mad St.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

68671

175 ✓ E 68671

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital (Ward) 23-31

2-FULL NAME Nelson Carter.C.

(a) RESIDENCE NO. 1117 S.Sharp St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

5a If married, HUSBAND of Annie Carter.C.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	35	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) North Carolina.
(State or country)

PARENTS

10 NAME OF FATHER Stephen Carter.C.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Hattie ------C.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) North Carolina.

14 Informant Annie Carter.(C) wife.
(Address) 217 E.Henrietta St.

15 Filed ---------- Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia, Depressed fracture of the skull. Beaten on the head with a brick. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Rear of 1117 S.Sharp

Did an operation precede death? No. Date of April 4, 1931

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) Otto M. Reinhardt M. D.

5/1 · 1931 (Address) 1017 N.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL MAY 12 1931

29 UNDERTAKER Department of Health.

ADDRESS

Important.—See instructions on back of certificate.

THE JOHNS HOPKINS HOSPITAL

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68672

CERTIFICATE OF DEATH

24 E 68672

REGISTERED NO.

1 PLACE OF DEATH Provident Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1514 Division ST. 18-96 WARD

2 FULL NAME Elnora O Ruffin

(a) RESIDENCE No 835 W. Lexington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Child
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Waverly Va

PARENTS

10 NAME OF FATHER: Lance Ruffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Lizzie Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Lizzie Ruffin
(Address): 835 W. Lexington St

15 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-10-31

17
I HEREBY CERTIFY, That I attended deceased from 5-2-, 1931, to 5-10, 1931
that I last saw h[illegible] alive on 5-10-, 1931
and that death occurred, on the date stated above, at 10 P. m.
The CAUSE OF DEATH* was as follows:
Meningitis (Tuberculous)

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Dr. George McDonald M. D.
5-11-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: May 13, 1931

20 UNDERTAKER: Bro. Katie R Williams — ADDRESS 322 N Schroeder St

MAY 12 1931 H. D. WERCH NOSTRAND 5

Spec.—9-30—A. & Co.—250 Bks.

68673 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 62-091 E 68673

1. PLACE OF DEATH Provident Hosp. 24 D 33 REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1514 Division ST. D WARD)

2. FULL NAME Jacob Heath

(a) RESIDENCE NO 520 Cross ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Francis Waters (Address) 708 Second St.

15 Filed 5-12 1931 H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-10-31

17 I HEREBY CERTIFY, That I attended deceased from 5-6-, 19 31, to 5-10-, 19 31 that I last saw him alive on 5-10-, 19 31 and that death occurred, on the date stated above, at 10 AM m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage,

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

5-10, 19 31 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL at Auburn Cemetery — DATE OF BURIAL May 13, 1931

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 N. Schroeder St.

Spec.—9 20—A. & Co.—250 Blks

2479 53 E 68674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 68674

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7 9 WARD

2-FULL NAME Lucy Grimage

(a) RESIDENCE NO. 1 Chase Ind ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): July 30 - 1930

7 AGE: Years — Months: 9 — Days: 7 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 000

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Ben Grimage

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rosie Conner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address): JOHNS HOPKINS HOSPITAL

15 12 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May-7-1931

17

I HEREBY CERTIFY, That I attended deceased from Apr-27, 1931, to May 7, 1931

that I last saw her alive on May 7, 1931

and that death occurred, on the date stated above, at 12 10 A m.

The CAUSE OF DEATH* was as follows:

Peritonitis, bronchopneumonia

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary): Prolapse of rectum

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Hunt & Kuttner M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner Health.

ADDRESS MAY 12 1931

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68675

CERTIFICATE OF DEATH.

108 E 68675

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 17 N. Durham ST. 6-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Essie Henson

(a) RESIDENCE No. 17 N. Durham St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence Henson

6 DATE OF BIRTH (month, day, and year): Nov. 27th 1876

7 AGE: Years 55 Months 3½ Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Fort Smith Va.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Clarence Henson 17 N. Durham

15 FILED 12 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9th 1931

17 I HEREBY CERTIFY, That I attended deceased from May, 1931, to May 9th, 1931, that I last saw her alive on May 9, 1931, and that death occurred, on the date stated above, at 9:30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia and Rheumatic Fever.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Cystitis & Colitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Jos. V. Blake, M. D.

5/11, 1931 (Address) 724 Fairmount St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: May 12 1931

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 1725 Ashland Ave

pec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68676

CERTIFICATE OF DEATH.

59 E 68676

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 N.Fulton Ave. ST., 16-22 WARD)

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen B.Williams,

(a) RESIDENCE No. 1116 N.Fulton Ave. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Female	White	Widow

6 If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ or) WIFE of Joseph A.Williams,

7 DATE OF BIRTH (month, day, and year) August 25.1857

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	8	15	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Old Point
(State or country) Virginia

PARENTS

11 NAME OF FATHER John J.Williams,

12 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

13 MAIDEN NAME OF MOTHER Ann E.Jennings,

14 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Charles H.Williams
(Address) 1116 N.Fulton Ave

15 Filed MAY 12 1931, 19 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928, to May 10, 1931, that I last saw h[illegible] alive on May 4, 1931, and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 14 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? No Date of ———

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) Chas. C. Conser. M. D.

5/12, 1931 (Address) 1101 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL MAY 13, 1931

UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68677

CERTIFICATE OF DEATH

92-001

E 68677

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Bon Secours Hospital. St. 13-59 Ward)

2-FULL NAME Catherine Fitzmaurice.

(a) RESIDENCE NO. 2836 Woodbrook Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, ~~WIFE of~~ (or) WIFE of Michael Fitzmaurice.

6 DATE OF BIRTH (month, day, and year) July 23, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	52	9	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Michael Fogardy.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine Carberry.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland.

14 Informant Michael Fitzmaurice. (husband)
(Address) 2836 Woodbrook Ave.

15 Filed MAY 12 1931 19 C. HAMPSON JONES M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Valvular disease of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? 2836 Woodbrook Ave

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Leinhardt, M. D.

5/11 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL May 13 1931

20 UNDERTAKER Martin Fahey Sons — ADDRESS 827 W. North Ave.

pec.—1-30—M. & T.—250 Bks.

E 68678 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68678

CERTIFICATE OF DEATH.

10-14 93-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 East Chase St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James M. Alexander

(a) RESIDENCE NO. 704 East Chase Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Annie E. Alexander

7 DATE OF BIRTH (month, day, and year) Oct. 6- 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland Cecil Co.

PARENTS

10 NAME OF FATHER John Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) UNKNOWN

14 Informant Mrs. Annie E. Alexander (Address) 704 East Chase St.

15 Filed MAY 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11th 10 Am

17 I HEREBY CERTIFY, That I attended deceased from Dec 31st, 19 30, to May 9th, 19 31,

that I last saw he alive on May 9th, 19 31,

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. D. Saunders, M. D.

5/11, 19 31 (Address) 219 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	May 14 1931

20 UNDERTAKER Chas. P. Graves & Son ADDRESS 118 N. Howard St

pec.—1-30—M. & T.—250 Bks.

E 68679 HEALTH DEPARTMENT—CITY OF BALTIMORE 00 E 68679

CERTIFICATE OF DEATH.

82

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 E. Preston St. ST. 8-17 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Veara

(a) RESIDENCE NO. 1610 E. Preston Street ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of ::::::::::::

7 DATE OF BIRTH (month, day, and year) Oct. 12- 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77		6	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Madeira Islands

PARENTS

10 NAME OF FATHER Joseph Veara

11 BIRTHPLACE OF FATHER (city or town) (State or country) Madeira Islands

12 MAIDEN NAME OF MOTHER Mary Lope

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Madeira Islands

14 Informant Miss Mazie Brown
(Address) 1610 East Preston St.

15 Filed 2 1931 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11/31

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to May 10, 1931, that I last saw her alive on May 10, 1931, and that death occurred, on the date stated above, at 4.7 m.

The CAUSE OF DEATH* was as follows:

Apoplexy -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D W Kousey, M. D.

, 19 (Address) 1612 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincent's Cemetery

DATE OF BURIAL May 14 1931

20 UNDERTAKER Earl D. Truss & Son

ADDRESS 118 N. Royal Ave

pec.—1-30—M. & T.—250 Bks.

68680 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68680

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp (Street) 22 (WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William E. Summers Jr

(a) RESIDENCE NO. 1260 Battery ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year) April 10 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Marine Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): Ship not necessary
(c) Name of employer: Otto M Reinhardt

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm E Summers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cranfield Ind.

12 MAIDEN NAME OF MOTHER Zipporah M Mecking

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rochester Co Md

14 Mrs Zipporah M Summers (Address) 1260 Battery Ave

15 Filed MAY 12 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1931

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1931, to May 10, 1931, that I last saw him alive on May 10, 1931, and that death occurred, on the date stated above, at 5 28 P. m.

The CAUSE OF DEATH* was as follows:

Acute Tetanus
Accidental punctured nail wound of left foot (duration) ... yrs. mos 10 ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? May 1 1931

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Wm E Gallagher, M. D.

5/10, 1931 (Address) So Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brt Olivet Cem	May 13 1931

20 UNDERTAKER John F Denny ADDRESS 715 L St

1-30—M. & T.—100 B—50L

E 68681

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001 ✓

E 68681

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp (St.) 6-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John King (Koenig)

(a) RESIDENCE NO 403 N. Castle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 4/8/1895 — unques

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baltimore City Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Fire Dept
(c) Name of employer: 403 N. Castle

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Ignatius King

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger

12 MAIDEN NAME OF MOTHER: Mary Franck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mike King

(Address): 403 N. Chapel St

15 2 1931, 192 — C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: While on line of duty riding on side of Truck & Ladder Co 4 - the tillerman mechanism broke causing Truck to crash into wall (Duration) yrs. mos. ds.

(A) CONTRIBUTORY (Secondary) C.C. Lefevre Fract Femur L Fract Tibia & Fib R. (Duration) yrs. Short mos. ds.

18 Where was disease contracted if not at place of death? Md Gen Hosp + Bedside

Did an operation precede death? yes Date of .....

Was there an autopsy? ~~yes~~ no

What test confirmed diagnosis? Clinical + Clin

(Signed) H. Hamm, M. D.

11, 1931 (Address) 2939 W. Eldorado Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 13 1931

20 UNDERTAKER: M. W. E. Deppe Inc ADDRESS 37 S. Arch St

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68682 — 68682

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals — 108

CITY OF BALTIMORE: (No. Balto Md — St. 5-27 — Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bishop W. Mullaney

(a) RESIDENCE NO. Same as Baltimore — St. — Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-18-95

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	35	-	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 008

(b) General nature of industry, business, or establishment in which employed (or employer) Bookkeeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER J. F. Mullinix

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Virginia

12 MAIDEN NAME OF MOTHER Loretta Mullinix

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Virginia

14 Informant (Address) Records Baltimore City Hospitals

15 Filed MAY 12 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/12/31

17

I HEREBY CERTIFY, That I attended deceased from 5-4-, 19 31, to 5-12-, 19 31

that I last saw h[illegible] alive on 5-11-, 19 31

and that death occurred, on the date stated above, at 3.15 p. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Harry Fitzwell M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Staunton, Va.

DATE OF BURIAL 5/15 1931

20 UNDERTAKER Frederick A Cole

ADDRESS 1200 W Fayette St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68683

68683

CERTIFICATE OF DEATH.

93-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 E. Fairmount Ave. WARD 11)

2. FULL NAME Harry S. Isaacs

(a) RESIDENCE NO. 3214 E Fairmount Ave. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances H Isaacs

6 DATE OF BIRTH (month, day, and year) July 22nd 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book keeper (4 yrs) 073

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Western Md. R.R.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Isaacs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Lucy Sutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Frances H Isaacs
(Address) 3214 E Fairmount Ave

15 Filed MAY 13 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/11/1931

17

I HEREBY CERTIFY, That I attended deceased from May 1, 19 31, to May 11, 19 31

that I last saw him alive on May 10, 19 31

and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Howard B Tilden M. D.

5/12, 19 31 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem

DATE OF BURIAL 5/14/1931

20 UNDERTAKER John J. Cowan & Inga Hellyer

ADDRESS

1-30—M. & T.—100 B—501.

E 68634

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 ✓ E 68634

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 26-37 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Lander

(a) RESIDENCE NO. 801 S. Oldham ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant John Ullrich

(Address) 2008 Orleans St.

15 Filed MAY 13 1931 H. G. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism
Old scars of Pulm. Tuberculosis both lungs. Psoas Abcess

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? .....

(Signed) J. C. Watkins, M. D. Coroner

5/12/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL May 13/31

20 UNDERTAKER John Ullrich

ADDRESS 2008 Orleans

Spec.—9 30—A. & Co.—250 Blks

E 68685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-2-951 E 68635

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2438 E Lafayette Ave (St.) 9-16 (Ward)

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Josephine Neuman

(a) RESIDENCE No. 2438 E Lafayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Conrad Neuman

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Michael Kaumer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cath. Layer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Emma Heintz
(Address) 2400 E Fredrick st

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

1 3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10/31

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 31 to May 10 31

that I last saw h... alive on May 10 31

and that death occurred, on the date stated above, at 8:45P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

I, (Signed) William Nyquist M. D.

5/13/31, 19 (Address) 2611 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Hill	May 14 1931
20 UNDERTAKER	ADDRESS
Frank Brackston	1906 E Monument

1-30—M. & T.—100 B—50L

E 68686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 68686

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen ST. 8-40 WARD)

2-FULL NAME Parker R Peter

(a) RESIDENCE NO. 3168 Ravenswood Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Bldg
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W Va

PARENTS

10 NAME OF FATHER Jas M Peter

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Anna Curran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant Andrew White

(Address) 3162 Ravenswood Ave

15 Filed JUN 1931, 192 J. H. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck & knocked down by an auto truck that was backing.

@ (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Fract Femur
Acc. Alcoholism - Shock
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pennington Av

Did an operation precede death? no Date of .....

Was there an autopsy? no.

What test confirmed diagnosis? Clin

(Signed) L Strauss, M. D. Coroner

5/13, 1931 (Address) 29 39th & Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Gen Mem	May 13 1931

20 UNDERTAKER Jos J Stein & Son ADDRESS 3001 Kentucky Ave

Spec.—9-30—A & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68687

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ST. 7-13 WARD)

REGISTERED NO. 93 of D 68687

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Rooney

(a) RESIDENCE NO. 1728 E. Eager ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Kehoe

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-9-31

17

I HEREBY CERTIFY, That I attended deceased from 7-21-30, 19..., to 5-9-31, 19...

that I last saw her alive on 5-9-31, 19...

and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) UNKNOWN yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Padat M. D.

5-12 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Holy Cross Cemetery Rd. May 13, 1931

20 UNDERTAKER — ADDRESS

Elmer W. Conkle 924 E. Eager St.

MAY 13 1931 HAYDEN JONES

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68688 — REGISTERED NO. 93-003 E 68688

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 Madison St. WARD) 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma Dorsey

(a) RESIDENCE NO. 2437 Madison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 4 mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of Frank Dorsey

7 DATE OF BIRTH (month, day, and year) Jan 5, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto., Md.
(State or country)

10 NAME OF FATHER Strange unknown Handy

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Frank Dorsey

(Address) 2437 Madison Ave

15 Filed ——— 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1931 to May 11, 1931

that I last saw her alive on May 10, 1931

and that death occurred, on the date stated above, at 1.12 a m.

The CAUSE OF DEATH* was as follows:

Cardiorenal Complications

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab.

(Signed) H. Mateo Williams, M. D.

5-12-1931 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL May 14 1931

20 UNDERTAKER Thomas E. Kalson — ADDRESS 1303 Pressman St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68689

CERTIFICATE OF DEATH

178-001 E 68689

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 9-N-6 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME William C. Leutz

(a) RESIDENCE NO. 1907 E. 28th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Leutz 1977

6 DATE OF BIRTH (month, day, and year) Nov 11 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER James F. Leutz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mary Gerbuck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs M. Leutz

(Address) 1907 E. 28th St

15 Filed ..... 193 ..... C. HAMPSON JONES, M. D. Registrar

By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Poisoned by Illuminating Gas. Accidental death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

5/13. 1931 (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Md

DATE OF BURIAL 5/13/31 19

20 UNDERTAKER Geo. J. Weber Inc

ADDRESS 1231 Aisquith

Spec.—9-28—A. & Co.—250 Blks.

248288

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68690

CERTIFICATE OF DEATH

131 E 68690

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St. 22-30 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hattie White

(a) RESIDENCE NO 303 S. Fremont St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): ~~Widowed~~ unknown

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: unknown

6 DATE OF BIRTH (month, day, and year): Sept 1902

7 AGE — Years: 28 — Months: 8 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: unknown

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (state or country): Va

PARENTS

10 NAME OF FATHER: James White

11 BIRTHPLACE OF FATHER (city or town) (state or country): Va

12 MAIDEN NAME OF MOTHER: Mary Bosworth

13 BIRTHPLACE OF MOTHER (city or town) (state or country):

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May-11-1931

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1931, to May 11, 1931

that I last saw her alive on May 11, 1931

and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Acute nephritis with terminal uraemia

Duration of nephritis several years.

(uraemia) (duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) several yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of none

Was there an autopsy? yes

What test confirmed diagnosis? N.P.N 272 - uraemic breath uraemic coma

(Signed) Hugh J. Jewett M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon — DATE OF BURIAL: May 14 1931

20 UNDERTAKER: Samuel Kennedy — ADDRESS: J. B. Riddle

1-30—M. & T.—100 B—50L

E 68691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 68691

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 735½ W. Mulberry ST. (WARD) 4-26

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Diggs

(a) RESIDENCE NO 735½ W. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 670
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant T. W. Crothers
(Address) 923 Equitable Bldg.

15 Filed ..... 192 ..... THOMPSON JONES, M. D.
Registrar

MAY 13 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Eugene Zellers, M. D.
Coroner

5/13, 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Port News Va DATE OF BURIAL 5/13/31

20 UNDERTAKER Emmick Stansbury ADDRESS 1128 Biddle

Spec.—9-30—A & Co.—250 Blks

Nelson Harris

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68692

CERTIFICATE OF DEATH.

E 68692

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. 107-00

CITY OF BALTIMORE: (No. Balto Md ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nelson Harris

(a) RESIDENCE NO. 413 E 23rd St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant

(Address) Balto City Hosps.

MAY 13 1931 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-10-31

17

I HEREBY CERTIFY, That I attended deceased from 11-21-, 1929, to 5-10-, 1931

that I last saw h(e) alive on 5-9-, 1931

and that death occurred, on the date stated above, at 5.15 Am

The CAUSE OF DEATH* was as follows:

Tumor of Bronchus

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis

Deterioration (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Microscopic Exams

(Signed) Mary Mosher M. D.

5-11-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	May 13, 1931
20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott.	1720 Eastlundale

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68693

CERTIFICATE OF DEATH

108 E 68693

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. (St.) 1-13 (WARD)

2-FULL NAME Patricia Knight

(a) RESIDENCE NO. 1018 N. Chapel St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6 DATE OF BIRTH (month, day and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 020
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Thos Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Gabriel Jones

(Address) 1020 N. Bond St.

15 Filed May 13 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriology

(Signed) Thos Kelly, M. D. Coroner

(Address) 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

DATE OF BURIAL May 13 1931

20 UNDERTAKER Wm. R. Elliott

ADDRESS 172 E. Eutaw

Spec.—9 30—A. & Co.—250 Blks

E 68694 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68694

CERTIFICATE OF DEATH

17-23

1 PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St. ..... WARD) REGISTERED NO. .....

2 FULL NAME Edward McCready

(a) RESIDENCE NO 515 N Bethel St. St. ..... WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 0/0

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER James McCready

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Cora Ennis

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Cora McCready, 515 N. Bethel St (Address)

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9/31

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1931, to May 9, 1931

that I last saw h deceased alive on May 4, 1931

and that death occurred, on the date stated above, at 1:25 P. m.

The CAUSE OF DEATH* was as follows:

miliary tuberculosis

(duration) — yrs. — mos. 14 days

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy findings

(Signed) David Seidel M. D.

5/5/31 (Address) Baltimore City Hosp, Tel

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Cabanny — DATE OF BURIAL: May 13 1931

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1720 Aisquith

Spec.—1-10-21—M&T—1500 Blks.

Kaferlein

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68695

CERTIFICATE OF DEATH.

46 E 68695

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2912 Clifton Pk. Ave. (Ward) 8-45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Kaferlein

(a) RESIDENCE NO. 2912 Clifton Pk Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND or WIFE of John A. Kaferlein

6 DATE OF BIRTH (month, day, and year) Apr 28, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work... Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Williams Sievers.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Katherine Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Wm H Kaferlein (Address) 2912 Clifton Pk Ave

15 13 1931 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 1930 to May 12 1931.

that I last saw h alive on May 10, 1931, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) de. Cardiac Dilitation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam & X Ray

(Signed) E. H. Traynor M. D.

19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cemetery DATE OF BURIAL May 15 1931

20 UNDERTAKER Josiah Leffler ADDRESS

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68696

CERTIFICATE OF DEATH.

57-023 E 68696

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 W. Fairmount St. 19-27 (Ward)

2-FULL NAME Baby Girl Coates

(a) RESIDENCE NO. 1516 W. Fairmount St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/7/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Coates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Elza Laws

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) 1516 W. Fairmount St

15 Filed MAY 13 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/9/ 1931

17 I HEREBY CERTIFY, That I attended deceased (from 5/7/31, 19 , to 5/9/31, 19 , that I last saw her alive on 5/8/31, 19 , and that death occurred, on the date stated above, at 7:20 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease.
Patent foramen ovale
& patent ductus arteriosus

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? no Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

(Address) Med. Dept.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL MAY 13 1931

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
C. HAMPTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

68697

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 68697

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Remington Ave ST. 24 WARD 23)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Schleicher

(a) RESIDENCE NO. 126 E. Clement ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

6a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Agnes Mitchell Schleicher

6 DATE OF BIRTH (month, day, and year) Nov 11 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oiler - Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant Seaman

(c) Name of employer Am Sp Ensemble

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Schleicher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E. Schultze

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Hospital Records U.S. Marine Hospital

15 Filed MAY 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1931

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1929 to May 12, 1931, that I last saw him alive on May 12, 1931, and that death occurred, on the date stated above, at 5.20 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) Hemorrhage - Gastric

(duration) - yrs. - mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual symptoms

(Signed) P. H. Ault M.D.

, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross 4 A C	5-16 1931
UNDERTAKER E B Hall	ADDRESS 115 E Lexington

Spec.—12-9-25—A Co.—200 Bks.

11

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 68698

CERTIFICATE OF DEATH.

REGISTERED NO. E 68698

1-PLACE OF DEATH

City of BALTIMORE: (No. 1209 Scott St. 31-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Mc Cann

(a) RESIDENCE NO. 1209 Scott St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jos. Mc Cann.

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Not known

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant (Address): Wm C Rogers 623 Munsey Bldg

15 FILED 13 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1930 to May 12, 1931, that I last saw h alive on May 11, 1931, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —

If not at place of death!

Did an operation precede death! no Date of

Was there an autopsy! no

What test confirmed diagnosis! Clinical

(Signed) Wm A Strauss, M. D.

5/12, 1931 (Address) 1901 Griffis

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial 5-15 1931

UNDERTAKER: Bernard C Hale — ADDRESS 1000 S Paca St

very important. See INSTRUCTIONS on back of Certificate

Spec.—9-30—A. & Co.—250 Blks.

E 68699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 68699

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2500 E. Biddle St. (ST.) 812 (WARD)

2. FULL NAME Philip Schmidt-Schmidtjohann

(a) RESIDENCE NO. (Usual place of abode) 2500 E. Biddle St. ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. - mos. - ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Anna. M. Schmidt

6. DATE OF BIRTH (month, day, and year) Feb-6-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	3	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10. NAME OF FATHER: Not known

11. BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12. MAIDEN NAME OF MOTHER: Not known

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14. Informant (Address): Miss Adele. M. Schmidt No. 2500 E. Biddle St.

15. Filed ... 19... C. HARVEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May-12-1931

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to May 12, 1931, that I last saw h... alive on May 12, 1931, and that death occurred, on the date stated above, at 1;45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chron. Interstitial Nephritis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Lyde M. D.

May 13, 1931 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cemetery — DATE OF BURIAL, 19... May-15-1931

20. UNDERTAKER: Henry Aboeck Sons Inc. — ADDRESS: 1301 E. Eager St.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 ✓ 82 E 68700

E 68700

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1404 W Lexington St. Ward) 1927

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Campbell

(a) RESIDENCE NO. 1404 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 1, 1851

7 AGE	Years	Months	Days	IF LESS than 1 day ____ hrs. or ____ min.
	80	3	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs M E Baker

(Address) 1404 W Lexington St

15 Filed MAY 13 1931 19 CHAMPION JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 1927 to May 13, 1931

that I last saw h[illegible] alive on April? 1931

and that death occurred, on the date stated above, at 12 30 A.M.

The CAUSE OF DEATH was as follows:

Apoplexy

(duration) yrs. Sudden

CONTRIBUTORY (Secondary) Hypertension

Arterio-sclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin B Jones M. D.

, 19 (Address) 1115 St Paul St.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — Date of Burial May 14 1931

20 UNDERTAKER George J Smith — ADDRESS 653 L Fallin

very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 68701

HEALTH DEPARTMENT—CITY OF BALTIMORE E 68701

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Hawthorn Road, Roland Park ST., 21-63 WARD)

2-FULL NAME Mary L. McLanahan

(a) RESIDENCE NO. 509 Hawthorn Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 0 mos. 23 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of or) WIFE of Clinton W. McLanahan

6 DATE OF BIRTH (month, day, and year) April 19, 1862

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Louis L. Loewenstein

11 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Rupp

13 BIRTHPLACE OF MOTHER (city or town) ----- (State or country) Germany

14 Informant Mrs. Anna M. Bateman (Address) 509 Hawthorn Road

15 Dec. 13 1931 C. THOMPSON JONES, M. D. Asst Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-12-1931

17 I HEREBY CERTIFY, That I attended deceased from May 4 1931, to May 12 1931, that I last saw h alive on May 12 1931, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Arteris Sclerosis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam -

(Signed) Walter S. Bishop, M. D.

5-13-1931 (Address) 12 E-25th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 5/14 1931

20 UNDERTAKER Henry U. Meares and Son

ADDRESS 505 N. Calvert

...ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68702

93-003 E 68702

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 N Fulton Ave St. 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Gratrude Addison

(a) RESIDENCE NO. 409 N. Fulton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jas. Addison

DATE OF BIRTH (month, day, and year) June 17, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	78	10	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Howard Co Md

10 NAME OF FATHER Klingstyle Smithson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co.

12 MAIDEN NAME OF MOTHER Virginia Spears

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

14 Informant George B Addison

(Address) 409 N Fultons ave

15 [illegible] 13 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 - 1931

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to May 13, 1931, that I last saw h[illegible] alive on may 13, 1931 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? 409

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Evans, M. D.

May 13 1931 (Address) 612 N 40 st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	May 14 1931
20 UNDERTAKER George J Smith	ADDRESS 157 Hollins

Spec.—9-30—A. & Co.—256 Blks.

Dr. Machen

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68703

CERTIFICATE OF DEATH.

13-52 82-001

REGISTERED NO. E 68703

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4137 Falls Road ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George G. James

(a) RESIDENCE NO. 4137 Falls Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie A. James

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R. R.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel W. James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford County, Md.

12 MAIDEN NAME OF MOTHER Anna Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford County, Md.

14 Informant (Address) Lottie A. James 4137 Falls Rd.

15 Filed MAY 14 1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1931.

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to May 12, 1931, that I last saw him alive on May 12, 1931, and that death occurred, on the date stated above, at 7.20 P. M.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Edema

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral thrombosis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) F. H. Hunter M. D.

. 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL May 16 19 31

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St

Spec.—9-30—A. & Co.—250 Blks

E 68704

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68704

CERTIFICATE OF DEATH. 15-5859 E 68704

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No 3605 Cottage Ave St. WARD)

2. FULL NAME Sarah Becker

(a) RESIDENCE NO. 3605 Cottage Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? 28 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wolf Becker

6 DATE OF BIRTH (month, day, and year) 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Jacob Dubavitz
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Esther Etta
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Wolf Becker 3605 Cottage ave

15 Filed MAY 14 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13/31

17 I HEREBY CERTIFY, That I attended deceased from 12.23. 1930 to 5.12 1930 that I last saw her alive on 5.12 1930 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:
Hypertensive Cardio Vasc. Disease
Diabetes Mellitus
arterio - sclerosis
many (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Cardiac Decompensation
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) A. S. Rubinstein M. D.
May 13 1931 (Address) 2226 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loud. - Southern Ave
DATE OF BURIAL May 14 1931
20 UNDERTAKER Sol Levinson & Bro ADDRESS 1127 E Balto st

Spec—9-30—A. & Co.—250 Bks

68705

HEALTH DEPARTMENT—CITY OF BALTIMORE

68705

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 3016 Mary Ave. St. 27-43 WARD)

2 FULL NAME Anna Katherine Albaugh

(a) RESIDENCE NO. 3016 Mary Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 15 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baking

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Alexander Albaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): At sea

12 MAIDEN NAME OF MOTHER: Henrietta Schaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Interment (Address): Mr Frank Albaugh 2726 Oakley Ave.

Registered MAY 14 1931

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12, 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to May 12, 1931

that I last saw h alive on May 11, 1931

and that death occurred, on the date stated above, at 3.55 p m.

The CAUSE OF DEATH* was as follows:

Organic heart disease - mitral incomp. - myocardial insuffiency

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Rheumatic infection unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical

(Signed) Chas J Keller M. D.

5/14 1931 (Address) 2226 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	May 14 1931

20 UNDERTAKER: Wm. Wickner Sons ADDRESS: Norelga

1-30—M. & T.—100 B—50L

E 68706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 68706

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 1306 W Preston St. (Ward) 23

2-FULL NAME William D Chenoweth

(a) RESIDENCE No. 1306 W Preston St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Amanda M Chenoweth

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE — Years: 72 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Caretaker
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: Fairmont Florists

PARENTS

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs D Chenoweth (Address) 1306 Preston St

15 Filed 1 1931 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage Sudden

(duration) yrs. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1306 Preston

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Holland, M. D. Coroner

(Address) Morgue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 5/14/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec—0-30—A. & Co.—250 Blks

68707 HEALTH DEPARTMENT—CITY OF BALTIMORE 68707.

CERTIFICATE OF DEATH

REGISTERED NO. 34

1 PLACE OF DEATH Baltimore City Hospitals ST. 9-9 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.)

2 FULL NAME B. George Hall

(a) RESIDENCE NO. 604 N. Bethel ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6 DATE OF BIRTH (month, day, and year) Aug. 31, 1874

7 AGE: Years 56; Months 8; Days 12; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Sommerset Md.

PARENTS

10 NAME OF FATHER: George

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 6-14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-12-31

17 I HEREBY CERTIFY, That I attended deceased from 8-23-30, 19 , to 5-12-31, 19

That I last saw him alive on 5-12-31, 19

and that death occurred, on the date stated above, at 2:20 P m.

The CAUSE OF DEATH* was as follows:

Hepatitis, acute toxic

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Ulcer of great toe

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? 1. Hospital 2. Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padgett. M. D.

5-13 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: May 15 1931

UNDERTAKER: Chas. A. Johnson

ADDRESS: 446 N. Carolina

Registrar

JUN 14 1931 HAMILTON JONES, M. D.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 68708

E 68708

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Patapsco Park Track Path ... Ward

2-FULL NAME John Palmer

(a) RESIDENCE NO. 746 Hoescher st St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M.	C.	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	47.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment with which employed (or employer) Pere Marquette R.R.
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Memphis Tenn

PARENTS

10 NAME OF FATHER James Palmer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Tenn

12 MAIDEN NAME OF MOTHER Daisy Hunter

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Chester Palmer
(Address) 1552 Richlandtown st

15 Filed ..... 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno. F. Gorman, M. D.

5/13, 1932 (Address) 5632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	May 14 1932

20 UNDERTAKER Virginia A. Brooks ADDRESS 1463 N Carey

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 68709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-001 E 68709

REGISTERED NO. _____

(If death occurred in hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE—(No.) W. Balto Gen Hos 1668 WARD)

2-FULL NAME John Conlon (Amend) Unknown

(a) RESIDENCE NO. _____ ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carolina Conner

6 DATE OF BIRTH (month, day, and year): Nov 28 1886

7 AGE: Years 65 (64) | Months 5 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Newark N. J.

PARENTS

10 NAME OF FATHER: John Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Catherine Traub

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mrs. Mabel Pearce (Address) 1346 Atlantic ave L. I. N. Y.

Filed MAY 14 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. Sudden hours

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) _____ Coroner, M. D.

(Address) May 11 1931 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: May 14, 1931

20 UNDERTAKER: John C. Mitchell & Son — ADDRESS: 1900 Eutaw Place

Spec.—9-30—A & Co.—250 Blks.

E 68710 HEALTH DEPARTMENT—CITY OF BALTIMORE 68710

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals (WARD) 13/2

CITY OF BALTIMORE: (No ..... St. 4-25

REGISTERED NO .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Jackson

(a) RESIDENCE NO 216 N. Jasper St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Priscilla Jackson

6 DATE OF BIRTH (month, day, and year) Apr. 15, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56		27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

PARENTS
10 NAME OF FATHER George E.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Ellen Lloyd
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 FILED MAY 14 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-12-31

17
I HEREBY CERTIFY, That I attended deceased from 5-8-31, 19 .. to 5-12-31, 19 ..
That I last saw h im alive on 5-12-31, 19 ..
and that death occurred, on the date stated above, at 1:20A. m.

The CAUSE OF DEATH* was as follows:

Nephritis, chronic, with oedema
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? yes
What test confirmed diagnosis? autopsy
(Signed) Paul Padgett M. D.
5-12 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. DATE OF BURIAL 5-15 1931

20 UNDERTAKER Byron W. Wright 1218 N. Eden Alley St
ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68711

CERTIFICATE OF DEATH

93-094 E 68711

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1015 Peach Alley. St.) 23-31 (Ward)

2-FULL NAME James E.Johnson.(C)

(a) RESIDENCE NO. 1015 Peach Alley. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Widower

5a If ~~married~~, widowed, ~~divorced~~
HUSBAND of ~~WIFE~~ of Clara Johnson.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Annapolis, Md.
(State or country)

PARENTS

10 NAME OF FATHER Charles Johnson.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Martha Johnson.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia.

14 Informant Victoria Husen.(C)
(Address) 1015 Peach Alley.

15 Filed ——— 19— C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) H. W. Bernhardt, M. D.

5/18 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cemetery	May 15 1931
20 UNDERTAKER John H. Toadvine	ADDRESS 1021 Hanover

Important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68712

CERTIFICATE OF DEATH

12/1 ✓ E 68712

REGISTERED NO. 13-59

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Whitelock ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maggie Senior Williams

(a) RESIDENCE NO. 1212 Whitelock ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Lee Williams

6 DATE OF BIRTH (month, day, and year) Mch 11. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Petersburg Va

PARENTS

10 NAME OF FATHER Patrick Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Petersburg Va

12 MAIDEN NAME OF MOTHER Millie Wyatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Petersburg Va

14 Informant Frederick Lee Williams

(Address) 1212 Whitelock St

FILED MAY 14 1931 D. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12-1931

17 I HEREBY CERTIFY, That I attended deceased from March 19, 1931, to May 12, 1931, that I last saw h alive on May 12, 1931 and that death occurred, on the date stated above, at 8.30 A m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary - History

(Signed) Wm. A. Wright, M. D.

5/12, 1931 (Address) 1204 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 5/15/1931

UNDERTAKER Wm. Geo. H. Holland

ADDRESS 1631 Druid Hill

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 68713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 E 68713

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: No. 573 Robert St. 1st 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Priscilla Phillips

(a) RESIDENCE No. 573 Robert st ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Aquilla Phillips

6 DATE OF BIRTH (month, day, and year): 1852

7 AGE: Years 80 Months Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Attending to household duties

(c) Name of employer: ~~Private~~

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown South

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Susie F. Williams (Address) 573 Robert st.

15 Filed JA 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from August 27, 1930. to May 12, 1931. that I last saw her alive on May 12, 1931. and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Gen. Senility

(duration) yrs. 10 mos. 4 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. Caulfoath, M. D.

, 19 (Address) 3574 W. Baltimore st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. John's Cemetery

DATE OF BURIAL: 5/14/31

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1681 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks

E 68714

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68714

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD) 30 108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Esther Bassler

(a) RESIDENCE NO. Clarksville, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Geo. F. Bassler

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Records.

15 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 4 , 1931 , to May 14 , 1931

that I last saw her alive on May 14 , 1931

and that death occurred, on the date stated above, at 7 45 A m.

The CAUSE OF DEATH* was as follows:

Cholecystitis

From history about (duration) yrs. 3½ mos. ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Clarksville Md

Did an operation precede death? yes Date of 5-6-31.

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs and symptoms

(Signed) Wylie M. Hall M. D.

5/14 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul Cemetery Fulton Md.) DATE OF BURIAL May 17 1931

20 UNDERTAKER Easton Sons Ellicott City Md

E 68715

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68715

CERTIFICATE OF DEATH. X 12-10-001

1-PLACE OF DEATH
City of BALTIMORE: (No.) West Balto Gen Hospital (Ward) Registered No. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John. Guccione.

(Residence in Baltimore: No.) 115. Brightside ave. Pikesville (Street) (Ward)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced. (Write the word.)
Male	White	Married

6-DATE OF BIRTH. Aug. 20 1897
(Month) (Day) (Year)

7-AGE. 33 yrs. mos. ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Own Business

9-BIRTHPLACE. (State or Country) Buenos Aires

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER. (State or Country) Unknown

12-MAIDEN NAME OF MOTHER. Unknown

13-BIRTHPLACE OF MOTHER. (State or Country) Unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Frank DeCrispino
(Address) 2703 Kaywood ave.

15- Filed MAY 14 1931 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. May-12 31
(Month) (Day) 192 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto he was driving was in car & it started running down hill.

(Duration) Yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Cervical Vertebrae

(Duration) Yrs. mos. ds.

Hemiplegia - Myocard.

(Signed) Dr. Adams M. D.

5/13 31 192 (Address) 7181 Mt Elder

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence Pikesville Md

19-PLACE OF BURIAL OR REMOVAL. Woodlawn Cemetery DATE OF BURIAL. May 15 19 31

20-UNDERTAKER. Fred. C. Kelly & Son ADDRESS 703 S. Howard St

Spec.—9-30—A. & Co.—250 Blks

Weichert

68716 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68716

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Sinai Hosp. St. 6-11 Ward)

2 FULL NAME Edward Weichert

(a) RESIDENCE NO. 31 N. Linwood St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Agusta Weichert.

6 DATE OF BIRTH (month, day, and year) Jan. 13, 1892.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinetmaker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Angelo Bieney.

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Joseph Weichert.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. Augusta Weichert. (Address) 31 N. Linwood Ave.

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13/31

17

I HEREBY CERTIFY, That I attended deceased from April 30, 1, 1931, to May 13, 1931

that I last saw h[im] alive on May 13, 1931

and that death occurred, on the date stated above, at 12:10 a.m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms.

(Signed) Meyer Multy Bayless M. D.

, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery. DATE OF BURIAL: May 15, 1931.

20 UNDERTAKER: August Pasek. ADDRESS: 2406 E. Ashland Ave.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68717 REGISTERED NO. B 68717

1-PLACE OF DEATH
CITY OF BALTIMORE: (NO. Lyndenham Hospital ST. 26-37 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Effie Scheller

(a) RESIDENCE NO. 104 No. Janney ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Aug. 20, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	8	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Md

PARENTS
10 NAME OF FATHER Frances K Heller
11 BIRTHPLACE OF FATHER (city or town) Carroll Co., (State or country) Md.
12 MAIDEN NAME OF MOTHER Sophie Jacik
13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Frances K Heller
(Address) 104 No. Janney St.

15 MAY 14 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 13, 1931, that I last saw h[illegible] alive on May 13, 1931, and that death occurred, on the date stated above, at 1 55 p. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 0 mos 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 5 ds.

18 Where was disease contracted if not at place of death? 104 No Janney St
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination
(Signed) L. Peter Emerson, M. D.
, 19 (Address) Lyndenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Taylorsville Cemetery — DATE OF BURIAL May 14 1931.

20 UNDERTAKER H. M. Mott — ADDRESS Towsontown Md.

Spec. Cert. Co.—200 Bks.

E 68718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

REGISTERED NO. E 68718

1-PLACE OF DEATH

City of BALTIMORE: (No. 1302 N. Dallas St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Roderick

(a) RESIDENCE NO. 1302 N. Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/12/31

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	—	—	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓ none

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer Baltimore

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER J. W. Roderick

11 BIRTHPLACE OF FATHER (City or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Anna A. Koubek

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country)

14 Informant
(Address)

15 [illegible] 1 1931 H. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

5/12/31

17 I HEREBY CERTIFY, That I attended deceased from 5/12/31, 19, to 5/12/31, 19,

that I last saw her alive on 5/12/31, 19,

and that death occurred, on the date stated above, at 5.00P m.

The CAUSE OF DEATH* was as follows:

asphyxia livida

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) prematurity

(duration) yrs. mos. da.

18 Where was disease contracted ✓

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) [illegible] M. D.

5/12/31 (Address) 2214 E. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins Hospital. Date of Burial MAY 14 1931

20 UNDERTAKER Dept. of Health. ADDRESS

very important. See instructions on back of certificates.

-30—M. & T.—100 B—50L

Makarewicz

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68719 165 E 68719

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at 2-44

CITY OF BALTIMORE: (No. Balto City Hospital ST. 2 WARD)

2-FULL NAME Adam Makarewicz

(a) RESIDENCE No 2045 Gough ST ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Laborer.

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Makarewicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mary Jaslowska

(Address) 2045 Gough St

15 FILED MAY 14 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Hanging (Strangulation) while in Sane Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Despondency

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 2045 Gough St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal

(Signed) James M Fenton, M. D. Coroner

5-12-1931 (Address) 700 Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus DATE OF BURIAL May 15 1931

20 UNDERTAKER T W Zagurski ADDRESS 1900 East

Spec.—9 30—A. & Co.—250 Blks

E 68720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 ✓ E 68720

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. E 68720
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 19-27 ST. WARD)

2. FULL NAME Sadie Banks

(a) RESIDENCE NO. 1521 W. Saratoga St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas B. Beach

6 DATE OF BIRTH (month, day, and year): Jan. 7, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	4	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Essex Co. Va.

PARENTS

10 NAME OF FATHER: Albert Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Frownie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Records of Balto. City Hosp.

15 MAY 14 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-10-31

17
I HEREBY CERTIFY, That I attended deceased from 3-19-31, 19 , to 5-10-31, 19
that I last saw her alive on 5-10-31, 19
and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of cervix with local metastases

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin. exam.

(Signed) Fred M. Dunkwell M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: Elmer Heath.

ADDRESS: MAY 14 1931

H. HAMPSON JONES, M. D.
Commissioner of Health

...ec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68721 | CERTIFICATE OF DEATH | 159 | E 68721

1—PLACE OF DEATH — REGISTERED NO. 16-67

CITY OF BALTIMORE: (No. Maryland General Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Boy Sheyke (Illegitimate)

(a) RESIDENCE NO. 1630 E Clement ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 12, 1931

AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or ... min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Roland Robert Geary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Maria Sheyke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Hospital Record

(Address)

MAY 14 1931 19 H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1931, to May 12, 1931, that I last saw him alive on May 12, 1931 and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Prematurity (32 wks)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert V. Chenowith, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Loudon Park May 15 1931

20 UNDERTAKER — ADDRESS

Morgan D. Flynn 1422 Eutaw

pec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68722

68722

CERTIFICATE OF DEATH.

87-001

1-PLACE OF DEATH 2624 E. Baltimore St. 6-10

CITY OF BALTIMORE: (NO. ..... ST. ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Raymond Frank Miles Anderson

(a) RESIDENCE NO. 2624 E. Baltimore St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced (HUSBAND of or) WIFE of Hilda Anderson

7 DATE OF BIRTH (month, day, and year) October 5th 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clergyman M.E.

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER Andrew Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Mrs. Hilda Anderson
(Address) 2624 E. Balto St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13th, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 28th, 1931 to May 13th, 1931.

that I last saw him alive on May 13th, 1931.

and that death occurred, on the date stated above, at 2 30 P m.

The CAUSE OF DEATH* was as follows:

Hypertension, Heart disease with Cerebral Hemorrhage

(duration) ... yrs. mos 18 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) ... yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Louis P. Gundry, M. D.

May 13th 1931 (Address) 3006 3rd St. Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 5/15/1931

20 UNDERTAKER John G. Connelly — ADDRESS Essex

HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

Lilly E Bunce

E 68723 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH.

59 E 68723

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hosp. 612 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lilly E. Bunce

(a) RESIDENCE NO. 1229 N. Carolina St. WARD

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 44 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
~ female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late John F. Bunce

6 DATE OF BIRTH (month, day, and year) Oct 3 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm. Busch

11 BIRTHPLACE OF FATHER (city or town) Balto. Md (State or country)

12 MAIDEN NAME OF MOTHER Libby Busch

13 BIRTHPLACE OF MOTHER (city or town) Balto Md (State or country)

14 Informant George F. Schaefer (Address) 1229 N. Carolina

15 Filed 5-18-31 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1931

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to May 14, 1931

That I last saw her alive on May 14, 1931

and that death occurred, on the date stated above, at 4.00 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis; chronic nephritis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) George J. Brooks M. D.

5/17, 1931 (Address) University Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Ivy Reformed Cemetery	May 18 1931
20 UNDERTAKER	ADDRESS
Toney Hoen & Sons Inc.	30 E Eager St

H A 1931 HAMPTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

E 68724 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23 E 68724

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Hebrew Home for Aged & Infirm — REGISTERED No.

CITY OF BALTIMORE: (No. Belvedere & Greenspring Aves.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Goldberg, Sophia

(a) RESIDENCE No. Belvedere & Greenspring St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): W.

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE — Years: 76 — Months: — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Sigmund Hollan
(Address): Belvedere & Greenspring

15 Filed ..... 19 ..... G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-14-31

17

I HEREBY CERTIFY, That I attended deceased from 11-1, 1930, to 5-13, 1931

that I last saw h-e alive on 5-13, 1931

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Edmunds Hewes M. D.

, 19 (Address) Laurdale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Laurdale — DATE OF BURIAL: 5-14-1931

20 UNDERTAKER: Jacob Lewis, 1739 E. Fallo — ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

Yiengst

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68725

CERTIFICATE OF DEATH.

59 E 68725

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No 445 Brunswick ST. 26-69 WARD)

2. FULL NAME Elizabeth Yiengst

(a) RESIDENCE No 445 Brunswick ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antone Yiengst

6 DATE OF BIRTH (month, day, and year) Jan 11 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Pockel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mitenstein

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Antone Yiengst
(Address) 445 Brunswick

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 31

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 13, 1931

that I last saw h[illegible] alive on May 12, 1931

and that death occurred, on the date stated above, at 2 20 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Sclerosis.
Hemiplegia (Central).
Endocarditis. Diabetes Mellitus. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Norbert C. Mitch M. D.

May 17 1931 (Address) 2151 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	5/16 1931
20 UNDERTAKER George A Tinsley Sulton	ADDRESS Saratoga

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68726 92-081 E 68726

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 106 S. Mount St. St., 14-28 Ward)

2-FULL NAME Elizabeth A. Rust.

(a) RESIDENCE NO. 106 S. Mount St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 5 mos. 8 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 4, 1856

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	74	5	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Dressmaker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Theodore A. Rust.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Sophia I. Hagan.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Mary I. Dundon. (sister)
(Address) 897 N. Lombard St.

15 Filed ____ 19 ____ ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Albert Leonard, M. D.

5/13 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	5/15 1931
20 UNDERTAKER George G. Fraley	ADDRESS Fulton & Fayette

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68727

CERTIFICATE OF DEATH

25-34

E 68727

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lorena Dunham

(a) RESIDENCE No. 2417 Westport St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Clarence Dunham

6 DATE OF BIRTH (month, day, and year): Aug 10 1894

7 AGE — Years: 36 — Months: 4 — Days: 2 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Clarence Dunham
(Address): 2417 Westport St

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12 1931

17
I HEREBY CERTIFY, That I attended deceased from Apr 27, 1931, to May 12, 1931
that I last saw her alive on May 12, 1931
and that death occurred, on the date stated above, at 5 00 p m.

The CAUSE OF DEATH* was as follows:
Duodenal Ulcer

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary tuberculosis
(duration) yrs. mos. One wk.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of May 1, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs and symptoms and operation

(Signed) Wylie M. Tait M. D.

5/12, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: May 16 1931

20 UNDERTAKER: J Vernon Eckman — ADDRESS: Hollins

E. P. THOMPSON-JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

48141
68728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-007 E 68728

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 9-9 WARD)

2-FULL NAME Clyde Heath

(a) RESIDENCE NO. New Bern N. Car. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 9-1908

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) N Car

PARENTS

10 NAME OF FATHER Christopher Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Car

12 MAIDEN NAME OF MOTHER Lela Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N Car

14 Interment (Address) Records

15 14 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-14-31

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 14, 1931

that I last saw h-im alive on May 14, 1931

and that death occurred, on the date stated above, at 1255 A m.

The CAUSE OF DEATH* was as follows:

Brain Tumor -
Hypophyseal Duct Cyst
non-malignant

(duration) 11 yrs. mos. ds.

* CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5-13-31

Was there an autopsy? yes

What test confirmed diagnosis? operation

(Signed) Judd Dell M. D.

19 (Address) Johns Hopkins 1402.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Bern N C — DATE OF BURIAL: 5/14/31

20 UNDERTAKER: Joseph Ahrens — ADDRESS: 221 Busy

...ec.—1-30—M. & T.—250 Bks.

68729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68729

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Lyndenham Hospital ST. 19-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dolores Murchison

(a) RESIDENCE NO. 1315 E. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Black	single

If married, widowed, or divorced HUSBAND of (or) WIFE of /

DATE OF BIRTH (month, day, and year) June 25, 1930

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	10	19	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Murchison

11 BIRTHPLACE OF FATHER (city or town) (State or country) No. Carolina

12 MAIDEN NAME OF MOTHER Mattie McNeill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) No. Carolina

14 Informant Mattie Murchison

(Address) 1315 E. Lexington St.

15 Filed 4-1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 14, 1931,

that I last saw h alive on May 14, 1931,

and that death occurred, on the date stated above, at 8.35 A m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 0 mos 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 5 ds.

18 Where was disease contracted if not at place of death? 1315 E. Lexington St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) L. Peter Mesaneri, M. D.

, 19 (Address) Lyndenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetry

DATE OF BURIAL May 15 1931

20 UNDERTAKER Edward Bryan

ADDRESS 4631 Orleans St

Dec.—1-30—M. & T.—250 Blks

68730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

E 68730

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Mt. Royal Avenue ST. 14-20 WARD)

2-FULL NAME Mary E. Kershaw

(a) RESIDENCE NO. 1511 Mt. Royal Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. -- mos. -- dt. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced (HUSBAND of or) WIFE of John Kershaw

7 DATE OF BIRTH (month, day, and year) Oct. 5, 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles County Maryland

PARENTS

10 NAME OF FATHER John R. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co. Maryland

12 MAIDEN NAME OF MOTHER Maria E. Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles Co. Maryland

14 Informant (Address) Miss Eva Kershaw 1511 Mt. Royal Avenue

15 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931 to May 12, 1931 that I last saw her alive on May 12, 1931 and that death occurred, on the date stated above, at 4 15 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation Heart

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) D W Kenney, M. D.

, 19 (Address) 1527 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 5/16 19 31

20 UNDERTAKER Henry U. Mears and Son

ADDRESS 805 N. Calvert

1-30—M & T—100 B—50L

E 68731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175 ✓ E 68731

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 27-41 WARD)

2-FULL NAME Evelyn DeBaufre

(a) RESIDENCE NO. 5119 Benton Heights Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. DeBaufre

6 DATE OF BIRTH (month, day, and year) Sep 28,1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	7	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Weigher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer National Biscuit Co.

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

PARENTS

10 NAME OF FATHER John Sperl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Parkville, Md.

12 MAIDEN NAME OF MOTHER Florence E.Harple

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Wm. J. DeBaufre
(Address) 1420 N. Luzerne Ave

15 Filed 5 14 1931, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13,1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis- Sepsis due to uterine infection.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Designed abortion. (Method & by whom as to ... undetermined.) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? yes by Dr H.J.Waldeis

What test confirmed diagnosis? .....

(Signed) J. J. Mahon, M. D.
Coroner

5/13/31 (Address) 106 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Lutheran Ctry	5/16 1931
20 UNDERTAKER	ADDRESS
Frederick Lassah & Son	3781 Belair Rd.

C. HAMPSON JONES, M. D.

...ec.—1-30—M. & T.—250 Blks

E 68732 HEALTH DEPARTMENT—CITY OF BALTIMORE 82-901 E 68732

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2208 Garrison Blvd. ST. 15-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William O. MacGill

(a) RESIDENCE No. 2208 Garrison Blvd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Annie H. MacGill

DATE OF BIRTH (month, day, and year) Nov. 2, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	12	

7 OCCUPATION OF DECEASED President of

(a) Trade, profession or particular kind of work Balto. Life Insurance Co.

(b) General nature of industry, business, or establishment in which employed (or employer) 0.K.

(c) Name of employer

PARENTS

8 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Thos. J. McGill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Francis M. Price

(Address) 2208 Garrison Blvd.

15 Filed 4 1931 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14/31

17 I HEREBY CERTIFY, That I attended deceased from May 8 1931 to May 14 1931.

that I last saw him alive on May 13 1931.

and that death occurred, on the date stated above, at 3 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage and paralysis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) arteri-sclerosis

hypertension (duration) about 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. S. Tibbett M. D.

May 7 1931 (Address) 2220 Harmon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	May 16, 1931

20 UNDERTAKER ADDRESS

Henry Adamcock & Son 3804 Ridgewood Ave

Spec.—1-30—M. & T.—250 Bks.

E 68733

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68733

CERTIFICATE OF DEATH.

1-PLACE OF DEATH St agnes Hospital

CITY OF BALTIMORE: (No. Betty L. Clopein ST. 20-69 WARD)

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Betty L. Clopein

(a) RESIDENCE NO. 2546 Boyd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) July 23rd 30

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	9	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work = Child =

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Wm E. Clopein

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md (State or country)

12 MAIDEN NAME OF MOTHER Catherine Long

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md (State or country)

14 Informant Wm E. Clopein (Address) 2546 Boyd St

15 Filed JAN 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12/31

17 I HEREBY CERTIFY, That I attended deceased from 5/11, 19 31, to 5/12, 19 31,

that I last saw he alive on 5/12, 19 31,

and that death occurred, on the date stated above, at 7 45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia - bilateral

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Measles ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys exam -

(Signed) Rob Hertter, M. D.

, 19 (Address) St Agnes Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Valley Cemetery

DATE OF BURIAL 5/15 19 31

20 UNDERTAKER F. D. Hufford

ADDRESS 1850 W. Baltimore St

Spec.—9-30—A. A. Co.—250 Blks.

68734 HEALTH DEPARTMENT—CITY OF BALTIMORE 68734

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 6906 Reisterstown Rd St 27-55-23 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME WYTHE TINSLEY CRALLE

(a) RESIDENCE No 6906 Reisterstown Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Maria Cralle

6 DATE OF BIRTH (month, day, and year) July 21, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurseryman

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer Franklin Davis Co.

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm Cralle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maria Tinsley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mrs Bessie M Cralle 6906 Reisterstown Rd.

15 [illegible] 19 C. HAMPSON JONES, M. D. Registrar

14 1931 By [illegible] Pct 11

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 8 = , 1931 , to May 15 = , 1931

that I last saw h in alive on May 15 = , 1931 May 14 =

and that death occurred, on the date stated above, at 2.35 A. m.

The CAUSE OF DEATH* was as follows,

Pulmonary Tuberculosis Advanced, Active.

Approximate (duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiorespiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Not Applicable

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Thomas Conrad Wolff M. D.

19 (Address) 11 East Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	May 16 1931

20 UNDERTAKER Wm J. McKenrick Sons Monkton Md

Spec.—9-30—A. & Co.—250 Bks.

68735 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68735

CERTIFICATE OF DEATH. X 82-004

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 3413 Forest Park Ave. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary C. Dull

(a) RESIDENCE NO. 3413 Forest Park Ave ST. WARD Seaford Del.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm C. Dull

6 DATE OF BIRTH (month, day, and year) May 15 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Solomon Milligan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catherine Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs. A. B. Hopper 3413 Forest Park Ave

15 [illegible] 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-13-31

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1930 to May 13 1931

that I last saw h ER alive on MAY 13 1931

and that death occurred, on the date stated above, at 9.05 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Arthur J. Davis M. D.

(Address) 800 W 38th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Seaford Del	May 15 1931
20 UNDERTAKER Wm J. Tuckey & Sons	ADDRESS Norfolk Va

Spec—9-30—A. & Co.—250 Blks

Dr Schenuich 1337 S. Chas st. [illegible]

68736 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68736

CERTIFICATE OF DEATH.

50

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 119 S. Monastery Ave WARD 20-21

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Elizabeth Morrison

(a) RESIDENCE NO. 119 S. Monastery Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, ~~widowed, or divorced~~ (or) WIFE of Timothy P. Morrison

6 DATE OF BIRTH (month, day, and year) Oct 31st 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jacob Richards

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Margaret Robrock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Timothy P. Morrison (Address) 119 S. Monastery ave

15 Filed 1-4 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 23 1931 to May 13 1931.

that I last saw her alive on May 13 1931.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia - Bilat.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? April 1929.

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Schenuich M. D.

19 (Address) 1337 S Chas st.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: 5/16/1931

20 UNDERTAKER: Wm Cook 1217 St — ADDRESS: Paul St

[illegible] C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

68737. # HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 L 68737

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) University Hospital · ST. 28-63 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Florence E Farmer

(a) RESIDENCE NO. 4201 Kenshaw Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
(or) WIFE of Arthur Warner

6 DATE OF BIRTH (month, day, and year) May 11th 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Benjamin Hurd

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mr Arthur Warner
(Address) #201 Kenshaw Ave

15 Filed May 16, 1931 C. HAMPSON JONES, M. D. Registrar
By: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1931

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1931, to May 13, 1931

that I last saw her alive on May 13, 1931

and that death occurred, on the date stated above, at 11:15 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of April 27.

Was there an autopsy? No.

What test confirmed diagnosis? Pathological examination

(Signed) George H. Yeager M. D.

5/15, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cemetery — DATE OF BURIAL 5/16/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

Brown Lot K

E 68738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 ✓

E 68738

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 N. Fulton Ave. St.) 16-22 (WARD)

2-FULL NAME Elizabeth S. Waring

(a) RESIDENCE NO 838 N. Fulton Ave St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of John Warner Waring

6 DATE OF BIRTH (month, day, and year) About 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70	—	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Henary C. Applegarth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Emily Abry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant W. W. Applegarth

(Address) 838 N. Fulton ave

Filed MAY 14 1931 by C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. Sudden mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) ..... M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL 5/16/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul st

Spec.—9-30—A. & Co.—250 Blks

E 68739

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68739

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 312 Emory ST 22-30 WARD)

2 FULL NAME Ida Shapiro

(a) RESIDENCE NO. 312 Emory ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Oscar Shapiro

6 DATE OF BIRTH (month, day, and year): 1852

7 AGE — Years: 79 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: G. Lewis
(Address) 1439 E. Baltimore St

15 1931 C. HANSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15-31

17 I HEREBY CERTIFY, That I attended deceased from May 12 1931 to May 15 1931

that I last saw her alive on May 14 1931

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Ke...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John D. Greenawalt M. D.

5/15 1931 (Address) 643 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 5/15 1931

20 UNDERTAKER: Jacob Lewis Son

ADDRESS 1439 E. Baltimore St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68740

REGISTERED NO. 118 E 68740

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 641 Penna Ave ST. 14-20 WARD)

2-FULL NAME Columbus Lewis

(a) RESIDENCE No. 641 Penna Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Col	Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 16 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	2	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Thos Lewis,

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Indies

12 MAIDEN NAME OF MOTHER Georgiana Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mary Matthews

(Address) 553 Laurens

15 Filed May 17 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 12th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion 4 hours

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hull, M. D. (Coroner)

19 May 17 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL May 15 1931

20 UNDERTAKER Samuel Hemsley — ADDRESS W Baltimore

ec.—2-29-28—L. F. S.—500 Blks.

Converse

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68741 ✓ E 68741

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ST. 11-24 WARD)

2—FULL NAME Lester Converse

(a) RESIDENCE NO. Baltimore Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 3, 23, 19

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	1	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) South Carolina

10 NAME OF FATHER Lucius J. Converse

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Elsie McLeod

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Massachusetts

Informant Lucius J. Converse

(Address)

5-15-1931 . 19 . H. MARTSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/15/31

17

I HEREBY CERTIFY, That I attended deceased from 8-22, 19 30, to 5-15, 19 31,

that I last saw h alive on 5/15/, 19 31

and that death occurred, on the date stated above, at 11:34 m.

The CAUSE OF DEATH* was as follows:

Cerebral Abscess, (Frontal Lobe)

(Multiple)

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Streptococcic Blood Poisoning

(duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? yes Date of 5-22-30 (over

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert T. Chenowith, M. D.

, 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Beltsville Md	5-17 19 31
20 UNDERTAKER Lloyd Kaiser	ADDRESS Laurel Md

Spec.—9-30—A. & Co.—250 Blks.

247790
E 68742

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68742

CERTIFICATE OF DEATH

X 1V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 12-51 WARD) JOHNS HOPKINS HOSPITAL

2 FULL NAME Jürgen von Ludwiger

(a) RESIDENCE NO. 109 W. 27th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. 8 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January July 28-1909

7 AGE: Years 22 | Months 3 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Exchange Student

(b) General nature of industry, business, or establishment in which employed (or employer): J. H. Univ.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Hans von Ludwiger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Erika von Richter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address) JOHNS HOPKINS HOSP.: Records

15 MAY 15 1931 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May-14-1931

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1931 to May 14, 1931

that I last saw him alive on May 14, 1931

and that death occurred, on the date stated above, at 320 A M

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) yrs. mos. 24/5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture.

(Signed) A. Murray Fisher M. D.

5/14, 1931 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: May 16 1931

20 UNDERTAKER: Henry W. Jenkins Sons Co. (Director for Richard)

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68743

CERTIFICATE OF DEATH. 21-48 97

E 68743

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 804 Winston Ave. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Annie Noble Taylor

(a) RESIDENCE NO. 804 Winston Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. W. Taylor

6 DATE OF BIRTH (month, day, and year) Nov. 15 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio.

PARENTS

10 NAME OF FATHER W^m Y. Noble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio.

12 MAIDEN NAME OF MOTHER Susan Eldred

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio.

14 Informant (Address) Mrs Margaret H. Shipley 804 Winston Ave

15 5 15 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1929, to May 13, 1931

that I last saw h^e alive on May 12, 1931

and that death occurred, on the date stated above, at 11.45 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

something (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. C. Hoen M. D.

(Address) 5600 York Rd 5-15 1931

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. View Cem. DATE OF BURIAL May 16 1931

20 UNDERTAKER Wm J. Fichtner Sons. ADDRESS Baltimore Md

15 1931 19

E. HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

E 68744

HEALTH DEPARTMENT—CITY OF BALTIMORE

46C 68744

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3922 Cloverhill Rd. 12-49 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriet B. Rauch

(a) RESIDENCE NO. 3922 Cloverhill Rd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Elmyr

6 DATE OF BIRTH (month, day, and year) June 23 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Secretary
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Gustav A. Rauch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma L. Kunz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Mr. Wm. F. Rauch
(Address) 3922 Cloverhill Rd

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 31

17
I HEREBY CERTIFY, That I attended deceased from
May 15, 1930, to May 13, 1931
that I last saw h[illegible] alive on May 13, 1931
and that death occurred, on the date stated above, at 6 P m.
The CAUSE OF DEATH* was as follows:
Carcinoma
of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) John A Evans M. D.
May, 1931 (Address) 6 E 40 St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemy.	May 15 1931

20 UNDERTAKER ADDRESS
John O. Mitchell Sons 1908 Eutaw Pl.

-30—M & T—100 B—50L

E 68745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 68745

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 13-59 WARD

2-FULL NAME Annie Stennett

(a) RESIDENCE No 1410 Florence ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colord	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Sterritt

6 DATE OF BIRTH (month, day, and year) January 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Annie Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm Stennett

(Address) 1410 Florence.

15 Filed MAY 15 1931 Wm. H. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 11 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetic Coma.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Augustus Tellers, M. D. Coroner

5/15, 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lutherville Md. DATE OF BURIAL: May 15 1931

20 UNDERTAKER: Mrs. R. G. Elliott ADDRESS: 1225 Ashland Ave

Dec.—1-30—M. & T.—250 Bks.

Gusters

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68746

CERTIFICATE OF DEATH.

10 E 68746

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 821 Pierce ST. 18-26 (WARD)

2-FULL NAME Logan Gusters

(a) RESIDENCE NO. 821 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of: Bessie Gusters

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter. 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: John Gusters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Woodsmun

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Bessie Gusters 821 Pierce

15 [illegible] Registrar

MAY 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 6th, 1931, to May 14, 1931, that I last saw h[illegible] alive on May 14, 1931, and that death occurred, on the date stated above, at 10.40 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
Nephritis.

(duration) yrs. 1 mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] M.D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: May 18th 1931

20 UNDERTAKER: A. Jones

ADDRESS: 111 S. Gilmor St

Spec.—9-30—A. A Co.—250 Blks

E 68747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68747

CERTIFICATE OF DEATH

94-002

1-PLACE OF DEATH

CITY OF BALTIMORE (No Sinai Hosp. ST WARD 12-50

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Benjamin Kaaanowitz

(a) RESIDENCE No. 2454 Barclay ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Fanny Kaaanowitz

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE: Years 67 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher 013
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment (Address) Laurel 1121 E. Baltimore St

15 5-16-1931 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14-31

17
I HEREBY CERTIFY, That I attended deceased from May 12 , 19 31 , to May 14 , 19 31
that I last saw him alive on May 14 , 19 31
and that death occurred, on the date stated above, at 5 P m.
The CAUSE OF DEATH* was as follows:
Coronary thrombosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) None.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Examination.

(Signed) I Oberman M. D.
, 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Not to be Carried | DATE OF BURIAL: 5-5- 19 3

19 UNDERTAKER: Joe Kaminsky 1439 E Balt st | ADDRESS

Spec.—9-30—A. A. Co.—250 Blks.

E 68748

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68748

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1218 E Madison St. 10-1st WARD)

2 FULL NAME Hanna Jakerr

(a) RESIDENCE NO. 1218 E Madison ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Hanna Jakerr

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 63 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor 8°

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Hahn Jakerr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Kemp 1431 E Balto. St

15 Filed MAY 15 1931. 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14-1931

17

I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to Apr 13, 1931

that I last saw him alive on Apr 13, 1931

and that death occurred, on the date stated above, at 1.30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. Goldenstein M. D.

4/15 1931 (Address) 733 Aisquith St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Circle, Mt. Carmel

DATE OF BURIAL: 5-15 1931

20 UNDERTAKER: Noe Kemp, Inc., 1439 E Balto. St

ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

68749

HEALTH DEPARTMENT—CITY OF BALTIMORE

68749

CERTIFICATE OF DEATH.

82-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 Maisel St. 25-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louis Crossort

(a) RESIDENCE NO. 2129 Maisel ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie Crossort

6 DATE OF BIRTH (month, day, and year): — — 1886.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): M.C. Harr Dry.

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Crossort 2129 Maisel St.

15 Filed MAY 15 1931 Registrar: WM. C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/13/31

17 I HEREBY CERTIFY, That I attended deceased from May 23 1931 to 5/13/31, 19

that I last saw h alive on 5/13/31, 19

and that death occurred, on the date stated above, at 1:45 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary): High Blood pressure

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: Edward Dorsey M. D.

5/16 19 31 (Address) 1727 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dallo Cem

DATE OF BURIAL: 5/16 1931

20 UNDERTAKER: Edward Foulton

ADDRESS: Wash Blvd

Spec.—9-30—A. & Co.—250 Blks.

68750 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68750

CERTIFICATE OF DEATH.

1 PLACE OF DEATH University Hospital ST. 17-24 107-001 REGISTERED NO.

CITY OF BALTIMORE (No. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Gertrude Rich

(a) RESIDENCE No. 513 W. Lafayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 28 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Rich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Rich (Address) 513 W. Lafayette St.

Filed 5 15 1931 19 By Exty Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-14-1931

17

I HEREBY CERTIFY, That I attended deceased from 5-14-31, 19 . to 5-14-31, 19

that I last saw h[illegible] alive on 5-14-31, 19

and that death occurred, on the date stated above, at 1:15 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) 1 wk. mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical findings

(Signed) George H. Yeager M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 5-15 1931

UNDERTAKER: James Eustace

ADDRESS 916 Park ave

Spec.—9-30—A. & Co.—250 Blks

68751 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23 68751

CERTIFICATE OF DEATH

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 7-13 ST. WARD

CITY OF BALTIMORE: (No. .....)

2 FULL NAME Timothy Rice

(a) RESIDENCE NO. 922 Rutland ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Sept. 1, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Norris South Carolina

PARENTS

10 NAME OF FATHER: Thomas Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Sally Liggins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant (Address): Hospital Records

15 5-15 1931 .19 HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to May 14, 1931

that I last saw him alive on May 14, 1931

and that death occurred, on the date stated above, at 5.25 a.m.

The CAUSE OF DEATH* was as follows:

Caseous pneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY ..... (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Turner M. D.

5-14 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cross hill D.C. DATE OF BURIAL: May 15 1931

20 UNDERTAKER: Edward Bryan ADDRESS: 1831 orleans st

...ec.—1-30—M. & T.—250 Blks.

68752

HEALTH DEPARTMENT—CITY OF BALTIMORE

68752

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Archer ST. 21-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wesley Ford

(a) RESIDENCE NO. 606 Archer ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Celia Ford

DATE OF BIRTH (month, day, and year) July 15 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 140

(c) Name of employer Standard Sanitary Co.

BIRTHPLACE (city or town) (State or country) S.C.

10 NAME OF FATHER Aaron Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Joanna Able

13 BIRTHPLACE OF MOTHER (city or town) S.C. (State or country)

14 Informant Darell Ford

(Address) 121 N. Carolina Ave.

Filed 5-1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/14/31

17 I HEREBY CERTIFY, That I attended deceased from 5/6, 1931, to 5/13, 1931, that I last saw h... alive on 5/13, 1931, and that death occurred, on the date stated above, at 3.25 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Chr. Pulmonary Tuberculosis

Influenza (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Harry Bowley, M. D.

5/14/19 31 (Address) 708 Shaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Winnsboro, S. C.

DATE OF BURIAL May 16, 1931

20 UNDERTAKER Mrs Kate R. Williams

ADDRESS 3224 Edmondson St

Brec-12-23-21-E.B.R.S.-400 Blks.

E 68753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68753

CERTIFICATE OF DEATH.

27-43 97

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 6517 Harford Rd St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hughs Dorsey Conner

(a) Residence No. 6517 Harford Rd St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Josephine Conner

6-DATE OF BIRTH (month, day and year) Sept 19-1850

7-AGE. 70 yrs. 7 mos. 24 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country). Cave Spring Ga.

PARENTS

10-NAME OF FATHER. Zadoc Cork Conner

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Burnettsville Ga.

12-MAIDEN NAME OF MOTHER. Ruth Catherine Mallory

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Carrollville Ga.

14- (Informant) Ella Josephine Conner

(Address) 6517 Harford Rd.

15- Filed MAY 15 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 13-31

17- I HEREBY CERTIFY, That I attended deceased from Dec 15 1926 to May 13 1931

that I last saw h.m alive on May 13 1931.

and that death occurred, on the date stated above, at 9.05 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(Duration) 4 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) Chas H Hitchcock M. D.

May 14 1931 (Address) Mayfair & Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Greenmount Cemetery

DATE OF BURIAL. May 16 1931

20-UNDERTAKER. Leonard J. Rush

ADDRESS 6405 Sefton

sec.—1-30—M. & T.—250 Bks

154 ✓

E 68754 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68754

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 27-48 ST. WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lester Fairbanks

(a) RESIDENCE NO. 526 Rositer Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Mary B Fairbanks

DATE OF BIRTH (month, day, and year) Sept. 9, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Supervisor

(b) General nature of industry, business, or establishment in which employed (or employer) B. C. & A. R. R. Co

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Samuel H Fairbanks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co Md

12 MAIDEN NAME OF MOTHER Martha Bruff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md

14 Informant Mary B Fairbanks

(Address) 526 Rositer Ave

15 Filed MAY 15 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 9. 1931 to May 15. 1931.

that I last saw h alive on 5-15-'31. 19

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows: Osteomyelitis left tibia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary embolism (duration) spontaneous

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C W Reaze, M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine

DATE OF BURIAL MAY 18 1931

20 UNDERTAKER Robert S Sutte

ADDRESS 2700 EDMONDSON AVE.

...ec.—1-30—M. & T.—250 Blks.

E 68755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68755

CERTIFICATE OF DEATH.

28-63 107-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4216 Hayward Ave. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen May Behringer,

(a) RESIDENCE NO. 4216 Hayward Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of ---------

DATE OF BIRTH (month, day, and year) Sept. 4, 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	8	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None wd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Robert A. Barker,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Catherine J. Harbig,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Hilton D. Feaney

(Address) 4216 Hayward Ave.

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 14 1931

17 I HEREBY CERTIFY, That I attended deceased from May — , 19 25 , to May 14 — , 19 31 ,

that I last saw h alive on May 13 — , 19 31 ,

and that death occurred, on the date stated above, at 7 P M m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia Acute

Supervening upon Chronic Pulmonary Tuberculosis

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Contributory

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? wd

What test confirmed diagnosis? ✓

(Signed) Frank O'Brien M. D.

19 (Address) 125 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL MAY 16 193...

20 UNDERTAKER Geo W Little

ADDRESS 2700 EDMONDSON AVE.

15 1931 C. THOMPSON [illegible], M. D.

Rec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68756 | 31 E 68756

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3434 Piedmont Av 5-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carrie F. Smith

(a) RESIDENCE NO. 3434 Piedmont Av WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~ Married, Widowed, or Divorced (write the word): widowed

~~If married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: William P. Smith

DATE OF BIRTH (month, day, and year): Aug 23 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Carroll Co. Md

10 NAME OF FATHER: Harrod P. Englar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co. Md.

12 MAIDEN NAME OF MOTHER: Caroline Whitleather

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co. Md

14 Informant: Wilbur P. Smith

(Address) 3434 Piedmont Av.

15 Filed MAY 19 1931 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15. 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5 1930 to May 15 1931

that I last saw her alive on May 14 1931

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) 3 yrs mos. ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

5/15 1931 (Address) 1663 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem

DATE OF BURIAL: May 18 1931

20 UNDERTAKER: Geo. W. Settle

ADDRESS 2700 Edmondson Ave.

1-30—M & T.—100 B—50L

E 68757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-001

E 68757

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 30-21 WARD)

2-FULL NAME John L. Pistel

(a) RESIDENCE NO 413 Mt. Holly ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Pistel

6 DATE OF BIRTH (month, day, and year) August 22/ 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Crown & Seal Co

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George Pistel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara xxxxxx

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna E. Pistel
(Address) 413 Mt. Holly St

15 Filed 5/14/31 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of vault of skull from frontal bone to occiput

Accidently fell from press at Crown Cork & Seal Works. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at St. Joseph Hospital

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL May 16 1931

20 UNDERTAKER Geo W Little ADDRESS 2709 Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks.

68758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97-E 68758

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 Holbrook St. Ward 19)

2. FULL NAME Margaret L Donellan

(a) RESIDENCE NO. 1640 Holbrook St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced: HUSBAND of / (or) WIFE of — Single

6 DATE OF BIRTH (month, day, and year) June 21, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas J Donellan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Ohaya

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mr. Thomas J. Donellan 1640 Holbrook St.

15 MAY 5 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 31

17 I HEREBY CERTIFY. That I attended deceased from Jan 29, to May 14, 31

that I last saw her alive on May 13, 31

and that death occurred, on the date stated above, at 12 45 a.m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

Chr. Myocarditis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Impacted Teeth (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. Joseph Toohey M. D.

(Address) 806 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL May 14, 31

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto St.

Spec.—9-30—A. & Co.—250 Blks.

68759 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68759

CERTIFICATE OF DEATH

82-061

1 PLACE OF DEATH Baltimore City Hospitals 6-11 (WARD) REGISTERED NO.

CITY OF BALTIMORE: (No. Barbara Behringer

2 FULL NAME

(a) RESIDENCE NO. 26 N. Linwood Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Aug. 1 [illegible]?

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	84	9	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed ... 19 ... Registrar
15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-14-31

17
I HEREBY CERTIFY, That I attended deceased from 4-29-31, 19..., to 5-14-31, 19...
that I last saw her alive on 5-14-31, 19...
and that death occurred, on the date stated above, at 12:30 A. m.
The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum
(duration) yrs. mos. 29 ds.
CONTRIBUTORY (Secondary) Hypertension
(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padgett. M. D.
5-14 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE- Mt. Carmel — DATE OF BURIAL May 16, 31

20 UNDERTAKER John A. Moran — ADDRESS 3000 E. Balto. St.

C. HAMPSON JOURS, M

Spec.—9-30—A. & Co.—250 Blks.

E 68760 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68760

CERTIFICATE OF DEATH.

131

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 2709 Huntingdon Ave 17-51 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret England

(a) RESIDENCE NO. 2709 Huntingdon Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 9 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of William H. England

6 DATE OF BIRTH (month, day, and year) July 27 1876

7 AGE Years 54 Months 9 Days 17

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Laurence Mc Kittrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) William H. England 2709 Huntingdon Ave.

15 Filed 15 1931

16 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14-1931

17 I HEREBY CERTIFY, That I attended deceased from April 7th, 1931, to May 14th, 1931

that I last saw h w alive on May 14th, 1931

and that death occurred, on the date stated above, at 6 40 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

Cannot say.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George Gilmore M. D.

19 (Address) 28 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL May 16 1931

20 UNDERTAKER Horace F. Burgee ADDRESS 433 Halls Road

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

E 68761

CERTIFICATE OF DEATH

E 68761

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 W. Lee St. 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Gross

(a) RESIDENCE NO. 623 W Lee ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md

PARENTS

10 NAME OF FATHER: Beral Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md

14 Informant: Marie Tuffman

(Address) 623 W. Lee St

15 Filed 5/15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12/1931

17 I HEREBY CERTIFY, That I attended deceased from April 15 19 31, to May 12 19 31,

that I last saw h alive on May 12 19 31

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

Signed 5/31 F. F. Norwood, M. D.

19 (Address) 953 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemty

DATE OF BURIAL: 5/16 1931

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 1398 Whitelock St.

Spec.—1-12-23—M&T—500 Blks.

E 68762

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

V

1-68762

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 S. Charles ST. 23 WARD)

2-FULL NAME Gladys M. Baynes

(a) RESIDENCE NO. 1833 S. Charles ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 28, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Baynes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Marie M. Armbruster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) John Baynes 1833 S. Charles

15 Filed ..... 19 .....

C. HAMPSON JONES, M. D.

15 1931

19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1931

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1931, to May 14, 1931, that I last saw HER alive on May 14, 1931 and that death occurred, on the date stated above, at 11:50 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (duration) yrs. ..... mos. ..... 3 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Ed. H. Campbell M. D.

5/14 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A & B	5-16 1931
UNDERTAKER	ADDRESS
E & B Hasle 115 E	West Av

-30—M. & T.—100 B—50L.

E 68763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 68763

REGISTERED NO. 13-59

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2552 Francis ST. 13-59 WARD

2-FULL NAME William E Welsh.

(a) RESIDENCE NO. 2552 Francis ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura. A. Welsh.

6 DATE OF BIRTH (month, day, and year) Sept. 26 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70.	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Drill Worker
(b) General nature of industry, business, or establishment in which employed (or employer) Steel Plant
(c) Name of employer Pretrich Bros-

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm Welsh.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Elizabeth Brady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Laura. A. Welsh. (Address) 2552 Francis St.

15 FILED 5 1931 C. HAMPSON JONES, M. D., Registrar. Per ....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry. find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Pneumonia

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Chas. H. Norris, M. D. Coroner

(Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral. DATE OF BURIAL 5-18 1931

20 UNDERTAKER E & B Harle ADDRESS 113 E Mt St

Spec.—8-30—A & Co.—200 Blks.

68764 HEALTH DEPARTMENT—CITY OF BALTIMORE 68764

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 625 S Bond St. Ward 17-53

2 FULL NAME Mary Williams Edmond

(a) RESIDENCE NO 625 S Bond St. WARD 17-53
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel H Edmond

6 DATE OF BIRTH (month, day, and year) Jan 5 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer At Home

9 BIRTHPLACE (city or town) (State or country) Canada Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Dr. Hartley Jones 625 S Bond St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 8 . 1931 . to May 12 . 1931

that I last saw h alive on May 12 . 1931

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation.

(duration) 7 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Senile Coronary Sclerosis ; (duration) 5 yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Fo St Brockett M. D.

. 19 (Address) 5830 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL May 16 1931

20 UNDERTAKER H M Cook

ADDRESS 1701 Eutaw

C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

68765 # HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-E 68765

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 W 38th St ST. 13-52 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William C. Mister

(a) RESIDENCE NO. 908 W 38th St ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice L. Mister

6 DATE OF BIRTH (month, day, and year) Jan 25, 1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Caretaker

(b) General nature of industry, business, or establishment in which employed (or employer) Recreation Center

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER William Mister

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Mary Wise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Alice L Mister

(Address) 908 W 38th St

15 1931 by C. HAMPSON JONES, M. D. Registrar

Reg'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to May 15, 1931

that I last saw h living alive on May 14, 1931

and that death occurred, on the date stated above, at 10:0 a. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Ward M. D.

5/15 1931 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St Marys, Hampden

DATE OF BURIAL May 18 1931

20 UNDERTAKER Chenowith & Son

ADDRESS 3615 Chestnut Ave

Cor.—10-10-29—A Co.—100 Bks.

E 68766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

E 68766

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. In front of 530 N. Calvert St., 11 St., 13 Ward)

2-FULL NAME Norman Clifford McIntire.

(a) RESIDENCE NO. 808 N. Calvert St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. ~~mos.~~ ~~ds.~~ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 3, 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	73	1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer): Pa. R. R. System.
(c) Name of employer

9 BIRTHPLACE (city or town) Hagerstown, Md.
(State or country)

PARENTS

10 NAME OF FATHER James H. McIntire.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Chambersburg, Pa.

12 MAIDEN NAME OF MOTHER Eleanora Startzman.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Chambersburg, Pa.

14 Informant Hortense R. Stork. (niece)
(Address) 14 St Martins Rd.

15 Filed 16 1931, 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Eberhardt, M. D.

5/16 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	May 16 1931
20 UNDERTAKER	ADDRESS
Stewart & Co.	Balto.

Cor.—10-10-29—A Co.—100 Bks.

E 68767

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 164 E 68767

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No.) Bon Secours Hospital (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna H. Robinson.

(a) RESIDENCE NO. 501 Shirville Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Robinson

6 DATE OF BIRTH (month, day, and year) June 21 1902

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	28	29	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home wife
(b) General nature of industry, business, or establishment in which employed (or employer) " " 031
(c) Name of employer

9 BIRTHPLACE (city or town) Ireland
(State or country)

PARENTS

10 NAME OF FATHER James Edward Robinson

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant James H. Robinson
(Address) Lutherville Balto Co

15 Filed ____, 19__ Registrar

JUN 16 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poisoning
(Suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. F. Mossburg, M. D.

June 16, 1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Carroll M. E. Cem	May 17 1931
20 UNDERTAKER	ADDRESS
Foley Bros Sons	Towson

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

8768

CERTIFICATE OF DEATH.

46 C 68768

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1703 Fleet ST. 2-14 WARD)

2 FULL NAME [illegible] WILLIAM BRINGMAN

(a) RESIDENCE No 1703 Fleet ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Bringman

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain of Pleasure Yacht, Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 35 Years.

(c) Name of employer

9 BIRTHPLACE (city or town) Bremen
(State or country) Germany

PARENTS

10 NAME OF FATHER John A. Bringman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Agusta Strassner

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant (Address) Mrs. Margaret Bringman (Wife) 1703 Fleet St.

15 6/1931 O. HAMPSON JONES, M. D. Registrar

Filed ... 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1931, to May 12, 1931

that I last saw h/m alive on May 12, 1931

and that death occurred, on the date stated above, at 11.45 P.m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 4 mos. 1/2 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb N Athey M. D.

May 15, 1931 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	May 13, 1931
20 UNDERTAKER	ADDRESS
Henry Sander & Sons, Inc.	Baltimore & Broadway.

...c.—1-30—M. & T.—250 Blks.

E 68769 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68769

23

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 637 W. Mosher st ST. 11-20 WARD)

2-FULL NAME Addison Jones

(a) RESIDENCE NO. 637 W. Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 3rd 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Highways Bureau Balto. City

(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John H. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Owens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Estella Gambrill (Address) 1033 N. Carey St. Balto Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1931 to May 15th, 1931, that I last saw h alive on May 6th, 1931, and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Roentgen

(Signed) Arthur C. Reitzel M. D.

5/15, 1931 (Address) 2221 N. Fulton Av. Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: May 18 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pleasant St

ec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68770

E 68770

CERTIFICATE OF DEATH.

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 Penna Ave ST. 14-59 WARD)

2-FULL NAME Elizabeth Brown Jones

(a) RESIDENCE NO. 2236 Penna Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Jones

DATE OF BIRTH (month, day, and year) 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Lizzie Brown (Address) 2236 Penna Ave

15 Filed ... 19 ... Registrar

C. HAMPSON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-13-31

17 I HEREBY CERTIFY, That I attended deceased from 5-8-, 1931, to 5-13-, 1931, that I last saw her alive on 5-11-, 1931, and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) ... yrs. ... mos 9 da.

CONTRIBUTORY (Secondary) Nephritis

Unknown (duration) ... yrs. ... mos. ... da.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Bennett Bennetta M. D.

5-13, 1931 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL May 16 1931

20 UNDERTAKER Thomas E. Kelson. — ADDRESS 303 Freetman St

-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68771

CERTIFICATE OF DEATH

108 E 68771

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp 17-51 WARD

2-FULL NAME Daniel Gilbert Jr.

(a) RESIDENCE NO 304 W. 28th ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Feb 27 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Daniel Gilbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Madeline Foster

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Madeline Gilbert

(Address) 304 W 28th

15 Filed MAY 16 1931 M. C. H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Lynch, M. D. Coroner

(Address) Boro

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery

DATE OF BURIAL: 5-16-1931

20 UNDERTAKER: Chas. G Cooper

ADDRESS 514 N Calhoun St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68772

95-002 E 68772

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 217 S.Parrish Alley. St.) (Ward) 19-28

2-FULL NAME Thomas Talbott.(C)

(a) RESIDENCE NO. 217 S.Parrish Alley. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Widower.

5a If ~~SINGLE~~, widowed, ~~DIVORCED~~ HUSBAND of ~~WIFE~~ of Henrietta Talbott.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	77	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Annapolis, Md.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Howard Talbott.(C) son.
(Address) 217 S.Parrish Alley.

15 Filed _____, 19__ _____ Registrar

10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. H. Leonhardt, M. D.

5/15 1931 (Address) 1017 N.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL May 18th 1931

20 UNDERTAKER C. Jones — ADDRESS 1114 Gilmor

Form.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68773

CERTIFICATE OF DEATH.

59 √E 68773

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No 1204 W. Charles St. 11-24 WARD

2-FULL NAME Euralia F. Brack

(a) RESIDENCE No 1204 W. Charles St. ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred fifty mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-10-1853

7 AGE: Years 47 Months 6 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Henry Horstoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhelmina Untereker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant (Address) Mrs. Flora 124 Whitemore ave

15 [illegible] 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1931

17 I HEREBY CERTIFY, That I attended deceased from May 13 1931 to May 16 1931.

that I last saw her alive on May 16 1931.

and that death occurred, on the date stated above, at 8:9 a m.

The CAUSE OF DEATH* was as follows:

Diabetis Comma from Diabetis Mellitus

Don't Know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Don't Know (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) J. H. K. Ferguson, M. D.

5-16-31 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: May 19 31

20 UNDERTAKER: Ler. H. Little — ADDRESS: 326 Edmondson ave

Spec.—8-16-29—L. P. S.—100 Bks.

E 68774

HEALTH DEPARTMENT—CITY OF BALTIMORE

1001

92 E 68774

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 1561

CITY OF BALTIMORE: (No. 2215 Elsinor Ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah J. Miles

(a) RESIDENCE NO. 2215 Elsinor Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: J. Hamilton Miles

DATE OF BIRTH (month, day, and year): Oct. 12/1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: Richard Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Burnette

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Loretta M. Tarbell

(Address): 2215 Elsinor Ave

15 6 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15, 1931.

17 I HEREBY CERTIFY, That I attended deceased from April 25, 1931, to May 15, 1931, that I last saw her alive on May 14, 1931 and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) ? 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm. A Strauss, M. D.

5/15, 1931 (Address) 1901 Griffis Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	May 18 1931

20 UNDERTAKER	ADDRESS
Chas. E. Branch	802 Madison Ave

-30—M. & T.—100 B—50L.

E 68775

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68775

CERTIFICATE OF DEATH

82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE—No. West Balto Hosp ST. 18-N WARD

2-FULL NAME Mary F Barrett

(a) RESIDENCE NO. 788 W. Mulberry ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas Barrett

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic 670
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md.

PARENTS

10 NAME OF FATHER Thos Cummings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Catharine Nichols

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Jas Cummings

(Address) 788 W. Mulberry

15 Filed _____, 192 _____ Registrar

C. HAMPSON JONES, M.

6 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. Sudden

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leuk, M. D. Coroner

(Address) May 13 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lochearn Cemetery

DATE OF BURIAL May 16 1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 722 Eutaw

...c.—1-30—M. & T.—250 Bks.

68776 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68776

CERTIFICATE OF DEATH.

REGISTERED NO. 97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Moore

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Widow

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Balto. Maryland

PARENTS

10 NAME OF FATHER Jackie Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Little Sisters of the Poor (Address) Preston & Valley Sts

15 Filed 6-1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from 5/1, 1931, to 5/15, 1931, that I last saw h alive on 5/14, 1931, and that death occurred, on the date stated above, at 5. a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Benedict M. D.

5/16, 1931 (Address) 1216 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	May 18, 1931
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1326 E. Baltimore

-20—M. & T.—100 B—50L

E 68777

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68777

CERTIFICATE OF DEATH

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Brant ST. 17-46 WARD)

2-FULL NAME Sophia Benton

(a) RESIDENCE NO 622 Brant ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 16, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	6	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Benton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Daisy Casey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Daisy Benton

(Address) 622 Brant st.

15 MAY 16 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Lobar Pneumonia

(duration) yrs. mos 4 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

May 16, 1931 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL May 16 1931

20 UNDERTAKER Mrs R. G. Elliott

ADDRESS 225 Eastland ave

Spec.—9-30—A. & Co.—250 Blks.

68778 HEALTH DEPARTMENT—CITY OF BALTIMORE 68778

CERTIFICATE OF DEATH

23L

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 801 Pierce St. 18-76 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nathan Powell

(a) RESIDENCE NO. 801 Pierce St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Nathan Powell

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 04D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Md

PARENTS

10 NAME OF FATHER Henry Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs Nathan Powell 801 Pierce St

15 Filed 16 1931, 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-13-31

17 I HEREBY CERTIFY, That I attended deceased from 5-5, 1931, to 5-13-, 1931

that I last saw h[illegible] alive on 5-12-, 1931

and that death occurred, on the date stated above, at 12,30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M Hargill M. D.

5-16 1931 (Address) 611-11 Carlton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harford Md

DATE OF BURIAL 5/16/31

UNDERTAKER Samuel Buckley

ADDRESS 784 N Bridle

Cor.—10-10-29—A Co.—100 Bks.

E 68779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

† 207 ✓E 68779

REGISTERED NO. 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital Ward)

2-FULL NAME Joseph G. Eckenrode.

(a) RESIDENCE NO. 70 Liberty St. Westminster, Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred None. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower.

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Bessie Eckenrode.

6 DATE OF BIRTH (month, day, and year) December 12, 1879

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	5	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Automobile mechanic.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Westminster, Md.
(State or country)

PARENTS

10 NAME OF FATHER John T. Eckenrode.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Westminster, Md.

12 MAIDEN NAME OF MOTHER Annie Stoner.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Westminster, Md.

14 Informant Vernon Eckenrode. (brother)
(Address) 70 Liberty St. Westminster, Md.

15 Filed C. HAMPSON JONES, M. D. Registrar
6 1931 at

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull,
Punctured wound of the lungs.
Western Maryland R. R. Accident.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Westminster, Md. May, 15, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Charles Eichardt M. D.

5/16 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster St. Johns	5/19 1931
20 UNDERTAKER	ADDRESS
H Bankard & Son	Westminster

Spec.—9-30—A. & Co.—250 Blks.

68780 HEALTH DEPARTMENT—CITY OF BALTIMORE 68780

CERTIFICATE OF DEATH. 144-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1413 Church (St.) 25-77 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Emil Esaar

(a) RESIDENCE NO. 1413 Church St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 9/31

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Emil Esaar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Edna Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Emil Esaar 1412 Church St

15 Filed ..... 19 ; 1017 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16/31

17

I HEREBY CERTIFY, That I attended deceased from 5/10 , 1931 , to 5/16 , 1931

that I last saw ~~him~~ alive on 5/15 , 1931

and that death occurred, on the date stated above, at 4:00 p.m.

The CAUSE OF DEATH* was as follows:

Foreign body in trachea

2 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Collapse 1 hr.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

. 19 (Address) 2030 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross

DATE OF BURIAL May 16 1931

20 UNDERTAKER Frank Cronchey

ADDRESS 1406 Gilmor

HAMPSON JONES, M. D.

6 1931

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68781 (1) CERTIFICATE OF DEATH 93-001 68781

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 29 N Clinton St. 26-11 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Habicht

(a) RESIDENCE NO. 29 N Clinton St. WARD

(If usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed or divorced: HUSBAND of (or) WIFE of: Frank L. Habicht

6 DATE OF BIRTH (month, day, and year): Jan 28 1873

7 AGE: Years 58 Months 3 Days 10/20

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Paul Habicht

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Antonette Jungblutt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Frank L. Habicht 29 N Clinton St.

6 1931 15 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1931 to May 14 1931

that I last saw her alive on May 12 1931

and that death occurred, on the date stated above, at 7 0 m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis (duration) Gradual

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) Horace B. Tilson M. D.

5/15 1931 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem Catonsville

DATE OF BURIAL: May 17 1931

ADDRESS: 2008 Orleans

Spec.—9-30—A. & Co.—250 Blks.

E 68782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 68782

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 302 Edgevale Road 27-53 WARD

2 FULL NAME Margaret Putnam Lilly

(a) RESIDENCE NO. 302 Edgevale Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm D Lilly

6 DATE OF BIRTH (month, day, and year): July 2-1876

7 AGE: Years 54 Months 10 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Quincy, Mass

PARENTS

10 NAME OF FATHER: Rev. Alfred Porter Putnam

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: E. K. Butterick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Wm D Lilly 302 Edgevale Road

MAY 16 1931 C. HAMPSON JONES, M. D.

Per: Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from April, 1926, to May 15th, 1931

that I last saw h[illegible] alive on May 15th, 1931

and that death occurred, on the date stated above, at 6.30 P M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast (right)

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY Carcinomatosis: metastasis to cervical glands, peritoneum etc.

(Duration) — yrs. 5 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of April 1926

Was there an autopsy? No

What test confirmed diagnosis? Microscopic & clinical

(Signed) Louis P. Hamburger M. D.

May 16, 1931 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: May 18 1931

UNDERTAKER: Kenny H. Perkins

ADDRESS: McCulloh & Orchard

Spec.—9 30—A. & Co.—250 Blks.

E 68783

68783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 1315

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3132 Fait ave. St. 1-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rosanna Coy

(a) RESIDENCE NO. 3132 Fait ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh Coy

6 DATE OF BIRTH (month, day, and year) Oct. 1- 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	14/13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 0 3 1

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Matt. McQuade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant James Coy

(Address) 2332 Fait Ave.

15 Filed 16 1931 J. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14-1931

17

I HEREBY CERTIFY, That I attended deceased from April 1st, 19 31, to May 14, 19 31

that I last saw h& alive on May 13, 19 31

and that death occurred, on the date stated above, at 2 25 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Chronic Nephritis

Debility of aged.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C

(Signed) T Joseph Toohey M. D.

, 19 (Address) 800 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem.

DATE OF BURIAL May 18 19 31

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager St

—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68784

82-001 E 68784

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 918 W Franklin ST. 18-Da WARD)

2-FULL NAME Eugene H Johnson

(a) RESIDENCE NO. 918 W Franklin ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of Eugenia

7 DATE OF BIRTH (month, day, and year) ____ 1885

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	46			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ella Johnson
(Address) 918 W Franklin St

15 Filed MAY 16 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1931, to May 13, 1931, that I last saw h__ alive on May 12, 1931, and that death occurred, on the date stated above, at 5:10 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos 7 ds.

CONTRIBUTORY (Secondary)
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? M Date of ____

Was there an autopsy? M

What test confirmed diagnosis? Clinical

(Signed) H Bryan Jones, M. D.

____, 19 (Address) ____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 5/16 1931

20 UNDERTAKER Wm. Jos. A. Holland — ADDRESS 1631 Druid Hill

H. HAMPSON JONES, M. D.

Spec.—7-17-26—A Co.—200 Bks.

E 68785

HEALTH DEPARTMENT—CITY OF BALTIMORE

162 E 68785

CERTIFICATE OF DEATH

1-PLACE OF DEATH Aged Mens Home REGISTERED NO.

City of BALTIMORE: (No. 1400 W Lexington St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W Barry

(a) RESIDENCE NO. 1402 W Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 16 1851

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER John W Barry

11 BIRTHPLACE OF FATHER (City or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Amelia Clayton

13 BIRTHPLACE OF MOTHER (City or town) Balto Md

(State or country)

14 Informant Mrs Mary [redacted]

(Address) [redacted]

15 Filed 6 1931 By C. HAMPSON M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1931

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1927 to May 16, 1931.

that I last saw him alive on April 1931

and that death occurred, on the date stated above, at 10:25 A.M.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin B Jarrett M. D.

, 19 (Address) 1116 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park	May 19 1931
20 UNDERTAKER George E Smith	ADDRESS [redacted] Holliday

Spec.—9-30—A. & Co.—250 Blks.

68786 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 VOL 68786

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3605 Haywood Ave (St.) (WARD) 97-55

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah A. Kemp

(a) RESIDENCE NO. 3605 Haywood Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
~~(wife)~~ (or) WIFE of the late Lewis Kemp

6 DATE OF BIRTH (month, day, and year) Feb. 12/49

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co.

PARENTS

10 NAME OF FATHER Abijah Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia Hooker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Grace W. Kemp
(Address) 3605 Haywood Ave

15 [illegible] 6 1931 Co. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16/31

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1931, to May 16, 1931

that I last saw h alive on May 15, 1931

and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardio-Renal Disease —

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation —

(duration) yrs. mos. 2½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) John Zeile M. D.

May 17, 1931 (Address) 207 S. Medical Arts Bldg

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hebron Winchester Virginia

DATE OF BURIAL 5/17 1931

20 UNDERTAKER Philip Herwig

ADDRESS 2816 Orleans St

...—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68787

V-02 68787

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apt. 1 ST. (OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Schloss

(a) RESIDENCE NO. Marlborough Apts ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
or) WIFE of Ida Schloss

DATE OF BIRTH (month, day, and year) April 8/1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clothing

(b) General nature of industry, business, or establishment in which employed (or employer) Mnfgr.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Moses Schloss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Zetta Hamburger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. M. Schloss

(Address) 1406 Eutaw Place

15 Filed ..... 19..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 9th, 1931, to May 15th, 1931, that I last saw him alive on May 15th, 1931, and that death occurred, on the date stated above, at 10 50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral arterial thrombosis (left hemiplegia)

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) Acute pulmonary oedema; Cardiac dilatation (duration) — yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of — —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Louis P. Hamburger, M. D.

May 16, 1931 (Address) 1207 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Levi. Hebrew Con.

DATE OF BURIAL 5/17/1931

20 UNDERTAKER Harris Sonnheim Sons

ADDRESS 1902 Eutaw Place

C 1931

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 68788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 68788

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (a) No. 700 Dungan ave. ST. 13-WARD

2-FULL NAME Alverda Mary Wheeler

(a) RESIDENCE. NO. 700 Dungan ave ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Wheeler

6 DATE OF BIRTH (month, day, and year) March 4, 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min
63	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home wife

(c) Name of employer: Own home

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Joseph Kittle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Interment (Address): Raymond C. Harris 700 Dungan ave Balto Md

15 Filed 17 1931 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1929, to May 14-th, 1931, that I last saw h[illegible] alive on May 14th, 1931, and that death occurred, on the date stated above, at 9.20 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia (duration) [illegible] yrs. [illegible] mos. [illegible] ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Chemical Lab

(Signed) W. G. Fellows, M. D.

5/16, 1931 (Address) 701 Fawn Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Near Savage Md	May 18 1931

20 UNDERTAKER: Lloyd Kaiser ADDRESS: Laurel Md

Spec.—9-36—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68789 68789

CERTIFICATE OF DEATH

82-002

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 4147 Eierman Ave. ST.) 26-41 (WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME VIRGINIA ELIZABETH WILSON.

(a) RESIDENCE NO. 4147 Eierman Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: John C. Wilson

6 DATE OF BIRTH (month, day, and year): 4-1-147

7 AGE — Years: 83 — Months: 9 — Days: 5 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph Lott.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Betty Dixon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): John T. Wilson 4147 Eierman Ave

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-15-31

17 I HEREBY CERTIFY, That I attended deceased from 5/5/31, 19 ..., to 5/15/31, 19 ..., that I last saw (alive) on 5/14/31, 19 ..., and that death occurred, on the date stated above, at 5.6 m.

The CAUSE OF DEATH was as follows:

Cerebral thrombosis
Pulmonary oedema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Sumwalt M. D.

5/15/31 (Address) 4706 Harford Road

If Death Was Due to External Causes (Violence) State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Church — DATE OF BURIAL: May 19, 19

20 UNDERTAKER: H. Howard Evans — ADDRESS: 926 Fort Ave

Spec.—9-29—A. A. Co.—250 Blks

John H. Smith ✓

C 68790 HEALTH DEPARTMENT—CITY OF BALTIMORE C 68790

CERTIFICATE OF DEATH 131

REGISTERED No. 24-33 (WARD)

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1265 William St. WARD)

2 FULL NAME John H. Smith.

(a) RESIDENCE No. 1265 William ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cloth M Smith.

6 DATE OF BIRTH (month, day, and year) July 2 1867.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63.	9.	13.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work B. & O. R. R. 43
(b) General nature of industry, business, or establishment in which employed (or employer) Conductor.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Smith.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Sarah Adler.
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant M
(Address) 1265 William St.

15 Filed JUL 7 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 22 1931 to May 15 1931
that I last saw h living alive on May 15 1931
and that death occurred, on the date stated above, at 9.10 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? —

(Signed) J. Whitridge M.D. M. D.
5/16 1931 (Address) 1219 William St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bait. Cemetery DATE OF BURIAL May 18 1931

20 UNDERTAKER Howard Evans ADDRESS 6 Hartley

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68791 ✓ 46 E 68791

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1129 Bayard St. 21-28 WARD)

2 FULL NAME Charles E. Gardiner

(a) RESIDENCE NO. 1129 Bayard St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Gardiner

6 DATE OF BIRTH (month, day, and year) April 11, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particulnr kind of work: Rigger

(b) General nature of industry, business, or establishment in which employed (nr employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Hamstead Md

PARENTS

10 NAME OF FATHER: Carnelius Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Emily Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant: Mary Downey
(Address) 1129 Bayard, St.

MAY 17 1930 Filed, HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr. 29, 1931, to May 15, 1931

that I last saw h... alive on May 14, 1931

And that death occurred, on the date stated above, at 9:50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) M. B. Triguet M. D.

19 (Address) 1324 N. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 5/18 1931

20 UNDERTAKER: Frederick A. Cole — ADDRESS: 2008 W. Lombard

pec.—9-30—A. & Co.—250 Blks.

E 68792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 E 68792

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 2024 W. Saratoga St. 70-27 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie A. Heflin

(a) RESIDENCE No 2024 W. Saratoga St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Heflin

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1854

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Orange Va.

PARENTS

10 NAME OF FATHER William A. Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sarah Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant William A. Heflin
(Address) 2324 W. Saratoga St.

15 Filed ..., 19... H. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931, to May 16, 1931

that I last saw her alive on May 13, 1931

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthenia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Theo. A. Schrader, M. D.

May 16 31 (Address) 3610 Hoffman Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	May 18 19 31

20 UNDERTAKER Frederick A. Cole ADDRESS 1200 W. Lombard

Gklair ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

68793 68793

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, INC. Sinai Hospital ST. 14-50 WARD

2 FULL NAME Wolf Klair

(a) RESIDENCE NO. 2107 Lemmon ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Married

6a If married, widowed or divorced, HUSBAND of (or) WIFE of: Fannie Klair

6 DATE OF BIRTH (month, day, and year): Dec 21 1863

7 AGE: Years 67 | Months 4 | Days 25 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lithuanian

PARENTS

10 NAME OF FATHER: Abraham Klair

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Anna Koffel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Interment: Ralph Schroeder

(Address) 207 Lemmon

15 Date: 5 17 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/16/31

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 16, 1931

that I last saw h alive on May 16, 1931

and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. L. Levin M. D.

5/16, 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beth Tefiloth Cem. Windsor Mills Rd

DATE OF BURIAL: 5/17 1931

20 UNDERTAKER: Jack Lewis Inc 1439

ADDRESS: [illegible]

...c.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68794

CERTIFICATE OF DEATH.

50 E 68794

16-67

REGISTERED NO.

1-PLACE OF DEATH

...ITY OF BALTIMORE: (No. 3019 Presstman ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Miriam Leister,

(a) RESIDENCE NO. 3019 Presstman ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced (HUSBAND of or) WIFE of Edwin F. Leister,

DATE OF BIRTH (month, day, and year) Nov. 5. 1872

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	58	6	11	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Alexander Forsyth,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elenor C. Coleman,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Edwin F. Leister

(Address) 3019 Presstman St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 16 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1931 to May 16, 1931.

that I last saw her alive on May 16, 1931.

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Breast

(duration) 6 yrs. mos. da.

CONTRIBUTORY (Secondary)

Carcinoma - Liver (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of (Breast 6 yrs ago)

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. A Strauss, M. D.

5/17, 1931 (Address) 1901 Griffis Av

*State the Disease Causing Death, or if death from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL MAY 18 1931

20 UNDERTAKER Geo W Settle

ADDRESS 2700 EDMONDSON AVE.

Type—9-28—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68795

CERTIFICATE OF DEATH

92-001

68795

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 N Caroline St ST.) (WARD) 9-17

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles S Rossiter

(a) RESIDENCE NO. (If usual place of abode) 1712 N Caroline st ST. WARD

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Rossiter

6 DATE OF BIRTH (month, day, and year) Oct 30 th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7 6	16 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Ship Builder

(b) General nature of industry, business, or establishment in which employed (or employer): 0 1/2

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER John R Rossiter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Iceland

12 MAIDEN NAME OF MOTHER Mary A Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant: Mary A Rossiter

(Address) 1712 N Caroline st

15 (Filed) MAY 17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 4 1931 to May 16 1931

that I last saw him alive on May 15 1931

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Decalcification of heart

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Senile vascular disease of heart

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John W Sanderson M. D.

19 (Address) 1714 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

UNDERTAKER: John Ulrich

DATE OF BURIAL: May 18 1931

ADDRESS: 2108 Gilham

Cor.—10-10-28—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68796

178-001

E 68796

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1834 W.Pratt St. St. 14-28 Ward)

2-FULL NAME William F.Dinges.

(a) RESIDENCE NO. 1834 W.Pratt St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 4 ds. How long in U. S., if of fareign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divarred HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 11,1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John Dinges.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Maykrantz.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Charles H.Dinges.(brother)
(Address) Shady Nook, Rd Catonsville, Md.

15 Filed AUG 17 1931 WILLIAM F. HAMPSON JONES, M. D. Registrar

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Occidental illuminating gas asphyxia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardt, M. D.

5/16. 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL May 18 31

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul

Spec.—9-30—A. & Co.—250 Blks.

E 68797

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68797

CERTIFICATE OF DEATH

131

REGISTERED NO. 27448

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 Homeland Ave. ST. WARD 8)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Turcan Hockaday

(a) RESIDENCE NO. Govans ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 24th 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frank Hockaday

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elsie L Arthur

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Frank Hockaday 432 Homeland Ave

15 Filed MAY 17 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15th 1931

17

I HEREBY CERTIFY, That I attended deceased from April 1 1931 to May 15 1931

that I last saw h[illegible] alive on May 15 1931

and that death occurred, on the date stated above, at 5.45 P m.

The CAUSE OF DEATH* was as follows:

Ch. Myocarditis, Ch. Endocarditis,
Ch Sub-Nephritis · Acute pericarditis

(duration) 2+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) D. W. Bishop M. D.

(Address) 581 Sheridan Av

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Govans Presby Cemetery	5/18/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68798 — 31-001 E 68798

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 502 W. 33rd St. WARD) 52-46

2-FULL NAME Joseph H. White

(a) RESIDENCE No 502 W. 33rd St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Mary L. White

6 DATE OF BIRTH (month, day, and year) Nov 30th 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	-	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Harrison C White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen H Harvey cut

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Donald V. White
(Address) 502 W. 33rd St

15 Filed MAY 17 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15th 1931

17
I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1930, to May 15th, 1931
that I last saw h[illegible] alive on May 15th, 1931
and that death occurred, on the date stated above, at 6:30 P M
The CAUSE OF DEATH* was as follows:
Pernicious Anaemia

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood-Test

(Signed) Jefferson Buck M. D.

5/17 1931 (Address) 5 Club Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL 5/18/1931

20 UNDERTAKER: Wm Cook — ADDRESS 1217 St Paul St

C. HAMPTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68799

CERTIFICATE OF DEATH

108 E 68799

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 347 Forrest St. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Braxton

(a) RESIDENCE NO. 347 Forrest St. WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jeannie Braxton

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Remingville Co Va

PARENTS

10 NAME OF FATHER James Braxton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Annie Beatty (Address) 347 Forrest St

15 Date received 5-17-31 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-16-31

17 I HEREBY CERTIFY, That I attended deceased from 5-2-31 to 5-16-31

that I last saw living on 5-16-31

and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Cystic Pneumonia

Lobar

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. Allen M. D.

5-17 1931 (Address) 58 Augusta St

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mount Lebanon — DATE OF BURIAL 5/18/31

20 UNDERTAKER Byron Wright ADDRESS 1410 W Lafayette

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 68800

E 68800

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital. St. 12-19 Ward)

2-FULL NAME Wilson A. Landis.

(a) RESIDENCE NO. Guilford Apartments. North & Guilford Aves. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower.

5a If ~~single, widowed, or divorced~~ HUSBAND of ~~wife of~~ Jennie Landis.

6 DATE OF BIRTH (month, day, and year) July 26, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	9	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Detective.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Landis, Wright & Layton.

9 BIRTHPLACE (city or town) (State or country) Ledrachville, Pa.

PARENTS

10 NAME OF FATHER George Landis.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Susan Alderfer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant John A. Landis. (son)
(Address) 5004 Catalpha Rd.

15 Filed 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Maryland Trust Bldg. May 14, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. Reinhardt M. D.

5/15 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: May 18 1931

UNDERTAKER: Wm. J. Gickener & Sons — ADDRESS: N. Pa

C. HAMPSON JONES, M. D.

Important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks.

68801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH BALTIMORE CITY HOSPITALS

REGISTERED NO E 68801

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 25-32 ST. WARD)

2 FULL NAME Louis P. Alrich

(a) RESIDENCE NO South Ave. Westport ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15 — ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68?	10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER Lucas Alrich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Matilda Cann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Records) (Address) BALTIMORE CITY HOSPITALS

15 MAY 17 1931 Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1931.

17

I HEREBY CERTIFY, That I attended deceased from Jan. 3, 19 31, to May 16, 19 31

that I last saw him alive on May 16, 19 31

and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Embolism, cerebral

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? In Hanna's Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

(Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cheltenham Md.

DATE OF BURIAL. May 19 31

20 UNDERTAKER Brenowitzlow

ADDRESS 315 Gilmor

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68802 ✓ 108 E 68802

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 31 W Lanvale St. 23-31 (WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Carrie B. Taylor

(a) RESIDENCE No. 31 W Lanvale St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. T. Taylor

6 DATE OF BIRTH (month, day, and year) Oct 2 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Geo. W. Downs.

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mrs. N. Downs
(Address) 1009 S. Stone St.

15 Filed 7 1931 19 H.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 '31

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to May 14, 1931

that I last saw h[illegible] alive on May, 1931

and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) D. Harrell M. D.

5/15, 1931 (Address) Northampton.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR CREMATION OF REMAINS: Mt. Calvary — DATE OF BURIAL: 5/16 1931

20 UNDERTAKER: Edmund Hemsley — ADDRESS: 1128 N Eutaw

10—M. & T.—100 B—50L.

68803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 68803

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital ST., 9-13 WARD)

2-FULL NAME Wesley Johnson

(a) RESIDENCE NO 506 McDonough ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Johnson

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Marie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Roy
(Address) 506 McDonough St

15 Filed 6-1 1931 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Hemorrhagic Nephritis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) Probably fatty chronic Nephritis (duration) ..... yrs. 4 mos. ..... ds.

18 Where was disease contracted if not at place of death? ..... In Asylum

Did an operation precede death? No Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) James M Anderson, M. D. Coroner

5-14 1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

DATE OF BURIAL May 16 1931

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Ashland Ave

pec.—9-30—A. & Co.—250 Blks.

E 63804

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63804

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1217 Mc Elderry ST. 5-8 WARD)

2 FULL NAME Emma Hankins

(a) RESIDENCE NO. 1217 Mc Elderry ST. .....WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Hankins

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 10

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Emmanuel Valentine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hettie Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lottie Wilson
(Address) 1217 Mc Elderry

15 May 17 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 12, 1931, to May 14, 1931

that I last saw h.. alive on May 14, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Cancer dilatation of heart.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Cancer Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) [illegible] M. D.

5-17-31 (Address) 507 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	May 17, 1931
20 UNDERTAKER	ADDRESS
Mrs. B. A. Elliott	1125 Eastlake

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63805

CERTIFICATE OF DEATH.

E 63805

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 9-46 23 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ella Upshur

(a) RESIDENCE NO. 634 E. 28th st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Upshur

6 DATE OF BIRTH (month, day, and year) Apr. 5, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown 041

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Rock Hill South Carolina

PARENTS

10 NAME OF FATHER Toad Pride

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina

12 MAIDEN NAME OF MOTHER Katie Bamett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina

14 Informant Hospital Records
(Address)

15 [illegible] 19 Registrar

1 7 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 14, 19 31, to May 16, 19 31

that I last saw h er alive on May 16, 19 31

and that death occurred, on the date stated above, at 2.30 a. m.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Tenner M. D.

5-16 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or If deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary cty	May 18, 19 31
20 UNDERTAKER Mrs. R. L. Elliott	ADDRESS 1725 Rutland Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68306

CERTIFICATE OF DEATH.

108

E 68306

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) Mercy Hospital ST. 24-35 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cabel Rice

(a) RESIDENCE NO. 1600 Latrobe ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced WIFE of: Lena Rice

6 DATE OF BIRTH (month, day, and year): ? Unknown,

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Thomas Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Branch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Hospital Records

15 MAY 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/15/31

17 I HEREBY CERTIFY, That I attended deceased from 5/3, 1931, to 5/15, 1931

that I last saw him alive on 5/15, 1931

and that death occurred, on the date stated above, at 10:50 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) G Bowie Marsden Jr. M. D.

5/15, 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: May 18 1931

20 UNDERTAKER: Mrs. R. A. Elliott

ADDRESS 1725 Ashland Ave

Rec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

63807

CERTIFICATE OF DEATH. 20-69 92-001 E 63807

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2210 E. Pratt Street ST. WARD)

2 FULL NAME Maryanna Lis

(a) RESIDENCE NO. 2210 E. Pratt Street ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Lis

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Domian

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Mr. Sliwinski 2210 E. Pratt Street

15 Filed MAY 19 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15 1931

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1930, to May 15, 1931

that I last saw h alive on May 15, 1931

and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) One yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical signs & symptoms

(Signed) Samuel Silverstein M. D.

. 19 (Address) 22 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL May 18 1931

20 UNDERTAKER John M Wilber ADDRESS 4018 Chester Ave

pec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 E 68808

82 E 68808

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2402 Orleans) (WARD 6-10)

2 FULL NAME Frederick Martin

(a) RESIDENCE NO 2402 Orleans ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Anna M Martin

6 DATE OF BIRTH (month, day, and year) May 19 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	72	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 043

(b) General nature of industry, business, or establishment in which employed (or employer): merchant.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or ~~town~~) (State or country)

14 Informant (Address): Anna M. Martin 2402 Orleans

15 Filed MAY 17 1931 C. HAMPSON JONES, M. D. Registrar No. 717

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15-31

17

I HEREBY CERTIFY, That I attended deceased from 5-13, 1931, to 5-15, 1931 that I last saw him alive on 5-15, 1931 and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward J Coyle M. D.

5/16/31 (Address) 413 N Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul's Lutheran

DATE OF BURIAL 5/18 1931

UNDERTAKER: J. J. Doran

ADDRESS E Baltimore

pec.—9 30—A. & Co.—250 Blks.

68809 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 68809

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. WARD 17-30

2 FULL NAME Rev. Edward L. Devine

(a) RESIDENCE NO. 115 W. Lee St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec 1871

7a AGE: Years 59 | Months 6 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Priest 165

(b) General nature of industry, business, or establishment in which employed (or employer): Roman Catholic

(c) Name of employer: Church

9 BIRTHPLACE (city or town) (State or country): Dundalk Md.

PARENTS

10 NAME OF FATHER: Edw. J. Devine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ire.

12 MAIDEN NAME OF MOTHER: Margaret Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ire.

14 Informant: Chas. Devine

(Address): Providence, R.I.

15 Filed 1 7 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1931.

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to May 14, 1931

That I last saw h[illegible] alive on May 14, 1931

and that death occurred, on the date stated above, at 4:30 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Chas. D. Stiles Jr. M. D.

19 (Address) Bon Secours Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cem. Cathedral Bem. | DATE OF BURIAL: 5/18/1931

20 UNDERTAKER: J. A. Moran | ADDRESS: E. Baltimore

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63810

CERTIFICATE OF DEATH.

93-0A 63810

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 408 N. Eastern Ave ST.) 6-11 (WARD)

2. FULL NAME Mary C. Morris

(a) RESIDENCE NO 408 N. Eastern Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 86 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, ~~divorced~~ (or) WIFE of: Robt Ray
Wm Morris

6 DATE OF BIRTH (month, day, and year): April 14-1845

7 AGE: Years 86 | Months 1 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Jn. Vosty.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Trotsbaum

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Mary E. Burkert 408 N Eastern Ave

15 Filed 5-11 1931 Registrar: HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 14-1931

17 I HEREBY CERTIFY, That I attended deceased from 5/10, 1931, to 5/14, 1931

that I last saw her alive on 5/13- , 1931

and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia.

(duration) yrs. mos 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) W. J. Bryan M. D.

5/15 1931 (Address) 1988 N Eastern Ave Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto County — DATE OF BURIAL: 5-14 1931

20 UNDERTAKER: Leonard J Rusk — ADDRESS: 1405 Lafayette

Spec.—9-30—A. & Co.—250 Bks

✓ 68811

E 68811 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 23 E 68811

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 18-29 REGISTERED NO.

CITY OF BALTIMORE: (No ST. WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Margaret Barcey

(a) RESIDENCE NO. 835 W. Lombard St. ~~513 N. Howard St.~~ ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Unknown~~ George Barcey

6 DATE OF BIRTH (month, day, and year) 6-20-~~75~~ 76

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	54 ~~55~~	10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Edward Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Anna Everett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: Hospital Records

(Address)

15 Filed MAY 7 1931, 19__ HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1930, to May 15, 1931

that I last saw her alive on May 15, 1931

and that death occurred, on the date stated above, at 3.40 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardio-vascular disease

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Sumner M. D.

5-15, 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: May 19, 19 31

20 UNDERTAKER: Geo. B. Cook

ADDRESS: 1003 West Baltimore St

Cor—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 V 68812

E 68812

REGISTERED NO. E 68812

1-PLACE OF DEATH

City of BALTIMORE: (No. West Baltimore General Hospital 18-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry J. Hafner

(a) RESIDENCE NO. 1006 W. Baltimore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestine I. Hafner

6 DATE OF BIRTH (month, day, and year) September 29, 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	51	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) Frederick

(State or country) Maryland

PARENTS

10 NAME OF FATHER Mr. Hafner

11 BIRTHPLACE OF FATHER (city or town)

(State or country) U. S.

12 MAIDEN NAME OF MOTHER Fannie Hafner

13 BIRTHPLACE OF MOTHER (city or town) Frederick

(State or country) Maryland

14 Informant Mrs. Ernestine I. Hafner

(Address) 1006 W. Baltimore St.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aneurism (Cardiac)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ruptured Aneurism

(duration) yrs. mos. ds.

(Signed) Coroner M. D.

May 18th (Address) North Ave. and Division St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial May 18 1931

20 UNDERTAKER Joseph S. Cook ADDRESS 1003 West Baltimore St.

30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68813

CERTIFICATE OF DEATH

E 68813

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4-30 Wards

2-FULL NAME Jack Harman Crooks

(a) RESIDENCE NO. Harrisonville Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct 17 1922

7 AGE — Years: 4 — Months: 6 — Days: 21 — If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Harmon Crooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Perry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Harmon Crooks

(Address) Harrisonville Md

15 Filed ..... 1931 ..... J. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1- Fractured skull, crushed down by auto

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fractured skull Coachy

(Duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Harrisonville Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) L. E. Krause M. D.

19 (Address) 2934 W. Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woods Cem Md

DATE OF BURIAL: 5/19 1931

20 UNDERTAKER: H. W. Cook

ADDRESS: 1217 E. Fort Ave

Rec.—9 30—A. & Co.—250 Blks

68814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68814

REGISTERED NO. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard Street (WARD) 9-47

2 FULL NAME Mary E. Arthur

(a) RESIDENCE NO. 914 W. 38th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest E. Arthur

7 DATE OF BIRTH (month, day, and year): Nov 5, 1883

8 AGE: Years 47 | Months 6 | Days 13 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): md.

PARENTS

11 NAME OF FATHER: Joseph Smith

12 BIRTHPLACE OF FATHER (city or town) (State or country): md.

13 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Ernest E. Arthur 914 W 38th St

Dec 18 1931 C. HAMPSON JONES, M. D. Registrar

Reg

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from 5/16/31, 19 , to 5/18/31, 19

that I last saw h[illegible] alive on 5/18/31, 19

and that death occurred, on the date stated above, at 3:00 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

? (duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Peritonitis (pneumococcus)

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 5/16/31.

Was there an autopsy? no

What test confirmed diagnosis? Laboratory, Physical.

(Signed) W. Lee Mateer M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: May 20, 1931

21 UNDERTAKER: Thanhauser Son

ADDRESS: 36 E Chestnut Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68815

CERTIFICATE OF DEATH

82-001

E 68815

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 3512 Hayward av St. 27-55 Ward

2-FULL NAME Adam Stone

(a) RESIDENCE No. 3512 Hayward av St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W

5 Single, Married, Widowed or Divorced, (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Ida M. Stone

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Harry Stone

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Ida M. Stone
(Address) 3512 Hayward av

15 Filed . 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

5/16 1931 (Address) 3632 St Paul av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge.

DATE OF BURIAL May 18 1931

20 UNDERTAKER H. L. Shanowalt & Son

ADDRESS 3 E Chestnut ave

MAY 16 1931 C. HAMPSON JONES M. D.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68816

E 68816

CERTIFICATE OF DEATH. 18

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 27-56 WARD 6

2 FULL NAME Baby Elaine Stuck

(a) RESIDENCE No. 4421 Pall Mall Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov 21-1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	22½	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Raymond Stuck

11 BIRTHPLACE OF FATHER (city or town) (State or country) U.S

12 MAIDEN NAME OF MOTHER Rebecca Levin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Raymond Stuck

(Address) 4421 Pall Mall Road

15 Filed 1-8-1931 G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1931, to May 17, 1931

that I last saw h alive on May 17, 1931

and that death occurred, on the date stated above, at 5:55 P. m.

The CAUSE OF DEATH* was as follows:

(Meningococcus Meningitis) Cerebrospinal Fever 30

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal fluid culture

(Signed) M. L. Levin, M. D.

5/17 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Herbert Rosedale Cem. DATE OF BURIAL 5/18 1931

20 UNDERTAKER Jack Levin ADDRESS 1439 Eastern Ave

Rec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE 68817

68817

CERTIFICATE OF DEATH. REGISTERED NO. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No Belvidere & Greenspring Ave. St. 27 Ward 4

2 FULL NAME Etta Schneider

(a) RESIDENCE NO Belvidere & Greenspring St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Samuel Schneider (deceased)

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 75; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: David Lippman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Belvidere & Greenspring

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-17-31

17 I HEREBY CERTIFY, That I attended deceased from 10-15, 1931, to 5-17, 1931

that I last saw her alive on 5-17, 1931

and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Chr. cardio vascular disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Edmund Levin M. D.

5/17, 1931 (Address) Levindale

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Wash Road — DATE OF BURIAL: 5/18 1931

20 UNDERTAKER: Jack Levis ADDRESS: 1429 Eutaw St

C. HAMPSON JONES, M. D.

MAY 18 1931

30—M. & T.—100 B—50L

68818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 68818

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Emmy Dr. Hospital 1 WARD

2-FULL NAME Mary E. Shields

(a) RESIDENCE NO. 540 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: nde

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: James Hayes (Address) 142 Union Ave

Filed 1930 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Sudden

(duration) yrs.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Lurk, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: May 18 1931

20 UNDERTAKER: John H. Jackson

ADDRESS: 1021 Druid Hill Ave

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68819

CERTIFICATE OF DEATH.

E 68819

REGISTERED No. 124-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 16-26 ST. WARD

2-FULL NAME Lizzie Garnett

(a) RESIDENCE NO. 906 Sarah Ann ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced (or) WIFE of Frederick Garnett

6 DATE OF BIRTH (month, day, and year) July 4 — ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53(?)	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Launders.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Nicholson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary - ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Ward D BALTIMORE CITY HOSPITALS

15 Filed May 16 1931. C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1931.

17 I HEREBY CERTIFY, That I attended deceased from March 27, 19 31, to May 16, 19 31

that I last saw h[er] alive on May 16, 19 31

and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver (Not alcoholic)

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from esophageal varix (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1 Hour 2 Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam

(Signed) Paul Podgel. M. D.

5-17 1931. (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL May 19 1931

25 UNDERTAKER A. Jones

ADDRESS, Md. Selma

30—M & T—100 B—50L

E 68820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7/2-801 E 68820

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 27-43 (RD)

2-FULL NAME HENRY LOUIS SALOMONE

(a) RESIDENCE NO 2813 Roselawn Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) April 22.1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	0	22 21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER R. Louis Salomone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rothal Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Rothal Salomone (Mother)
(Address) 2813 Roselawn Ave.

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Lymphoid Leukemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D. Coroner
5/19/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Loudon Park Cemetery

DATE OF BURIAL
May 18, 19 31

UNDERTAKER
Henry Sander & Sons, Inc.

ADDRESS
Baltimore St. & Broadway.

Cor.—12-9-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68821

CERTIFICATE OF DEATH.

× 79-081

E 68821

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) John Hopkins Hospital (Ward) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernice Wells

(a) RESIDENCE NO. Sinage Farm Rd. North Pt. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced (write the word): Single.

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 6, 1931

7 AGE: Years 54 Months Days 10 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Ernest Wells

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elena Wells

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Ernest Wells
(Address) Sinage Farm Rd.

15 Filed MAY 18 1931 19 Reg. No.

THOMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions

(No autopsy)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Meningitis ?

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John R. Walker M. D.
(Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary, Date of Burial May 18 1931

20 UNDERTAKER Mrs R. G. Elliott ADDRESS Westminster

...pec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68822

92-001 E 68822

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1752 Orleans st. 6-9 WARD)

2 FULL NAME John C. Ritzel

(a) RESIDENCE NO. 1752 Orleans st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella H. Ritzel

6 DATE OF BIRTH (month, day, and year): Sept 22/55

7 AGE: Years 75 | Months 7 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Broom Maker
(b) General nature of industry, business, or establishment in which employed (or employer): own bussiness
(c) Name of employer: 045

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: John C. Ritzel Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Caroline

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant (Address): W. H. Ritzel 4262 N. Rose st.

15 Filed ..., 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15/31

17: I HEREBY CERTIFY, That I attended deceased from May 7 1931, to May 15 1931, that I last saw him alive on May 15 1931, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Broken bone Lumbar vert (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — ?

Did an operation precede death? — Date of —

Was there an autopsy? May 31

What test confirmed diagnosis? Phy Ex

(Signed) W. C. Carder M. D.

, 19.. (Address) 1436 Bray

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel

DATE OF BURIAL: 5/19 1931

UNDERTAKER: Philip Herwig

ADDRESS: 2016 Orleans st

E 68823

HEALTH DEPARTMENT—CITY OF BALTIMORE E 68823

CERTIFICATE OF DEATH.

23 V

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. 410 N. Robinson St. St. 6-11 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Agnes Raubach

(a) RESIDENCE NO. 410 N. Robinson St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul E. Raubach

6 DATE OF BIRTH (month, day, and year) Aug 16 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Sigit Navratil

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER Mary - - -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant (Address): Paul E. Raubach 410 N. Robinson St.

15 Filed ..., 19.. Registrar: HAMILTON JONES, M. D. Fee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15/31

17 I HEREBY CERTIFY, That I attended deceased (from) May 10, 1930, to May 16 1931 that I last saw h[e] alive on May 14 1931 and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH was as follows*: Phthisis

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY (Secondary): Hemorrhage (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Heaver M. D.

5/17 1931 (Address) 1907 Fairmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: 5/19/31

20 UNDERTAKER: Philip Henrig

ADDRESS 2016 Orleans St

8824 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68824

CERTIFICATE OF DEATH

122-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) (Usual Hosp.) 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Susie Martin

(a) RESIDENCE NO. 1823 Druid Hill Ave WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced (write the word): separated

6 If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

7 DATE OF BIRTH (month, day, and year) 3/8/82 ?

8 AGE: Years (49?) Months 7 Days 7 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work.

(b) General nature of industry, business, or establishment in which employed (or employer) outside

(c) Name of employer 0/0

10 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

16 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address)

Filed 19

Records

C. HAWKINS, M.D.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) 5-15-31

17 I HEREBY CERTIFY, That I attended deceased from 4-27 . 1931 to 5-15 . 1931

that I last saw h er alive on 5-15 . 1931

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia. Hemolytic staphylococcus.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Strangulated hernia - right inguinal (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of April 29-1931

Was there an autopsy? Yes.

What test confirmed diagnosis? Blood cultures and autopsy

(Signed) D. L. Lewis M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Northumberland Co. Va.

DATE OF BURIAL: 5/16/1931

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill ave

c—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68825

8825

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. 13-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N. North Ave ST.) (WARD)

2-FULL NAME Charles Humphries Berry

(a) RESIDENCE NO. 610 N. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Jennie Lea Berry

DATE OF BIRTH (month, day, and year) Feb 11 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	4	5

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer) 016

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Washington Co Pennsa

10 NAME OF FATHER Preston Berry

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Emma Eberhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

14 Informant (Address) Jennie Lea Berry 610 N. North Ave

Filed MAY 18 1931 C. HARRISON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to May 16, 1931, that I last saw him alive on May 16, 1931, and that death occurred, on the date stated above, at 3-30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

5/18/31 (Address) 2737 W. Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington Pa. Cem.

UNDERTAKER Josiah Syfer

DATE OF BURIAL May 18 1931

ADDRESS 1600 W. North ave

30—M & T—100 B—50L

E 68826

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68826

CERTIFICATE OF DEATH

164-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward) 13-10

2-FULL NAME John Keys Sr.

(a) RESIDENCE NO 214 N Glover ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes G. Keys

6 DATE OF BIRTH (month, day, and year) Sept. 28 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer East End Laundry

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James Keys

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Interment Agnes G. Keys (wife) 5/18/31

(Address) 214 N Glover St

15 Filed MAY 18 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Asphixiation-Stop cock used for heating stove in living room.
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. H. Jones, Coroner, M. D.

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Country

DATE OF BURIAL 5-19 1931

ADDRESS

20 UNDERTAKER Chas. A. G. Rohde 2327 Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68827

CERTIFICATE OF DEATH

E 68327

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE. (No. 14-30 ST. WARD)

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Talbot Turner

(a) RESIDENCE NO. 1422 Argyle Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Married

6a If married, widowed, or divorced (or) WIFE of Cora Turner

6 DATE OF BIRTH (month, day, and year) June 12 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Turner

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country)

12 MAIDEN NAME OF MOTHER Rebecca?

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant (Address) Cora Turner 1422 Argyle Ave

MAY 16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-14-31

17

I HEREBY CERTIFY, That I attended deceased from March 29, 1931, to May 14, 1931,

that I last saw h alive on May 14, 1931,

and that death occurred, on the date stated above, at 1 25 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Post Lobarnus (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) Eldred Roberts M. D.

, 19 (Address) Mercy Hospital Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem DATE: 5/18/31

20 UNDERTAKER: Samuel Hemsley ADDRESS: 538 N Bond St

2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68828

156-002

E 68828

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Maryland Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-5 ST., WARD)

2—FULL NAME James Azzara Jr.

(a) RESIDENCE NO. 1424 E. Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) March 6 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	2	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER James Azzara Sr.

11 BIRTHPLACE OF FATHER (city or town) Wilmington Delaware
(State or country)

12 MAIDEN NAME OF MOTHER Mary Bulgia

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Hospital Records

(Address)

Filed MAY 18 1931 15 11 A.M. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/31

17 I HEREBY CERTIFY, That I attended deceased from 5-11, 1931, to 5-16, 1931, that I last saw h living on 5-16, 1931 and that death occurred, on the date stated above, at 1:02 A m.

The CAUSE OF DEATH* was as follows:

Septicemia -
Staphylococcus Aureus

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 5-15-31

Was there an autopsy? Yes

What (test) confirmed diagnosis? Blood & Laboratory findings

(Signed) Robert F. Chenoweth M. D.

Md. General Hospital

19 Address

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	May 20 1931
20 UNDERTAKER Randall & Coppel	ADDRESS 300 N Edwards

c.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68829

CERTIFICATE OF DEATH

186-001 E 68829

1—PLACE OF DEATH 1037 W. Mulberry St — REGISTERED NO.

CITY OF BALTIMORE: (No. 1037 W. Mulberry St; St. or Ave.; WARD 18) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Archer M. Heaver

(a) RESIDENCE NO. 1037 W. Mulberry St — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 27 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	7 ~~27~~ 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Joseph Heaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lula Smorthus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Grace Heaver

(Address) 1037 W. Mulberry St

Filed C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15/31

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1931, to May 15, 1931, that I last saw him alive on May 15, 1931, and that death occurred, on the date stated above, at 1:25 P m.

The CAUSE OF DEATH* was as follows:

Accidental Injury to Head
Accidental fall against door 7 ds.

CONTRIBUTORY (Secondary) Toxemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Physical signs and history

(Signed) H. Hampton Jones, M. D.

19 (Address) 501 N. Hamburg St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lebanon	6/19/31
20 UNDERTAKER	ADDRESS
Mrs. Chas. H. Bailey	1421 Jefferson St

pec.—9 30—A. & Co.—250 Bks.

Deahazo

68830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68830

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1. PLACE OF DEATH Baltimore City Hospitals 6-9 (6T WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2. FULL NAME Henrietta Deshazo

(a) RESIDENCE NO 203 Wagner St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Negro	Married - Separated

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1886

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Henry Fosa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Hospital Records 4940 Eastern Ave

15 Filed ....., 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/17/31

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1931, to May 17, 1931

That I last saw h alive on May 17, 1931

and that death occurred, on the date stated above, at 12 40 A m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) contracted yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical

(Signed) David Seuser M. D.

5/17/31 (Address) 4940 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery

DATE OF BURIAL May 20 1931

UNDERTAKER Robert V. Williams

ADDRESS 1518 W. Mc Culloh St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68831

68831

CERTIFICATE OF DEATH

183

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Gwynns' Falls. St. 20-71 Ward

2-FULL NAME George W.Levering.

(a) RESIDENCE NO. 226 Mt.Olivet Lane. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 3 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
BUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 22,1921

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	10	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Frank W.Levering,

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Jersey.

12 MAIDEN NAME OF MOTHER
Minnie Fuller.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Frank W.Levering.(father)
(Address) 226 Mt.Olivet Lane.

15 Filed MAY 18 1931 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Occidental Drowning.
While in swimming.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Inquiry
(Signed) Chas.Reinhardt, M. D.
5/18 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cem

DATE OF BURIAL 5/19 1931

20 UNDERTAKER John J. Cowan & Co.

ADDRESS 90 Hillen St.

...c.—1-30—M. & T.—250 Blks.

68832 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68832

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...ITY OF BALTIMORE: (No.) Lydenham Hospital (ST.) 20-21 (WARD)

2-FULL NAME John Heinmuller

(a) RESIDENCE NO. 4041 Frederick Av. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 7 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct 10-1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	7	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER John Heinmuller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Louise Winkow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) John Heinmuller 4041 Frederick Av.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 16, 1931

that I last saw him alive on May 16, 1931

and that death occurred, on the date stated above, at 9 00 A. m.

The CAUSE OF DEATH* was as follows:

Scarlet Fever

(duration) 0 yrs. 0 mos 9 ds.

CONTRIBUTORY (Secondary) Toxic Myocarditis

(duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death? 4041 Frederick Av.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Examination

(Signed) I Peter Mranecki, M. D.

, 19 (Address) Lydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL: Sudan Park Cemetery — DATE OF BURIAL: 5/18/31

17 UNDERTAKER: F. B. Shipley — ADDRESS: 300 Edmondson Ave

D 1931 ... HAMPTON JONES, M. D.

Spec.-7-17-26—A Co.—200 Blks.

68833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126 E 68833

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2922 E Pratt St.) (Ward) 1-76

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Probtel

(a) RESIDENCE NO. 2922 E Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S. If of foreign birth? 80 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 15 — May — 1843

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
88	—	—	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Schoolmaster

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer Germany

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER ✓

11 BIRTHPLACE OF FATHER (City or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER ✓

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs. Mary Doctor (Address) 1922 E Pratt St

15 Filed MAY 16 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 15 19

May - 16 - 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20 1931 to May - 16 1931

that I last saw h— alive on May 17 — 1931

and that death occurred, on the date stated above, at 1.02 P.M.

The CAUSE OF DEATH* was as follows:

Senility

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cholelithiasis

(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Thos. D. Brantley, M. D.

5/18, 1931 (Address) 125 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arcadia Md Date of Burial May 20 1931

20 UNDERTAKER Edw L Tipton ADDRESS Hallstead Md

Spec.—9-30—A. & Co.—250 Blks.

68834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 E 68834

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1702 Cox St 13-57 (Ward)

2 FULL NAME Ida Eudora Lee

(a) RESIDENCE NO. 1702 Cox St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 30-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60		17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: Marshall Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Alice R Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant: Henry A Lee

(Address) 1702 Cox St

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17th 1931

17

I HEREBY CERTIFY, That I attended deceased from May 12th, 1931, to May 17th, 1931

that I last saw her alive on May 16th, 1931

and that death occurred, on the date stated above, at 4.00 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) H. A. Lillard M. D.

May 18, 1931. (Address) 2411 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Cemetery Line — DATE OF BURIAL: May 19 1931

20 UNDERTAKER: H. Marshall — ADDRESS: 3539 Fait Rd

pec.—9-30—A. & Co.—250 Blks.

Lt Gamble Warrington 655 Wm 6750

E 68835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001 E 68835

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 4807 Corwood Rd. WARD) 27-48

2 FULL NAME Nettie L Hoffus

(a) RESIDENCE NO. 4807 Corwood Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elmer L Hoffus

6 DATE OF BIRTH (month, day, and year): Aug 28 1871

7 AGE — Years: 59 — Months: 8 — Days: 4 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Lisbon Me

PARENTS

10 NAME OF FATHER: Albert Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dresden Me

12 MAIDEN NAME OF MOTHER: Lizzie A Hutchins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Me

14 Informant: Mrs. Nettie Hoffus (Address): 4807 Corwood Rd

15 Filed: 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17 1931

17

I HEREBY CERTIFY, That I attended deceased from May 12 1931, to May 17 1931, that I last saw h alive on May 17 1931, and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Septicaemia (Following alleged Injury)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Injury (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Cary B Hambleton M. D.

, 19 (Address) Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Mass

DATE OF BURIAL: 5/18 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 Eutaw St

pec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68836

E 68836

CERTIFICATE OF DEATH.

2-4 (WARD) 108

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 239 S Regester St. WARD)

2 FULL NAME Theresa Olszewski

(a) RESIDENCE NO. 239 S Regester street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 9-1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md.

PARENTS

10 NAME OF FATHER Adam Olszewski

11 BIRTHPLACE OF FATHER (city or town) Balto., md. (State or country)

12 MAIDEN NAME OF MOTHER Bertha Krzyzniak

13 BIRTHPLACE OF MOTHER (city or town) Balto md. (State or country)

14 Informant Mrs. Adam Olszewski
(Address) 239 S Regester St

15 5th 18 1931 19 [illegible] HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18/31

17
I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to May 18, 1931
that I last saw her alive on May 18, 1931
and that death occurred, on the date stated above, at 6:25 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur J. Ryan M. D.

May 19 31 (Address) 801 N Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Hannibals Cemetery	May 19—1931

20 UNDERTAKER George A Weber ADDRESS 205 S. Caroline St

pec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68837

94-001 E 68837

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Longwood ST. 15-Gal WARD)

2-FULL NAME Kathryn H. Fuld

(a) RESIDENCE NO. 2105 Longwood ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced (or) WIFE of Edwin I Fuld

6 DATE OF BIRTH (month, day, and year) Oct. 16-1889

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	41	7	::	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER John T. Corbitt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth McGeeney

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Edwin I. Fuld
(Address) 2105 Longwood Street

15 Filed ... 19 ... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May.16.1931

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1931, to May 16, 1931

that I last saw her alive on May 15, 1931

and that death occurred, on the date stated above, at 8 A.m.

The CAUSE OF DEATH* was as follows:

Angina-pectoris

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter S. Corbitt M. D.

May 19, 1931 (Address) 3220 Garrison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 5/19 1931

20 UNDERTAKER Chas. P. Maus & Son ADDRESS 1810 West Royal Ave

MAY 19 1931

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68838 — 23 — 68838

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 N. Eden St. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Mildred Johnson

(a) RESIDENCE NO. 538 N Eden St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) July 1, 1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John D. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maggie Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant William Johnson (Address) 538 N Eden St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1927. to May 16. 1931.

that I last saw h alive on May 16 .1931.

and that death occurred, on the date stated above, at 11 00 Pm.

The CAUSE OF DEATH* was as follows:

Chr. Pulmonary T.B.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C/S LeCompte M. D.

(Address) 1123 N Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem

DATE OF BURIAL May 19 19

20 UNDERTAKER Thos. H. Locke

ADDRESS 1305 Jeffer

HAMP. JONES, M. D.

spec.—9-30—A. & Co.—250 Blks.

68839 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 59

E 68839
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. 1063 Harford Ave. St.) 10-44 (WARD)

2 FULL NAME Margaret. C. Pfaff

(a) RESIDENCE NO. 1063 Harford Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 18 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of: Mr. George Pfaff

7 DATE OF BIRTH (month, day, and year): Oct.-27-1860

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	18	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER: Adam Mohr
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Barbara Roth
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mr. George Pfaff No. 1063 Harford Ave.

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May-15-1931

17 I HEREBY CERTIFY, That I attended deceased from June 8 1931 to May 15 1931
That I last saw her alive on May 15 1931
and that death occurred, on the date stated above, at 6 P. M.
The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

? (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) ... Coma (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Chemical & Physical

(Signed) L. Dorsey Parker M. D.
5/16 1931 (Address) 111 E Hoffman

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cemetery
DATE OF BURIAL: May-19- 1931

20 UNDERTAKER: Henry Houck Sons Inc.
ADDRESS: 1301 Eager

HAMPSON JONES, M. D.

pec.—9-30—A. & Co.—250 Blks.

68840 HEALTH DEPARTMENT—CITY OF BALTIMORE 68840

CERTIFICATE OF DEATH. 92-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1516 E. Lanvale St. 8-17 WARD)

2 FULL NAME William H. Moore

(a) RESIDENCE No. 1516 E. Lanvale St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. — mos. 9 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of ~~wife~~ of Rose K. Moore

7 DATE OF BIRTH (month, day, and year) May 8 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Police Patrolman
(b) General nature of industry, business, or establishment in which employed (or employer): 061
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS
10 NAME OF FATHER: George H. Moore
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.
12 MAIDEN NAME OF MOTHER: Susan Ann Cantler
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Garland.

14 Interment (Address): Mrs Rose K. Moore 1516 E. Lanvale St

15 Filed 1931. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1 - 1931, to May 17 1931
that I last saw him alive on May 17 - 1931
and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. — mos. 17 ds.

CONTRIBUTORY (Secondary) Broken Compensation

(duration) yrs. — mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? —

What confirmed diagnosis? —

(Signed) Guy E. C. Bladen M. D.

. 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer Cemetery — DATE OF BURIAL: May 21 1931

20 UNDERTAKER: Henry Koch Sons, Inc. — ADDRESS: 1301 E. Eager

Spec.—9-30—A. & Co.—250 Blks.

E 68841

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68841

CERTIFICATE OF DEATH.

St. Paul 107-001

REGISTERED NO. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Apts ST. 17-50 (WARD)

2. FULL NAME Wilbur Franklin Washland

(a) RESIDENCE NO. Hopkins Apts ST. ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth 69 yrs. 5 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora Washland

6 DATE OF BIRTH (month, day, and year): Dec 11/1861

7 AGE — Years: 69 — Months: 5 — Days: 6 — If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): R.R.

(c) Name of employer: Pa. R. R. Co.

9 BIRTHPLACE (city or town) (State or country): Fruddletown Maryland

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Mrs Ella Washington Friend of Widow of deceased Lafayette Apts City

15 Filed 1 Oct 1931, 19__ By ____ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17/31

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 19 31, to May 16, 19 31

that I last saw him alive on May 16, 19 31

and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ___ yrs. ___ mos. 5 ds.

CONTRIBUTORY (Secondary): Asthma Bronchial

(duration) 10 yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) Edgar V. Trabue M. D.

. 19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery — DATE OF BURIAL: May 19 1931.

20 UNDERTAKER: Howard M. Moore Co — ADDRESS: Bmore

Spec.—9-30—A. & Co.—250 Blks

68842 HEALTH DEPARTMENT—CITY OF BALTIMORE

68842 E 68842

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Baltimore City Hospitals (T.B. 4 23 ST WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2. FULL NAME Axel Blomquist

(a) RESIDENCE NO. Seaman's Bethel ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Jan. 23, 1899

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9	23	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer: Unknown

10 BIRTHPLACE (city or town) (State or country): Sweden

PARENTS

11 NAME OF FATHER Axel Blomquist

12 BIRTHPLACE OF FATHER (city or town) (State or country): Sweden

13 MAIDEN NAME OF MOTHER Sarah Kallan

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Sweden

14 Informant: Hospital Records
(Address)

15 [illegible] 1931 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1931

17
I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1931, to May 16, 1931
that I last saw him alive on May 16, 1931
and that death occurred, on the date stated above, at 9.25 a. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical

(Signed) David Lenna M. D.
5-16, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

J. HAMPSON JONES M. D. Commissioner of Health.

MAY 16 1931

Spec.—9-30—A. & Co.—250 Bks.

68843 HEALTH DEPARTMENT—CITY OF BALTIMORE 68843

CERTIFICATE OF DEATH.

1 PLACE OF DEATH St Mary's Industrial School REGISTERED NO. 121

CITY OF BALTIMORE: (No. 1105 St. Paca ST. (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Graziano Scelsi (Scelsi)

(a) RESIDENCE NO. 317 So Hyde St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

7 DATE OF BIRTH (month, day, and year): Nov 22 1925.

7 AGE: Years: 5. Months: 7.5 Days: 0.23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

PARENTS

9 BIRTHPLACE (city or town) (State or country): Sabrata Italy
10 NAME OF FATHER: Salvatore Scelsi
11 BIRTHPLACE OF FATHER (city or town) (State or country): Marsala Italy
12 MAIDEN NAME OF MOTHER: Maria Santo
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Salaparuta Italy

14 Informant (Address): Salvatore Scelsi 317 S. Hyde St.

15 Filed MAY 18 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-16-31

17 I HEREBY CERTIFY, That I attended deceased from 4-28-31, 19, to 5-16-31, 19
that I last saw h alive on 5-16-31, 19
and that death occurred, on the date stated above, at 8 P m.
The CAUSE OF DEATH* was as follows:

Acute Suppurative Appendicitis - Diffuse Peritonitis
(duration) yrs. mos. 18 ds.
CONTRIBUTORY (Secondary) Pneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 4/29/31
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) M. Hendry M. D.
(Address) 1105 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: May 20 1931

20 UNDERTAKER: Randell J. Lippel — ADDRESS: 3604 Eden

R 1931 — HAMPSON JONES, M. D.

pec.—9-30—A. & Co.—250 Blks.

SHAUCK

68844 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. X 131 E 68844

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. St. 4-30 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clara E. Shauck.

(a) RESIDENCE NO. 1 Lock Raven Md. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Peter F. Shauck

7 DATE OF BIRTH (month, day, and year) Aug. 13-1873

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	3	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Frank Arrington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah Ann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant P. F. Shauck, (Address) Lock Raven, Md.

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/31

17

I HEREBY CERTIFY, That I attended deceased from 5/5/31, 19..., to 5/16/31, 19...

that I last saw h.. alive on 5/16/31, 19...

and that death occurred, on the date stated above, at 5:00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis with Uraemia

(duration) one year. yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia (Broncial)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) George F. Yeager, M. D.

(Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Cem. Balto. Co.

DATE OF BURIAL May 19 1931

20 UNDERTAKER Horace F. Burgee

ADDRESS 343 Falls Rd.

5-16-29—L. F. S.—100 Bks.

E 68845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68845

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1343 Whitecourt ST., 15-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Wesley Hicks

(a) RESIDENCE NO. 1343 Whitecourt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny Johnson Hicks

DATE OF BIRTH (month, day, and year) Jan 5 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 640

(c) Name of employer Wm Gerard Calvert Co

BIRTHPLACE (city or town) (State or country) Calvert Co

10 NAME OF FATHER Henry Hicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert

12 MAIDEN NAME OF MOTHER Cassie Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co

14 Informant Fanny Johnson Hicks

(Address) 1343 Whitecourt

15 Filed May 18 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16-1931

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to May 16, 1931, that I last saw h alive on May 15, 1931 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Atherosclerosis Hemolysis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Course

(Signed) Wm. H. Wright, M. D.

May 17. 1931 (Address) 1209 Preston ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetary	May 19 1931
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	1303 Pierstman St

Spec.—1-10-21—M&T - 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68846

CERTIFICATE OF DEATH.

107-082

E 68846

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 Riggs. Ave ST. 16-22 WARD

2-FULL NAME Gilbert Dudley Jr.

(a) RESIDENCE NO. 1621 Riggs Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 16 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Easton Talbot co Md.

PARENTS

10 NAME OF FATHER Gilbert Dudley Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Olia Nash.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Olia Nash

(Address) 1621 Riggs Ave

15 8 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 18 1931

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1931, to May 18, 1931, that I last saw him alive on May 16, 1931, and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Capillary Bronchitis

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Chas. C. Conser, M. D.

5/18, 1931 (Address) 1101 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL May 20 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

Spec.—9-30—A. & Co.—250 Blks.

68847. HEALTH DEPARTMENT—CITY OF BALTIMORE E 68847.

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3509 Menlo Dr (27-55 ST.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED No. 23

2. FULL NAME Wm C. Hunn

(a) RESIDENCE No. 3509 Menlo Drive WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Lillian G. Hunn

7. DATE OF BIRTH (month, day, and year) July 6 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk B&O R R

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Md

PARENTS

10. NAME OF FATHER: Marshall G Hunn

11. BIRTHPLACE OF FATHER (city or town) (State or country): Md

12. MAIDEN NAME OF MOTHER: Margaret Van Leemputten

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14. Informant (Address): ~~Same~~ Lillian G Hunn 3509 Menlo Drive

15. Filed 1931 By

C. HAMPSON JONES, M. D. 1012 CALVERT BLDG.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1930, to May 16, 1931

that I last saw h[im] alive on May 16, 1931

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) — yrs. 4 mos. — ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Exam

(Signed) C. R. Linton M. D.

5-7 1931 (Address) 4936 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Lfund Burial

DATE OF BURIAL: May 19 1931

20. UNDERTAKER: W. F. Eichhorn & Son

ADDRESS: North Ave

Spec—9-30—A. & Co.—250 Bks

68848 HEALTH DEPARTMENT—CITY OF BALTIMORE 3

CERTIFICATE OF DEATH

43-0E 68848

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 N. North Ave. 12-20 (WARD).

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mattie Robinson White

(a) RESIDENCE NO. 29 N. North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): widow

6a If married, widowed, or divorced: ~~HUSBAND of~~ late John M. White

6 DATE OF BIRTH (month, day, and year): Jan 13-1853

7 AGE: Years 78 Months 4 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): near Stanford Lincoln Co, Kentucky

PARENTS

10 NAME OF FATHER: James Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): near Danville Kentucky

12 MAIDEN NAME OF MOTHER: Martha Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): near Stanford Lincoln Co. Kentucky

14 Informant (Address): J. S. Reed 29 N north Ave

15 [illegible] 8 1931 C. HAMPSON JONES, M. D. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 17-1931

17 I HEREBY CERTIFY, That I attended deceased from July, 1930, to May 17, 1931

that I last saw her alive on May 17, 1931

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. A Leetuck M. D.

5-18. 1931 (Address) Ruston.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Stanford. Ky

DATE OF BURIAL: May 19 1931

UNDERTAKER: Wm J. Tuckner Sons N. Ba.

C.—1-30—M. & T.—250 Bks

Docket

94-001

HEALTH DEPARTMENT—CITY OF BALTIMORE E 68849

68849

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2401 Orleans ST., 6-10 WARD)

2-FULL NAME Charles Hinkel

(a) RESIDENCE NO. 2401 Orleans ST., 6 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced (or) WIFE of HUSBAND of Anna Hinkel

6 DATE OF BIRTH (month, day, and year) Aug 7th 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER William Hinkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Sarah Sunderland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Anna Hinkel Wife

(Address) 2401 Orleans St

15 Filed ... 19 Rpm Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17th 31

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1931 to May 17, 1931

that I last saw him alive on May 17, 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Rule Cardiac Dilatation

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Natural.

(Signed) John G. Levy M. D.

19 (Address) 1 E. Mulberry St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL May 20th 1931

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St

C. HAMPSON JONES

18-1931

C.—1-3C—M. & T.—250 Bks

E 68850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68850

REGISTERED NO. 901

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 E. Lombard ST., 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kunigunda Pfister

(a) RESIDENCE NO. 1915 E. Lombard ST., 2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 15 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Pfister.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Benj. Schwartzman

(Address)

15 Filed May 19, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 31

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1930 to May 16, 1931,

that I last saw her alive on May 14, 1931,

and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Cronin M. D.

May 15, 1931 (Address) 1-14 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem.

DATE OF BURIAL: May 19th 1931

20 UNDERTAKER: Lilly-Zirkin Inc.

ADDRESS: 403 N. Wolfe St.

Spec.—9-30—A. A. Co.—250 Blks

E 68331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68851

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) JOHNS HOPKINS HOSPITAL ST. (Ward) 26-37

2 FULL NAME Grace Hubbard

(a) RESIDENCE NO. 1033 E. Eutaw St. WARD 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): —

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) 12/19/30

8 AGE: Years — Months 4 1/8 Days 28 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

10 BIRTHPLACE (city or town) (State or country) Md

PARENTS

11 NAME OF FATHER James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Rose Brown

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment (Address) Greenlawn

15 Filed [illegible] 1931 19 C. HAMPSON JONES, M. D. Registrar

No. 1274

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/17/31

17 I HEREBY CERTIFY, That I attended deceased from 5-8-, 1931, to 5-17-, 1931

that I last saw h[illegible] alive on 5-17-, 1931

and that death occurred, on the date stated above, at 11:20 m.

The CAUSE OF DEATH* was as follows:

Septicemia + pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arthritis + abscesses

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Arn G. Kuttner M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: May 19th 1931

20 UNDERTAKER: Lilly + Zeiser Inc. — ADDRESS: 408 S. Wolfe St

...ec.—9-30—A. & Co.—250 Blks

68852 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 131 L 68852

1-PLACE OF DEATH Baltimore City Hospitals 5-E REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. ..... (WARD)

2-FULL NAME Walter Wood

(a) RESIDENCE NO. 228 N. High ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 24 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64(?)	1	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labaer
(b) General nature of industry, business, or establishment in which employed (or employer) O.K.D.
(c) Name of employer unknown.

9 BIRTHPLACE (city or town) (State or country) Norfolk Va.

PARENTS
10 NAME OF FATHER Larry Wood
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Ella ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Records Baltimore City Hospitals

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MAY 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1931.

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to May 18, 1931
that I last saw h im alive on May 18, 1931
and that death occurred, on the date stated above, at 10 10 A.m.

The CAUSE OF DEATH* was as follows:

Nephritis, chronic, with oedema
(duration) yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) ... Myocarditis, chronic
(duration) yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.
5-18 1931 (Address) Baltimore City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Paul's Cem. Woods	20 19 31
20 UNDERTAKER John C. Miller	ADDRESS 2435 Druid

50—M & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 63853

93093 E 68853

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 630 Portland ST. 27-30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hannah Nevins

(a) RESIDENCE NO 630 Portland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Nevins

6 DATE OF BIRTH (month, day, and year) Jan 1-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Athoner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Irland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Irland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Irland

14 Informant Mrs. Agnes Livingstone

(Address) 605 Franklintown Rd

15 Filed , 192 Registrar

JUN 8 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquery (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquery (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

5/18, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL 5/19/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

C. HAMPSON JONES, M.

Dec.—9-30—A. & Co.—250 Bks.

E 68854 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68854

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 21-29 STREET WARD) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Wilkins

(a) RESIDENCE NO 721 Carroll ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

7 DATE OF BIRTH (month, day, and year) Mar. 10 ?

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	8	

9a OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron work

(b) General nature of industry, business, or establishment in which employed (or employer): 79

(c) Name of employer: out of work

9b BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Anna Axton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 6-8 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-13-31

17 I HEREBY CERTIFY, That I attended deceased from 5-11-31, 19, to 5-13-31, 19

that I last saw h in alive on 5-13-31, 19

and that death occurred, on the date stated above, at 1:50 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic with auricular fibrillation

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Embolism, cerebral

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home & Hospital

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy.

(Signed) Paul Padget M. D.

5/18 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery — DATE OF BURIAL 5/20/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec—9-30—A. & Co—250 Bks.

68855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

127

E 68856

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hospitals) 12-50 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John M. Ford

(a) RESIDENCE NO. 2323 W. Calvert St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 26th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jos. Y. Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Frank E Ford

(Address): 2323 N. Calvert St

15 Filed 5/18 1931 G. HAMPSON JONES, M. D., Registrar

By: ABB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to May 18, 1931

that I last saw him alive on May 18, 1931

and that death occurred, on the date stated above, at 8 50 A. m.

The CAUSE OF DEATH* was as follows:

Intestinal intussusception ileo-caecal valve

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Intestinal obstruction

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of May 16, 1931

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Wylie M. Ford M. D.

5/18, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	5/19/1931

20 UNDERTAKER: Wm Cook ADDRESS: 1217 St Paul St

130—M. & T.—250 Blks.

68856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-09 68856

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 60 S.Monastery Ave. ST. 70-74 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Barrett

(a) RESIDENCE NO. 60 S.Monastery Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced (or) WIFE of James Barrett

6 DATE OF BIRTH (month, day, and year) Nov.17th,1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	15 29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

7 BIRTHPLACE (city or town) Washington

(State or country) D.C.

10 NAME OF FATHER Perkins

11 BIRTHPLACE OF FATHER (city or town) Wash.

(State or country) D.C.

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant Mrs.Annie Barrett

(Address) 60 S.Monastery Ave.

Filed 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16th,1931

17 I HEREBY CERTIFY, That I attended deceased from Apr 25, 1931, to May 16, 1931.

that I last saw h alive on May 16, 1931

and that death occurred, on the date stated above, at 2 15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl. Phy Exam

(Signed) F F Keyser, M. D.

, 19 (Address) 3321 Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 5/19/ 1931

20 UNDERTAKER: E.I.Fanning & Son, 1938 E.Lafayette Av.

ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68857. CERTIFICATE OF DEATH. E 68857

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No 1513 Division St. (If not in hospital) WARD 14th 20

2 FULL NAME Jerry Clarke

(a) RESIDENCE NO Belair, Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M. | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 25 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): general work
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Belair Md

PARENTS
10 NAME OF FATHER: Joseph Clark
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: J. Duff
(Address): Belair Md

15 Filed 1-8 1931 19... HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1st May 31

17
I HEREBY CERTIFY, That I attended deceased from 5-17-, 1931, to 5-18-, 1931
that I last saw h— alive on 5-18-, 1931
and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Spine
contributory (Secondary) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) A. Bradshaw Hayward M. D.
19... (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Clarks Chapel | DATE OF BURIAL: March 19 31

20 UNDERTAKER: Dennis Taylor | ADDRESS: Belair, Md

68858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 ✓ E 68358

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Home

CITY OF BALTIMORE: (No.) 3710 Belmont Ave (Ward) 27-G

2-FULL NAME Mrs Rebecca M. Giddens

(a) RESIDENCE No. 3710 Belmont Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow-

6 If married, widowed, or divorced (a) HUSBAND of (or) (b) WIFE of George N. Giddens

7 DATE OF BIRTH (month, day, and year) May 11-1840

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	0	7	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Forsyth Georgia

PARENTS

10 NAME OF FATHER Miles G. Turner

11 BIRTHPLACE OF FATHER (City or town) (State or country) Eaton, Ga.

12 MAIDEN NAME OF MOTHER Martha McNatt

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Monroe Co. Georgia

14 Informant Mrs. Estelle Donahue

(Address) 3710 Belmont Ave. - Balto

15 Filed 19 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May - 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr 29, 1931, to May 18, 1931,

that I last saw her alive on May 18, 1931,

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis - Myocarditis

(Duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Hubert Burley, M. D.

, 19 (Address) 5142 Park Hgts. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Barnesville Ga

DATE OF BURIAL May 21 1931

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1946 W. Monument

Spec.—9-30—A. & Co.—250 Blks

68859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-00 E 68859

11-25

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 518 CATHEDRAL ST.) (WARD) 11-25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME GEORGE EDWARD HARDY

(a) RESIDENCE NO. 518 CATHEDRAL ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	WHITE	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of KATHERINE CORIELL HARDY

6 DATE OF BIRTH (month, day, and year) July 12, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work DENTIST

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) LOWENBERG Co. VA.

PARENTS

10 NAME OF FATHER GEORGE EDWARD HARDY

11 BIRTHPLACE OF FATHER (city or town) (State or country) LOWENBERG Co VA

12 MAIDEN NAME OF MOTHER MARY IRBY

13 BIRTHPLACE OF MOTHER (city or town) (State or country) NOTTOWAY Co VA

14 Informant (Address) Geo. E. Hardy Jr. 518 Cathedral St

15 Filed 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-18-31

17 I HEREBY CERTIFY, That I attended deceased from 1-1, 1931, to 5-18, 1931

that I last saw h[e] alive on 5-17, 1931

and that death occurred, on the date stated above, at 3.00 A m.

The CAUSE OF DEATH* was as follows:

ARTERIOSCLEROSIS

MYOCARDIAL INSUFFICIENCY

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. L. Jones M. D.

19 (Address) 1129 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

20 UNDERTAKER Henry W. Jenkins & Sons Co.

DATE OF BURIAL 5-20, 1931

ADDRESS Orchard & McCulloh

c—1-30—M. & T.—250 Bbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68360 — 82 1001 — E 68360

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE, (No.) 2112 Ramsay ST. 20-69 (WARD)

2-FULL NAME Mrs. Ernestine J Kuehn

(a) RESIDENCE NO. 2112 Ramsay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustav Kuehn

DATE OF BIRTH (month, day, and year): March 25-1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Bunk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

Informant: Miss Clara Kuehn

(Address) 2112 Ramsay St.

19 1936 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15-1931

17 I HEREBY CERTIFY, That I attended deceased from April 4. 19 31. to May 15. 19 31.

that I last saw her alive on May 15. 19 31.

and that death occurred, on the date stated above, at 11 15 P. m.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage

(duration) yrs. mos 18 Days

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Miller Hemmeter M. D.

5/18, 1931 (Address) 2000 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Pauls. Violetville — DATE OF BURIAL: May 19 1931

20 UNDERTAKER: George L. Schwab — ADDRESS: 2101 Fruitl. Ave

48548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68361

CERTIFICATE OF DEATH

E 68361

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 2642 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louise Martini

(a) RESIDENCE NO. 4212 Annitana Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Dec-15-1924

8 AGE: Years 6 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md

PARENTS

11 NAME OF FATHER Arthur

12 BIRTHPLACE OF FATHER (city or town) (State or country) Md

13 MAIDEN NAME OF MOTHER Sylvia La

14 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records

(Address) [illegible]

15 MAY 19 1931 C. HAMPSON JONES, M.D.

By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14-1931

17 I HEREBY CERTIFY, That I attended deceased from May 14 1931 to May 14 1931 that I last saw her alive on May 14 1931 and that death occurred, on the date stated above, at 1 15 A m.

The CAUSE OF DEATH* was as follows:

Tbc. meningitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dan C. Kuttner M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL 5/21 1931

20 UNDERTAKER Fred Lucabaugh Son 1401 Belair Ave

ADDRESS

pec.—9-30—A. & Co.—250 lks

68862 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 13 V E 68362

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2900 Inglewood St. 27-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John R. Beeve.

(a) RESIDENCE NO. 2900 Inglewood ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 77 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lavinia Beeve.

6 DATE OF BIRTH (month, day, and year) Dec 17, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Havre De Grace Md

PARENTS

10 NAME OF FATHER James Beeve

11 BIRTHPLACE OF FATHER (city or town) (State or country): Centreville Md

12 MAIDEN NAME OF MOTHER Sarah J. Gough.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bells Md

14 Informant: Geo W. Beeve
(Address) 2105 Pelham Ave

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17. 1931

17

I HEREBY CERTIFY. That I attended deceased from April 27, 1931 to May 17, 1931

that I last saw h alive on May 16, 1931

and that death occurred, on the date stated above, at 10 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Uraemia
Mitral Regurgitation (Recompensated)
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis
(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uraemia

(Signed) Thos. Ja Stevens M. D.

5 18, 1931 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: 5/19/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

pec.—9-30—A. & Co.—256 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68863

CERTIFICATE OF DEATH

68863 VE

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) S 16-22-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No)

2 FULL NAME Frederick D. Colbert

(a) RESIDENCE NO. 1411 Mosher st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Malinda Colbert

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Ex Soldier

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Fredrick Colbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel Sico

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

5 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to May 16, 1931

that I last saw him alive on May 16, 1931

and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) David Feuer M. D.

5-16 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL May 20 19 31

20 UNDERTAKER Monumental ADDRESS Baltimore

-30—M & T—100 B—50L

E 68864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓

E 68864

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Edward Autrey

(a) RESIDENCE NO 1313 Bayard St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 17/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John H. Autrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Ethel C. Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Ethel C. Autrey

(Address) 812 Carroll St

15 Filed ..... 193 ..... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Prob-Lobar)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature] Coroner, M. D.

5/19/31 (Address) 638 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL May 19 1931

20 UNDERTAKER Samuel Hemley

ADDRESS 339 N Biddle St

Coc.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓E 68865

E 68865

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 814 Hanover St. St.) 22-31 (Ward)

2-FULL NAME Fletcher Butts.(C)

(a) RESIDENCE NO. 814 Hanover St. St., Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mo 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 29, 1929

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	6	18 17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Robert Butts.(C)

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Virginia.

12 MAIDEN NAME OF MOTHER Sarah Henshaw.(C)

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Virginia.

14 Informant Sarah Butts.(C) mother.
(Address) 814 Hanover St.

15 Filed _____ 19__ _____ Registrar

AV 1910

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto F. Einhardt, M. D.

5/18. 19 31 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	5/19/31

20 UNDERTAKER _____ ADDRESS _____

Thos L Brown & Son

Important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bkn.

E 68366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157 2004 E 68366

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. John's Hopkins Hospital 25-77 Ward)

2-FULL NAME Mary Ellen Harrington

(a) RESIDENCE NO. 4121 Graham Court St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16 1931

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Raymond Harrington

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Estella Carter

13 BIRTHPLACE OF MOTHER (City or town) Md.

(State or country)

14 Informant Mr. Harrinton (father)
(Address) 4121 Graham Court

15 Filed 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

Congenital Constriction of lower ileum.

(AutOpsy at Hopkins)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) [signature] M. D.

(Coroner)

5/19/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the State ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — Date of Burial 5/20 1931

20 UNDERTAKER J. Few McCully — ADDRESS 130 E. Foot

Cor.—10-10-29—A Co.—100 Bks.

Pilsch

HEALTH DEPARTMENT—CITY OF BALTIMORE

87-9 01 E 68867

E 68867

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St., 19-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Pilsch

(a) RESIDENCE NO. 1413 W. Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret J. Pilsch

6 DATE OF BIRTH (month, day, and year) Oct. 19, 1870

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60	6	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Ed. Dry Docks

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Jacob Pilsch

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elisabeth Edmeads

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Mrs. Margaret J. Pilsch
(Address) 1413 W. Pratt St.

15 [illegible] 19 1931 O. HAMPSON JONES, M. D., Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16, 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Fillard, M. D.

5/18. 1931. (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	May 19 1931

20 UNDERTAKER John F Denny ADDRESS 715 [illegible]

pec.—0 30—A. & Co.—250 Blks.

68868 # HEALTH DEPARTMENT—CITY OF BALTIMORE 68868

CERTIFICATE OF DEATH

59

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2017 Ramsay St. 20-28 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maria A. Green

(a) RESIDENCE NO. 2017 Ramsay St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX: Female

5 COLOR OR RACE: White

6 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Ed. N. Green

7 DATE OF BIRTH (month, day, and year): Oct 14-72

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Ed. N. Green 2017 Ramsay St.

15 Oct 1931 19 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16/31

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1930, to May 16, 1931

that I last saw her alive on May 16, 1931

and that death occurred, on the date stated above, at 7 9 m.

The CAUSE OF DEATH* was as follows: Acute Pneumococcic Nephritis

Arteriosclerosis Endocarditis

Diabetes

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert C. Peters M. D.

5/18, 1930 (Address) 2151 Belvedere Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 5/19/31

UNDERTAKER: F. B. Wiltport - 1850 N. Balto St

ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68869

173 E 68869

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital St.) Ward 23-32 (Quasney)

2-FULL NAME Johanna Krawczyk.

(a) RESIDENCE NO. 1718 S.Charles St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 11 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Married

5a If married, ~~widowed or divorced~~ (or) WIFE of Peter Krawczyk.

6 DATE OF BIRTH (month, day, and year) May 24, 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	44	11	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Hillary Zukowsky.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia.

12 MAIDEN NAME OF MOTHER Anna ---------

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia.

14 Informant John Quasney.(son)
(Address) 1718 S.Charles St.

15 Filed ..... 19 ..... Registrar

9 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal Hemorrhage.

Pistol shot wound of the chest.

Homicide.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 1718 S. Charles St May 15, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test, confirmed diagnosis? Inquiry

(Signed) Otto Fernandy M. D.

5/19. 1931 (Address) 1701 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary	May 19, 1931
UNDERTAKER Wm Tiaerkowsky 1618	ADDRESS Eastern

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68870

CERTIFICATE OF DEATH.

K 17 E 68870

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Inf. St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. John Hughart

(a) RESIDENCE NO. Dry Creek W. Va St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced, HUSBAND of Alma M. Hughart

6 DATE OF BIRTH (month, day, and year) Feb 4 1879

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	52	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) W. Va

(State or country)

PARENTS

10 NAME OF FATHER Gordon Hughart

11 BIRTHPLACE OF FATHER (city or town)

(State or country) W. Va

12 MAIDEN NAME OF MOTHER Sally Pollard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Va

14 Informant Mrs Alma Hughart

(Address) 1610 Washington St. Charleston W. Va

15 Filed ..... 19 ..... Registrar

19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931

5/19/31

17 I HEREBY CERTIFY, That I attended deceased from 5/15/31, 19..., to 5/19/31, 19...,

that I last saw him alive on 5/19/31, 19...,

and that death occurred, on the date stated above, at 4.00 A m.

The CAUSE OF DEATH* was as follows:

Encephalitis Lethargica

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (Secondary) None

None (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Crawleigh Co. W. Va.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Oscar E Hubbard, M. D.

(Address) Church Home & Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charleston W Va Date of Burial May 19 1931

20 UNDERTAKER Hughes & Jones Inc ADDRESS 1st & Broadway

pec.—9-30—A. & Co.—250 Blks.

68871 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68871

CERTIFICATE OF DEATH

23

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1025 S. Howard ST. 23-31 WARD)

2-FULL NAME Freddie Dixon

(a) RESIDENCE NO. 1025 S. Howard ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7 DATE OF BIRTH (month, day, and year) March 10-1896

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	2	6	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?)

12 MAIDEN NAME OF MOTHER Mary Kayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Md

14 Informant (Address) Rebecca Hunter 1025 S. Howard St

15 Filed —, 19— —— Registrar

9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/31

17 I HEREBY CERTIFY, That I attended deceased from 4/28, 1931, to 5/16, 1931 that I last saw h[illegible] alive on May 13, 1931 and that death occurred, on the date stated above, at 3.25 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) ... L

(duration) L yrs. mos. ds.

18 Where was disease contracted if not at place of death? L

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) D H Carroll M. D.

5/16/31 (Address) D H Carroll

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: 5/19 1931

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 3991 W. Hamburg St.

Spec.—9-30—A. & Co.—250 Bks.

68872 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 68872

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3708 Woodhaven St. Ward 5261

2 FULL NAME Anna Margaret Kline

(a) RESIDENCE No. 3708 Woodhaven ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if not foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of August Kline

7 DATE OF BIRTH (month, day, and year) Aug 3 - 1851

8 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	13	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

11 NAME OF FATHER Adam Hess

12 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

13 MAIDEN NAME OF MOTHER

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

15 Informant (Address) Mrs. Ida A. Schlegel 3708 Woodhaven ave

16 Filed 19 C. HAMPSON JONES, M. D. Registrar

17 By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/31

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1931, to May 16, 1931, that I last saw her alive on May 16, 1931, and that death occurred, on the date stated above, at 1.20 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter Triblett M. D.

May 18 1931 (Address) 2226 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lot Carrollton

20 UNDERTAKER J. A. Moran

DATE OF BURIAL May 19 1931

ADDRESS 3000 E Baltimore

c.—2-29-28—L. F. S.—500 Bks.

E 68878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-09 E 68873

REGISTERED NO. 8416

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1958 N. Patterson Park Avenue (Ward)

2—FULL NAME Hugo A. Merten,

(a) RESIDENCE NO. 1958 N. Patterson Pk. Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Merten

DATE OF BIRTH (month, day, and year) 3-11-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Silversmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Alexander Merten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Lena Merten

(Address) 1958 N. Patterson Pk. Avenue

9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1931

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to May 18, 1931, that I last saw him alive on May 17, 1931, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Epilepsy (duration) 30 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emil Fisher, M. D.

5/18, 1931 (Address) 1823 N. Wash. Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 5-21 1931

20 UNDERTAKER Albert F. Nill & Son

ADDRESS 1606 N. Chester St

rec.—1-12-23—M&T—500 Blks.

68874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 68874

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 106 Carlton St. 18-Ward

2-FULL NAME Charles Thomas Johnson

(a) RESIDENCE NO. 106 Carlton ST., .WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed or divorced HUSBAND of (or) WIFE of Selma Johnson

DATE OF BIRTH (month, day, and year) Sept 2, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
48	8	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Charles Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Bayne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mabel Johnson

(Address) 710 Gorsuch Ave

15 Filed May 18 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1931

17 I HEREBY CERTIFY, That I attended deceased from May-9 1931, to May-17, 1931, that I last saw him alive on May 16, 1931, and that death occurred, on the date stated above, at 3:40 p m.

The CAUSE OF DEATH* was as follows: Lobar pneumonia

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Coleman, M. D.

May 18, 1931 (Address) 2039 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery | DATE OF BURIAL May 20, 1931

20 UNDERTAKER Mrs Katie R. Williams | ADDRESS 322 N. Schroeder St.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68875 68875

CERTIFICATE OF DEATH.

REGISTERED No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 4-20 (ST.) (WARD)

2. FULL NAME William Thomas

(a) RESIDENCE No. 605 W Lafayette Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (?)

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76 (?)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 0 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Josiah Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): (?)

12 MAIDEN NAME OF MOTHER: Eliza Addison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): J. P. Thomas 605 W. Lafayette Ave

JE 1931 Co HAMPSON JONES, M. D. Registrar

Cal

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/16/31

17

I HEREBY CERTIFY, That I attended deceased from 2-13, 1931, to 5-16, 1931

That I last saw him alive on 5-16, 1931

and that death occurred, on the date stated above, at 5 45 p.m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy Prostate & Urinary Obstruction & Pyelonephritis

(duration) 3 yrs. (?) mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Luther E. Kline M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	1931
20 UNDERTAKER: Mrs Kate R. Williams	ADDRESS 3227 Schroeder St

Type.—9-30—A. & Co.—250 Blks

68876 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 L 68876

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 507 N. East Ave. 26-11 WARD)

2 FULL NAME Anna Anderson

(a) RESIDENCE NO. 507 N. East Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced (or) WIFE of Emanuel P. Anderson

6 DATE OF BIRTH (month, day, and year) Mar. 23 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Helsingborg

(State or country) Sweden

PARENTS

10 NAME OF FATHER Bud Nilson

11 BIRTHPLACE OF FATHER (city or town) Helsingborg

(State or country) Sweden

12 MAIDEN NAME OF MOTHER Maria Resen

13 BIRTHPLACE OF MOTHER (city or town) Helsingborg

(State or country) Sweden

14 Informant Emanuel P. Anderson

(Address) 507 N. East Ave.

15 [illegible] 19 C. HAMPSON JONES, M. D. Registrar

JUN 6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 / 31

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 18, 1931

that I last saw h Er alive on May 15, 1931

and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Hypertension

Arteriosclerosis

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Milton Sherry M. D.

19 (Address) 720 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: May 21 1931

20 UNDERTAKER: John Allis

ADDRESS: 210 [illegible]

Spec.—9-30—A. & Cn—256 Blks

68877 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 87 E 68877.

27-42

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 6327 Belair Road ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME FERDINAND PROSS

(a) RESIDENCE NO. 6327 Belair Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Pross

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Christian Pross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wurtenberg, Germany

12 MAIDEN NAME OF MOTHER Anna M. Burkle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wurtenberg, Germany

14 Informant (Address) Mrs. Amelia Pross 6327 Belair Road

15 Filed MAY 18 1931 . 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1931, to May 18, 1931 that I last saw h— alive on May 17, 1931 and that death occurred, on the date stated above, at 5:30 A.M.

The CAUSE OF DEATH* was as follows:

Arteri-Sclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Injury & symptoms

(Signed) Edward Bunker M.D.

5/19, 19 31 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	May 20, 19 31

20 UNDERTAKER Frederick Funeral Home, Inc. ADDRESS 7401 Belair Rd.

Spec.—9-30—A. & Co.—250 Bks.

68878 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68878

CERTIFICATE OF DEATH X 1931

1 PLACE OF DEATH St Joseph Hospital REGISTERED NO.

CITY OF BALTIMORE (No Caroline Court STREET (WARD) 9-17 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Minnie Idoll

(a) RESIDENCE NO. Stemmers Run Rd. STREET WARD
(Usual place of abode) Vanmont (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Tokoff

6 DATE OF BIRTH (month, day, and year) Sept 3 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Tokoff (Address) Stemmers Run

15 6-1-1931 G. HAMPSON JONES, Registrar

16 Filed 6-1-31

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18/31

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1931, to May 18, 1931

That I last saw h[illegible] alive on May 18, 1931

and that death occurred, on the date stated above, at 11:30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Vincent Messina M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	May 21 1931

20 UNDERTAKER Frederick Lee & Son ADDRESS 5401 Edmondson Rd.

Spec.—1-10-21—MAT—1500 Bks.

Caroline Melchior ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68879

68879

CERTIFICATE OF DEATH.

REGISTERED NO. 76-497

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Hamilton Ave., Raspeburg ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Melchior

(a) RESIDENCE NO. (4202 Hamilton Ave., Raspeburg, Md. 21214) ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Melchior

6 DATE OF BIRTH (month, day, and year) May 4, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County,
(State or country) Maryland

PARENTS

10 NAME OF FATHER George Arnold

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ann Margaret Powley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Margaret Melchior
(Address) 4202 Hamilton Ave., Balto., Md.

15 Date 5-18-1931 Registrar C. HAMPSON JONES, M. D.
Per Attest

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to May 19, 1931,

that I last saw her alive on May 19, 1931,

and that death occurred, on the date stated above, at 7:15A. m.

The CAUSE OF DEATH* was as follows:

Chronic arterio-sclerosis

(duration) Many years.

CONTRIBUTORY (Secondary) Acute cardiac dilatation with Pulmonary oedema 3 hrs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Williamson, M. D.

, 19 (Address) 5213 Belair Rd., Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery — DATE OF BURIAL May 22, 1931

20 UNDERTAKER Fredk Lassahn & Sons — ADDRESS 7401 Belair Rd

Spec.—9-30—A. & Co.—250 Blks

68880 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68880

CERTIFICATE OF DEATH.

82-004

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 604 N. Broadway ST. 7-9 (WARD)

2 FULL NAME Harriet E. Artmiger

(a) RESIDENCE NO 604 N. Broadway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22 1845

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	9	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Artmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Louisa Neff

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs E. H. Josselyn 604 N Broadway

15 [illegible] 8 1931

C. HAMPSON JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1931

17
I HEREBY CERTIFY, That I attended deceased from May 12, 1931, to May 17, 1931

that I last saw h[illegible] alive on May 17, 1931

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 604 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: May 20 1931

20 UNDERTAKER: William G. Schaffer

ADDRESS: 1816 Monument

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68881

CERTIFICATE OF DEATH.

82-260-4

REGISTERED NO. E 68381

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2123 Annapolis Rd. ST. 25-32 WARD

2 FULL NAME Sarah A. McMenamen

(a) RESIDENCE NO. 2123 Annapolis Rd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: William McMenamen

7 DATE OF BIRTH (month, day, and year): Nov. 24, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	80	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: James Reside

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Lydia V. Burgess

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant (Address): Agnes. Mc. Menamen 2123 Annapolis Rd.

15 20 1931. C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18/31

17

I HEREBY CERTIFY, That I attended deceased from Nov 24, 1930, to May 18, 1931

that I last saw her alive on May 15, 1931

and that death occurred, on the date stated above, at 8.10 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis of Left Side

(duration) yrs. 5 mos. 24 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis

(Signed) R. J. Slade M. D.

1931 (Address) 2708 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — DATE OF BURIAL: May 20 1931.

20 UNDERTAKER: Mr. & Mrs. John F. Tenfelson — ADDRESS: 801 W. Fayette St.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68882

CERTIFICATE OF DEATH.

46 E 68882

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1632 Miller ST. 7-13 WARD)

2-FULL NAME Amelia Virginia Rose

(a) RESIDENCE NO. 1632 Miller ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced
(or) WIFE of Chas. W. Rose

DATE OF BIRTH (month, day, and year) 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) St Mary's Co

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary's Co

Informant Chas W. Rose (Husband)
(Address) 1632 Miller St

MAY 26 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19 31. to May 16 19 31.

that I last saw her alive on May 16 19 31

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) General Carcinomatosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

5/18 1931 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carvalry Cemetery

DATE OF BURIAL 5/20/ 1931

20 UNDERTAKER Mrs Chas G. Bailey

ADDRESS 1421 Jefferson St

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68383

CERTIFICATE OF DEATH.

E 68383

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hospital St. 21-29 WARD 10)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur H. Moyer

(a) RESIDENCE NO. 1128 Ridgely St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 25 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm P Moyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Edna M. Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Edna M. Moyer
(Address) 1128 Ridgely St

15 MAY 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19-31

17

I HEREBY CERTIFY, That I attended deceased from 4-19-31, 19 , to 5-19-31, 19

that I last saw him alive on 5-19-31, 19

And that death occurred, on the date stated above, at 6 45 P.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Course

(Signed) George H. Yeager M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL 5-22 1931

20 UNDERTAKER Bernard C Hahn — ADDRESS 1000 S Paca St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1084 E 68884

E-68884

1-PLACE OF DEATH

City of BALTIMORE: (No. 2609½ Dulany St. 20-69 Ward)

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph. M. McCain

(a) RESIDENCE NO. 2609½ Dulany. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year) Sept 14 1930

7 AGE: Years — Months 8 — Days 5 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

PARENTS

10 NAME OF FATHER Larkin L. McCain

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia Quantmeyer

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Larkin L. McCain

(Address) 2609½ Dulany St

15 Filed 5-20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1931

17 I HEREBY CERTIFY, That I attended deceased from 5-19- 1931, to 5-19- 1931, that I last saw him alive on 5-19- 1931, and that death occurred, on the date stated above, at 3.32 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Lobar

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis Jacob, M. D.

5/19 1931 (Address) 1 Do Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. Date of Burial 5-20 1931

20 UNDERTAKER: Bernard C Nash ADDRESS 1000 S Paca St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63835

CERTIFICATE OF DEATH

E 63835

87-001

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1912 McHenry St. 20-28 WARD 8

2. FULL NAME John G. Schriving

(a) RESIDENCE NO. 1912 McHenry St. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced. (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or WIFE of): Agnes Schriving

6. DATE OF BIRTH (month, day, and year): Dec 27th 1862

7. AGE: Years 68 | Months 4 | Days 22 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10. NAME OF FATHER: Gotlieb Schriving
11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12. MAIDEN NAME OF MOTHER: Catherine
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant: Chas T. Schriving
(Address): 3614 W. Fairmount Ave

15. Filed 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): May 19th 1931

17. I HEREBY CERTIFY, That I attended deceased from May 9 1931 to May 19 1931
that I last saw him alive on May 19 1931
and that death occurred, on the date stated above, at 11.50 a.m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemmhorage
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Terminal Bronchopneumonia
(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Albert Seagrotta M. D.
May 19 1931 (Address) 1729 W Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: 5/21/1931

20. UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

68836

55-005

REGISTERED NO. 68836

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 38 W. 25th ST.) (12-5) (WARD)

2 FULL NAME John E. Charshee

(a) RESIDENCE NO. 38 W. 25th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed or divorced: HUSBAND of (or WIFE of) Margaret E. Charshee

7 DATE OF BIRTH (month, day, and year): April 25th 1863

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	68	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Auditor

(b) General nature of industry, business, or establishment in which employed (or employer): Md State

(c) Name of employer: State Racing Commission

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Bennett C.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Katherine Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Margaret Charshee 38 W. 25th St

15 Filed 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30 1930 to May 18th 1931

that I last saw h in alive on May 18th 1931

and that death occurred, on the date stated above, at 7.30 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Nephritis chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Feby 1-31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William S. Gran M. D.

19 (Address) 727 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	5/20/1931

20 UNDERTAKER: Wm Cook ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks.

68887 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68887

CERTIFICATE OF DEATH.

46V

REGISTERED NO.

1. PLACE OF DEATH Rochambeau Apt 9-47
CITY OF BALTIMORE: (No. Charles & Franklin ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary C. Parr

(a) RESIDENCE NO. 715 E. 41st St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6a If married, widowed, or divorced (or) WIFE of: Adam J. Parr

6b DATE OF BIRTH (month, day, and year): Oct 13th 1865

7 AGE: Years 65 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: Joseph Wernath
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md
12 MAIDEN NAME OF MOTHER: Theresa Baldus
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Miss Marie C. Parr
(Address): Rochambeau Apt

15 Filed [illegible] 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 2 1931, to May 19 1931, that I last saw her alive on May 19 1931 and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:
Carcinoma, probably of head of pancreas with involvement of abdominal aorta.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? none

(Signed) F. L. Lattizola M. D.
(Address) Ruxton Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 5/21/1931

20 UNDERTAKER: Wm Cook 127 E Paul St — ADDRESS

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68838 | 169 | E 68838

1-PLACE OF DEATH Pronounced dead at the

City of Baltimore: (No. Mercy Hospital. St., 6-10 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isadore Friedenthal.

(a) RESIDENCE NO. 208 N. Patterson Park Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. --mos.--ds. How long in U. S., if of foreign birth? 27 yrs. --mos.--ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of ~~XXXXXXXXX~~ Olga Friedenthal.

6 DATE OF BIRTH (month, day, and year) February 16, 1879

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	52	3	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Musician.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Bernard Friedenthal.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Sophia ---------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant Bernard Friedenthal. (son)
(Address) 208 N. Patterson Park Ave.

15 Filed 6-20-1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull.
Dropped from a window of the Court
Square Building. Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Court Square Building

Did an operation precede death? No. Date of May 19, 1931

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, M. D.

5/19 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Hebron Rosedale	5/20 1931
20 UNDERTAKER Jack Louisville	ADDRESS 1439 E. Baltimore

Spec.—9-30—A. & Co.—250 Blks

E 68889 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68889

CERTIFICATE OF DEATH. 1 | 3 | V

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hosp. 27-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jack Sacks

(a) RESIDENCE NO. 4536 Pimlico Rd. STR. WARD

(Usual) place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Sacks

6 DATE OF BIRTH (month, day, and year) March 24-1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Restaurant Manager

(b) General nature of industry, business, or establishment in which employed (or employer): D&L

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Samuel Sacks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lenfsen

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Russia

11 Informant: Esther Sacks (Address) 4536 Pimlico Road

15 Filed 6-3 1931 C. HAMPSON JONES, M. D. Registrar

For

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/20/31

17 I HEREBY CERTIFY, That I attended deceased from 5-14, 1931, to 5-20, 1931

that I last saw h[illegible] alive on 5-20, 1931

and that death occurred, on the date stated above, at 2.15 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia Broncho Pneumonia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab findings.

(Signed) M. D.

5/20, 19 31 (Address) Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Rosedale

DATE OF BURIAL. 5/20 1931

20 UNDERTAKER Jack Lewis Inc 1439 E Baltimore St ADDRESS

ec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68390

CERTIFICATE OF DEATH.

59 E 68390

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1600 Caton Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret B. Wall

1a) RESIDENCE NO. 926 Valley St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
(or) WIFE of Thomas, P. Wall

DATE OF BIRTH (month, day, and year) Not Stated

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Thomas Deseret

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant (Address) Jenkins Memorial Hosp 1600 Caton Avenue

Filed 5-20-1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1931

17 I HEREBY CERTIFY, That I attended deceased from November 1, 1930, to May 19 1931, 19 .

that I last saw her alive on May 18, 1931,

and that death occurred, on the date stated above, at 12:30 A m.

The CAUSE OF DEATH* was as follows:

1 Myocardial Insufficiency

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Herman S Anderson, M. D.

5-19-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL May 22, 31

20 UNDERTAKER Henry Hosch Sons, Inc. — ADDRESS 130 E Eager

Spec.-7-17-26—A Co.—200 Blks.

68391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

REGISTERED NO. E 68391

1-PLACE OF DEATH

City of BALTIMORE: (No. 622 S Fremont Ave 21-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lonnie Herring

(a) RESIDENCE NO. 622 S. Fremont Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Estelle Herring

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Va

PARENTS

10 NAME OF FATHER Lonnie Herring

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Estelle Herring

(Address) 622 S Fremont Ave

15 Filed MAY 20 1931, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1931

17 I HEREBY CERTIFY, That I attended deceased from May 14 1931 to May 17 1931

that I last saw him alive on May 17 1931

and that death occurred, on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Hepatitis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John A Henderson M. D.

5/19 1931 (Address) 642 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct

Date of Burial 5/20/31

UNDERTAKER Doriah L Brown Son

ADDRESS 108 Montgomery

1-30—M. & T.—100 B—50L

E 68892

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 68892

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2576 Edmondson Av. 16-69 (WARD)

2-FULL NAME Catherine F. Pohler

(a) RESIDENCE NO. 2576 Edmondson Av. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philip E.

6 DATE OF BIRTH (month, day, and year) Dec 15-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John C. Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Borgeat

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. H. Grunup

(Address) 2576 Edmondson

15 Filed ... 1931 HAMPSON JONES, Registrar D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) H. McSherry Smith, M. D. Coroner

(Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 5/20th 1931

20 UNDERTAKER Harry H. Emmart & Son

ADDRESS 4202 Ridgewood Ave

Dec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68893

E 68893

CERTIFICATE OF DEATH.

92

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5223 Linden Heights Ave. 27-55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Thomas Wheat

(a) RESIDENCE No. 5223 Linden Heights Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	6 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mollie L. Wheat

DATE OF BIRTH (month, day, and year) Dec. 9 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fisherman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Thomas Wheat

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Tobitha Kendall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Violet O. Holmes 5223 Linden Heights Ave.

15 Filed 5/19/31 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to May 19, 1931,

that I last saw him alive on May 18, 1931,

and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation Disease

(duration) yrs. 2 mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) unknown yrs. mos. da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? — Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. A. Wall, M. D.

5/19/1931 (Address) 108 N Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Pauls Cem. Rock Hall Md

DATE OF BURIAL May 21, 31

20 UNDERTAKER Harry H. Emmert Hosp 4204

ADDRESS Ridgewood Ave

Spec.—9 30—A. & Co.—250 Blks

E 68894

68894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 V

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1505 E. 29th St. (Ward) 9-46

2 FULL NAME Josephine Harrington Johnson

(a) RESIDENCE No. 1505 E. 29th St. (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow.

5a If married, widowed or divorced — HUSBAND of (or) WIFE of: William S. Johnson

6 DATE OF BIRTH (month, day, and year): Mar. 4 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Madison Md.

PARENTS

10 NAME OF FATHER: Wm W. Bromwell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizbeth Jane Harrington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Wm Webster Johnson 1505 E. 29th St

Filed MAY 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1931

17

I HEREBY CERTIFY, That I attended deceased from March 8 1931 to May 18 1931

that I last saw h er alive on May 18 1931

and that death occurred, on the date stated above, at 11:59 m.

The CAUSE OF DEATH* was as follows:

(Arterial) Hypertension

Chronic Nephritis

Hemiplegia Left side

(duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Albert Cassell M. D.

5/19/1931 (Address) 6525 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	May 1931
UNDERTAKER: Wm Fackler & Son	ADDRESS North Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68895

CERTIFICATE OF DEATH.

92-66 E 68895

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring) WARD 21-54

2 FULL NAME Bessie Ember

(a) RESIDENCE NO. Lemdale, Balto. Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. 5 ds. 8 How long in U. S., if of foreign birth? 19 yrs. 5 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Meyer

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sigmund Fembleit
(Address) Belvedere & Greenspring

15 MAY 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19-31

17 I HEREBY CERTIFY, That I attended deceased from 5-27, 1930, to 5-19, 1931

that I last saw h alive on 5-19, 1931

and that death occurred, on the date stated above, at 8.45 P. M.

The CAUSE OF DEATH* was as follows:

Chr. valvular heart disease.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Edmund Kern M. D.

5/19/1931 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave May 20 1931

20 UNDERTAKER S Sperwon Bro DATE OF BURIAL

ADDRESS 1125 E Balto St.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 E 68896

E 68896

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Wilmott ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick Burke

(a) RESIDENCE NO 818 Wilmott ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth L (nee Mullen)

6 DATE OF BIRTH (month, day, and year) Feb 18/1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	3	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Ruth Burke

(Address) 818 Wilmott St

15 201931

16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) ..... yrs. ..... mos ..... ds

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) J. & N. Carter, M. D. Coroner

5/20/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL 5/22/31

20 UNDERTAKER George J. Ingram ADDRESS 1733 Harf

Spec.—9-30—A. & Co.—250 Blks.

E 68897

E 68897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3449 Roland Ave. ST. 13-52 (WARD)

2. FULL NAME Alverta Justice

(a) RESIDENCE NO. 1018 Union Ave. ST. 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (Write the word): Divorced

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles F. Justice

6 DATE OF BIRTH (month, day, and year): Oct. 18-1863

7 AGE: Years 67 | Months 7 | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Hillyain Lilly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ann Lilly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): John A. Justice 1018 Union Ave.

15 [illegible] 19 C. HAMILTON JONES, M. D. Registrar

[illegible] Apr 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18-1931.

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1931. to May 18, 1931.

that I last saw h[illegible] alive on May 18, 1931.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

5/19 1931 (Address) 3429 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden

DATE OF BURIAL: May 20 1931.

UNDERTAKER: Horace H. Burgee ADDRESS: 3631 Falls Road

68898

HEALTH DEPARTMENT—CITY OF BALTIMORE

59 E 68898

CERTIFICATE OF DEATH

1-PLACE OF DEATH 3200 E. Fairmount Ave. 26-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2-FULL NAME Louisa Catherine Winfelder

(a) RESIDENCE NO. 3200 E. Fairmount Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: Adam J. Winfelder

6 DATE OF BIRTH (month, day, and year): Feb. 27, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Conrad Streb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Magdalin Zeis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Frances Tillman 3200 E. Fairmount Ave

Filed 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1930, to May 19, 1931, that I last saw h[illegible] alive on May 18, 1931 and that death occurred, on the date stated above, at 8 9. m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency,

hypostatic pneumonia.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Hypertension, nephritis, cerebritis, diphtheria

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) L. C. Bothfeld M. D.

5/19, 1931 (Address) 447 N. Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: May 22 1931

20 UNDERTAKER: John A. Maan

ADDRESS: 3000 E. Balto

...—2-29-28—L. F. S.—500 Bks.

E 68899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

101 E 68899

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1902 E. 31st ST. 9-46 WARD)

2—FULL NAME Cecelia B. Kehoe

(a) RESIDENCE NO. 1902 E. 31st ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

19 NAME OF FATHER Matthew Kavanaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget O'Neil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. Welsh

(Address) 1902 E. 31st St.

MAY 20 1931 19 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1931.

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1931, to May 19, 1931;

that I last saw h alive on May 14, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. Emmix, M. D.

May 19 1931 (Address) 4706 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	May 22 1931
20 UNDERTAKER	ADDRESS
Jos. J. Herr	156 N. Longwood

...ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68900

CERTIFICATE OF DEATH.

97 E 68900

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 1528 Clarkson St. 23-37 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Saunders

(a) RESIDENCE NO 1528 Clarkson ST. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, ~~or divorced~~ HUSBAND of ~~the wife of~~: the late George Saunders Sr.

7 DATE OF BIRTH (month, day, and year): Nov. 11, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): George Saunders Jr. 1528 Clarkson

15 Filed ..... 19.. Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1931, to May 18, 1931, that I last saw HER alive on May 18, 1931, and that death occurred, on the date stated above, at 11:35 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H. C. Campbell M. D.

May 18 1931 (Address) 1644 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 5/21/1931

20 UNDERTAKER: Jos. Weber & Son 2503 — ADDRESS: Edmondson

Spec.—9-30—A. & Co.—250 Bks.

E 68901

E 68901 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-002

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 6010 York Road ST. 27-4th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME JOSHUA EDWARD BENSON, M.D.

(a) RESIDENCE NO. 6010 York Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura Taylor Benson

6 DATE OF BIRTH (month, day, and year) Sept. 7, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Practicing Physician

(b) General nature of industry, business, or establishment in which employed (or employer): 054

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: Joshua L. Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Md.

14 Informant: Edward H. Benson, M.D.
(Address) Overlea, Maryland.

15 May 20 1931 C. H. [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 12, 1931, to May 18, 1931

That I last saw h[illegible] alive on May 18, 1931

and that death occurred, on the date stated above, at 12:45 P. M.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Harry Lee Phelps M. D.

5/19 1931 (Address) 104 W. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Co. Jessop Cemetery, Md.

DATE OF BURIAL: May 21 1931.

UNDERTAKER: Frederick Lauchheimer Son

ADDRESS: 7401 Belair Rd.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68902

CERTIFICATE OF DEATH.

108 E 68902

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Woodbourne Rd ST. 12-49 WARD)

2 FULL NAME Charles G. Porter Brown

(a) RESIDENCE NO. 303 Woodbourne Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide L. Brown

6 DATE OF BIRTH (month, day, and year) Oct 8 75

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work City Clerical Work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Eustadius N Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anne Frost

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Adelaide L Brown
(Address) 303 Woodbourne Rd.

15 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18, 31

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1931, to May 18 1931

that I last saw him alive on May 18 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? +

Did an operation precede death? no Date of +

Was there an autopsy? no

What test confirmed diagnosis? Rusty Sputum

(Signed) Ben Williams M. D.

19 (Address) 3200 Sequoia ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: June 8/31 May 21 1931

20 UNDERTAKER W. M. Coulson — ADDRESS 2238 N. Smith

Spec.-7-17-26—A Co.—200 Blks.

68903

HEALTH DEPARTMENT—CITY OF BALTIMORE

62 V E 68903

CERTIFICATE OF DEATH

1-PLACE OF DEATH Aged Mens Home — REGISTERED NO. _____

City of BALTIMORE: (No. 1400 W Lexington St. 19-27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Holyland

(a) RESIDENCE NO. 1400 W Lexington St. Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16, 1841

7 AGE — Years: 89 — Months: 6 — Days: 3 — IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Photographer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) New Jersey
(State or country)

PARENTS

10 NAME OF FATHER Charles Holyland

11 BIRTHPLACE OF FATHER (City or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Sarah Childs

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant: Mrs. Mary E. Forestal
(Address) 1402 W Lexington

15 Filed _____ 19 _____ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1927 to May 19, 1931
that I last saw him alive on May 2, 1931
and that death occurred, on the date stated above, at 9.35 P. m.

The CAUSE OF DEATH* was as follows: Senility

_____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis _____

(Signed) Edwin D. Jarrett M. D.

, 19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. — Date of Burial: May 22 1931

20 UNDERTAKER: George J. Smith — ADDRESS: 1637 Holla

Very Important. See Instructions on Back

25 1931

ec.—1-30—M. & T.—250 Blks

E 68904 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-003 E 68904

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 920 N Carrollton Ave (Ward) 16-23

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William A. Wilson

(a) RESIDENCE NO. 920 N Carrollton Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed or Divorced, (write the word) Married

If married, widowed, or divorced (HUSBAND of or) WIFE of Julia A. Wilson

DATE OF BIRTH (month, day, and year) 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) Louisville Ky
(State or country)

10 NAME OF FATHER Wm A Wilson

11 BIRTHPLACE OF FATHER (City or town) Ky
(State or country)

12 MAIDEN NAME OF MOTHER Hudgins

13 BIRTHPLACE OF MOTHER (City or town) Virginia
(State or country)

14 Informant Julia A Wilson
(Address) 920 N. Carrollton

15 MAY 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 13 1930 to May 17 1931

that I last saw him alive on May 17 1931

and that death occurred, on the date stated above at m.

The CAUSE OF DEATH* was as follows:

Myocarditis.
Cardiac dilatation

(duration) yrs. 6 mos 15 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A J Lodey, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL May 20 1931

20 UNDERTAKER Samuel Hawley

ADDRESS 57 N Bond

...—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68905

87-001

CERTIFICATE OF DEATH

REGISTERED NO. E 68905

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 819 Lanvale St. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Dyer

(a) RESIDENCE NO. 819 Lanvale ST. Same WARD

(Usual place of abode) (If non-resident give city or town and State)

...gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Virginia Dyer

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Structural Steel

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lexington Ky

10 NAME OF FATHER Frank Dyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mai Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

Informant Sarah Johnson

(Address) 819 Lanvale Ave

Registrar H. A. HANSON JONES, M. D.

20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 31

17 I HEREBY CERTIFY, That I attended deceased from May 16 31 to May 19 1931

that I last saw him alive on May 18 1931

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Wm. Bauman M. D.

5/19 1931 (Address) 675 Schroeder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	May 21, 1931
20 UNDERTAKER	ADDRESS 322 N.
Mrs. Katie R. Williams	Schroeder St.

Spec.—9 30—A. & Co.—250 Bks.

68906

HEALTH DEPARTMENT—CITY OF BALTIMORE

126 E 68906

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No 1512 Gilmor St 4-35

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Inez Davis

(a) RESIDENCE No. 622 W Fairmont St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. Single, Married, Widowed, or Divorced. (write the word): married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Davis

6. DATE OF BIRTH (month, day, and year): ? 1901

7. AGE — Years: 30 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: —

9. BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (city or town) (state or country): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14. Informant (Address): John Davis 622 W. Fairmont St

15. Filed 5-20 1931 — C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 5-19-31

17. I HEREBY CERTIFY, That I attended deceased from May 13 1931, to May 19 1931, that I last saw h[illegible] alive on May 19 1931 and that death occurred, on the date stated above, at 6:30 Am

The CAUSE OF DEATH* was as follows:

I. Carcinoma of Cervix (duration) yrs. 4 mos 6 ds.

CONTRIBUTORY (Secondary): Gall Stones (duration) yrs. 1/4 mos. ds.

18. Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) W. R. Boykin M. D.

19. (Address) 1512 Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 5/20/1931

25. UNDERTAKER: Mrs George E. Boyd — ADDRESS: 101 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Bks.

66907 HEALTH DEPARTMENT—CITY OF BALTIMORE 66907

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital. W. 30 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sadie Hillsinger

(a) RESIDENCE NO. Ellicott City Md. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John Wesley Hillsinger

6 DATE OF BIRTH (month, day, and year) 53 years

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER John Willis

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Interment (Address) John Wesley Hillsinger Ellicott City

15 Filed 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1931

17 I HEREBY CERTIFY, That I attended deceased from May 3, 1931, to May 20, 1931

that I last saw her alive on May 20, 1931

and that death occurred, on the date stated above, at 10.45 A m.

The CAUSE OF DEATH* was as follows:

Intestinal adhesions
Intestinal Obstruction

unknown.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Suppurative Parotitis
(duration) yrs. mos. 3 days

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of May 6

Was there an autopsy? No

What test confirmed diagnosis? Operation.

(Signed) George H. Yeager. M. D.

5/20, 1931 (Address) Church Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ellicott City Md. — DATE OF BURIAL May 23 1931

20 UNDERTAKER F. P. Shipley Anthony Jr. — ADDRESS Ellicott City

Spec.—9-20—A. & Co.—250 Bks.

68008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001 E 68908

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Emergency Hosp.) WARD 25-13

2 FULL NAME Jno Chas T. Gately

(a) RESIDENCE NO. (Usual place of abode) 3207 Harford Ave. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Gately

6 DATE OF BIRTH (month, day, and year) May 7th 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) P.C.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Thomas Gately

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Mcbormick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Mary E. Gately #3208 Boston St.

15 Filed May 20 1931 WILLIAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18/1931

17 I HEREBY CERTIFY, That I attended deceased from 5-13, 1931, to 5-18, 1931

that I last saw him alive on 5-18, 1931

and that death occurred, on the date stated above, at 2.15 P.m.

The CAUSE OF DEATH* was as follows:

Emphysema

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchitis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. A. Gordon M. D.

(Address) Emergency Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 5/21/1931

20 UNDERTAKER John J. Cowan & Son ADDRESS 90 Holliday St.

Spec.—9-30—A & Co—250 Blks

68909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1200E 68909

REGISTERED NO.

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 33rd & Calvert St., ST. 12-5 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jack Howard Watkins

(a) RESIDENCE NO. 2819 Bernard St City ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): an infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6 DATE OF BIRTH (month, day, and year): Dec 12th 1930

7 AGE — Years: — Months: 6 — Days: 7

If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Lawrence Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Bertie Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Father

(Address): same

15 Filed ___, 19___ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19th 1931

17

I HEREBY CERTIFY, That I attended deceased from May 19th, 1931, to May 19th, 1931

that I last saw h alive on May 19th, 1931

and that death occurred, on the date stated above, at 4:35 P.M.

The CAUSE OF DEATH* was as follows:

Intussusception

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Post operative shock

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of May 19th

Was there an autopsy? yes

What test confirmed diagnosis? operation

(Signed) Jesse S Taylor M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden

DATE OF BURIAL: May 21 1931

20 UNDERTAKER: Thurnwald Son

ADDRESS: 3645 Harford Ave

Spec.—1-10-21—MAT—1500 Blks.

68910

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68910

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 W. Mulberry St. 19-27 ST., WARD)

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Wheeler

(a) RESIDENCE NO. 1507 W. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 14 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER James Hilton Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Marion Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Marion Wheeler
(Address) 1507 W. Mulberry St

15 Filed [illegible], 19[illegible] C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1931

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to May 16, 1931, that I last saw h[illegible] alive on May 14 & 16, 1931, and that death occurred, on the date stated above, at May 16 4.30 A.M. m.

The CAUSE OF DEATH* was as follows:

Prematurity (30 wks)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Maternal Toxemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

5/18/31 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — UNIVERSITY OF MARYLAND

DATE OF BURIAL MAY 19 1931

20 UNDERTAKER [illegible] Department of Health.

ADDRESS

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68911 — 159 E 68911

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Street) 4826 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Jones

(a) RESIDENCE NO. 755½ W. Pleasant ST., WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 min. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 10, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 15 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles Jones

11 BIRTHPLACE OF FATHER (city or town) Wake Forest (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Beulah Riddick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Beulah Jones (Address) 755½ W. Pleasant ST.

15 Filed MAY 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10-1931

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to May 10, 1931, that I last saw her alive on May 10, 1931 and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis due to Syphilis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Premature birth-6 mo.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Frank T. Woodyard M. D.

(Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ERSITY OF MARYLAND — DATE OF BURIAL: MAY 19 1931

20 UNDERTAKER: City Commissioner Health. — ADDRESS

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 E 68912

~~F 68912~~

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-23 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Bailey

(a) RESIDENCE NO. 134 W. Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) May 16 1931

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 50 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Bailey

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Marie Johnson

13 BIRTHPLACE OF MOTHER (city or town) Annapolis (State or country) Maryland

14 Informant Marie Bailey (Address) 134 W. Lafayette

15 Filed ..... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 16 1931

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to May 16, 1931, that I last saw h[illegible] alive on May 16, 1931, and that death occurred, on the date stated above, at 3 25 A. m.

The CAUSE OF DEATH* was as follows:

Premature birth

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Maternal toxaemia

(Fracture) (duration) ..... yrs. 2 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

[illegible] 19 31 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL MAY 19 1931

UNDERTAKER [illegible] Director of Health.

ADDRESS

68913 M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68913

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 703½ W. Saratoga ST. 4-16 1/59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilda May Poulson

(a) RESIDENCE NO. 703½ W Saratoga ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6, 1931.

7 AGE — Years — Months — Days 4 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Elbo. Poulson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Hilda May Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Church Creek. Md.

14 Informant (Mother (Hilda M. Poulson)) (Address) 703½ Saratoga St.

15 Filed , 19

16 Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9 1931

17 I HEREBY CERTIFY, That I attended deceased from May 6 , 1931 , to May 9 , 1931 , that I last saw her alive on May 9 , 1931 , and that death occurred, on the date stated above, at 10:45 P. m.

The CAUSE OF DEATH* was as follows:

Premature infant.
(37 wks.)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Inanition

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis F. Rougelot M.D.

(Address) Med. Dept.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND.

DATE OF BURIAL 19

ADDRESS

MAY 20 1931

C. HARRISON JONES, M.D.

Commissioner of Health.

Per W. E. Woodall

pec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68914 — 159 — E 68914

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST., 20-72 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Crouch

(a) RESIDENCE NO. 714 Eagle St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) May 14 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 30 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md Maryland

10 NAME OF FATHER Raymond Crouch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Calder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Emma Crouch (Address) 714 Eagle St

15 Filed 19 Registrar

MAY 20 1931 H. PATTERSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14 1931

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to May 14, 1931, that I last saw h.e alive on May 14, 1931, and that death occurred, on the date stated above, at 5.35 P m.

The CAUSE OF DEATH* was as follows: Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Placenta Previa Contributory (duration) Moments mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Frank P Kandzpatrick, M. D.

5/19, 1931 (Address) 1000 Hoard St.

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

UNIVERSITY OF MARYLAND Commissioner Health. MAY 20 1931

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 68915 — 46 E 68915

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Bennett Pl St. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Roberta Nelson

(a) RESIDENCE NO. 916 Bennett Pl. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 27, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER Robert Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Ida Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Robert Nelson
(Address): 916 Bennett Pl.

15 5 20 1931 16 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 31

17
I HEREBY CERTIFY, That I attended deceased from Jan 13, 1931, to May 17, 1931
that I last saw h alive on May 16, 1931
and that death occurred, on the date stated above, at 7.20 A.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Cervix Uteri
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr William Frey M. D.
5/20, 1931 (Address) 928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. — DATE OF BURIAL: 5/20 1931

20 UNDERTAKER: Samuel T. Hemsley — ADDRESS: 578 W. Biddle

Spec.—9-30—A. & Co.—250 Blks.

E 68916 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68916

CERTIFICATE OF DEATH.

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) University Hosp (Street) 18-29 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Whitmore 1007 W. Saratoga St

(a) RESIDENCE NO. Salvation Army Headquarters WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Whitmore

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Farm work

(c) Name of employer Owen Lond Frederick Co.

9 BIRTHPLACE (city or town) (State or country) Frederick Co.

PARENTS

10 NAME OF FATHER Naylon Whitmore

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Anna Keegan

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Roy Whitmore (Address) Salem Md.

15 C. HAMPSON JONES, M. D. Registrar

MAY 20 1931 -19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20-31

17

I HEREBY CERTIFY, That I attended deceased from 5-6, 19 31, to 5-20, 19 31

that I last saw h alive on 5-20, 19 31

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Uremia - Broncho Pneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) M. Gorsuch M. D.

5/22, 19 31 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmitsburg Md

DATE OF BURIAL May 23 1931

20 UNDERTAKER M. L. Keegan & Son

ADDRESS Thurmont Md

Spec.—9-30—A. & Co.—250 Blks.

68917. # HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124 E 68917.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 810 N. Chapel (St.) 7-13 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Landa

(a) RESIDENCE NO. 816 N. Caroline St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Landa

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hunter of
(b) General nature of industry, business, or establishment in which employed (or employer) Cabinet Maker
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS
10 NAME OF FATHER Frank Landa
11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia
12 MAIDEN NAME OF MOTHER Anna Kryes
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Interment (Address) Mount Landa 810 N. Chapel

15 Filed [illegible] 1931 19 Per [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 31

17
I HEREBY CERTIFY, That I attended deceased from May 13, 1931, to May 19, 1931
that I last saw h[illegible] alive on May 19, 1931
and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage,
Atrophic Cirrhosis of liver
(duration) ? yrs. mos. ds.
CONTRIBUTORY (Secondary) Cardiac Decompensation
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Joseph Young M. D.
19 (Address) 229 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park — DATE OF BURIAL May 22 19 31

UNDERTAKER Frank Brach Son — ADDRESS Gaithersburg

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68918

CERTIFICATE OF DEATH.

107-09 E 68918

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Vorel

(a) RESIBENCE NO. 841 N. Montford Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 24/09

7 AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
22	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Balt.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Vorel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Bohemia

12 MAIDEN NAME OF MOTHER Eugenia Klo

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Bohemia

14 Interment (Address) Joseph Vorel 841 N. Montford a

20 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931 May 19

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931, to May 19, 1931, that I last saw him alive on May 18, 1931, and that death occurred, on the date stated above, at 7:25 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Abscesses

(duration) yrs. 2 mos.

CONTRIBUTORY (secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A.C. Hubbard, M. D.

, 19 (Address) Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lovely Redeemer Date of Burial May 22 1931

20 UNDERTAKER: Frank Leach & Son ADDRESS 1600 Eutaw

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68919

CERTIFICATE OF DEATH

183 E 68919

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH — Found floating in the water at 22-30

City of Baltimore: (No. Pier No.9 Light St. St., Ward)

2-FULL NAME Unknown.

(a) RESIDENCE NO. Do not know. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	About 32	-------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Do not know.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Police Report. S.D.
(Address)

MAY 20 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found May 11, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Coroner's Inquiry

(Signed) Otto L. Reinhardt, M. D.
5/19, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — PUBLIC CEMETERY. DATE OF BURIAL MAY 20 1931 19

20 UNDERTAKER Homer Lee ADDRESS

Commissioner of Health.

THE MORGUE

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68923

CERTIFICATE OF DEATH

1677 1/16
17 68820

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) On lot in rear of 927 E. Fort Ave. (St.) 24-34 (Ward)

2-FULL NAME Unknown.

(a) RESIDENCE NO. Do not know. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	About 30	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Do not know.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Police Report. S.D.
(Address)

MAY 20 1931 19 C. HAMPSON JONES, M. D. Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of the head.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Elliott Leonard K. M. D.

5/19 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL MAY 20 1931 19

20 UNDERTAKER Homer Bush.

ADDRESS

per Wm. E. McGRATH

Spec.—8-30—A. & Co.—250 Blks

68921 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 94-082 68921

CERTIFICATE OF DEATH. 13-59

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 828 Chauncey Ave. St. (WARD)

REGISTERED No
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mendel Cohen

(a) RESIDENCE No 828 Chauncey Ave, St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Miriam W. Cohen

6 DATE OF BIRTH (month, day, and year) Oct. 7, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Specialty Jobber

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tenna.

PARENTS

10 NAME OF FATHER Israel B. Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Esther Stone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Miriam Cohen
(Address) 828 Chauncey Ave.

15 JUN 20 1931 . 19 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 19 . 1931 . to May 20 . 1931
that I last saw h alive on May 20 . 1931
and that death occurred, on the date stated above, at 2 A. m.
The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Saml Wolman M. D.

. 19 (Address) 2444 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem.

DATE OF BURIAL: 5/21/ 1931

20 UNDERTAKER: David Sondheimer Son

ADDRESS: 1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks.

68922 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68922

CERTIFICATE OF DEATH.

93-003

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 5605 Green Spring Ave. St. 14-30 WARD)

2 FULL NAME Betsy Rosenheim

(a) RESIDENCE No 1706 Bolton St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Rosenheim

6 DATE OF BIRTH (month, day, and year) July 14, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER ? Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mr. Arthur L. Maas 5605 Green Spring Ave.

15 Filed 0 1931 C. HAMPSON JONES, M. D. Registrar By ... A. C. F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 14th, 1931, to May 19th, 1931

that I last saw her alive on May 19th, 1931

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

ARTERIO SCLEROSIS

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) MYOCARDITIS

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) Thomas L. Shears M. D.

5/26th, 1931 (Address) 905 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	5/21/ 1931
20 UNDERTAKER David Sondheimer & Son	ADDRESS 1902 Eutaw Place

1-30—M. & T.—100 B—50L

E 68923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

206 E 68923

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto & Hanover ST. 25-77 WARD)

2-FULL NAME Fred'k C Brown

(a) RESIDENCE NO. 1628 Church St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle E Brown

6 DATE OF BIRTH (month, day, and year) 12/19/99

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lab Helper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Sapicat Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Fred'k C Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Minnie M. Hundley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John H Brown

(Address) 1628 Church St

15 Filed ....., 1931 C. HAMPSON JONES, M. D. M. C. H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest find that said deceased came to his death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows: Alleged to be was injuries sustained while at work Train at R. R. Crossing.

(Duration) yrs. mos. ds.

17a CONTRIBUTORY (Secondary) Fract Skull (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Chesapeake & Brook

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. Travers, M. D. Coroner

(Address) 2939 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 5/22 1931

20 UNDERTAKER H M Cole

ADDRESS 1212 Pond

Spec.—9 30—A. & Co.—250 Blks

E 68924 HEALTH DEPARTMENT—CITY OF BALTIMORE 46 E 68924

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 501 S. Belnord Avenue St. 1-3 WARD)

2 FULL NAME Catherine . Szamborski

(a) RESIDENCE NO. 501 S. Belnord Avenue St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Konstanty . Szamborski

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Mikolaj . Zgudziejewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Mr. Konstanty . Szamborski 501 S. Belnord Avenue

15 JUN 20 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1931

17 I HEREBY CERTIFY, That I attended deceased from May 14 1931 to May 19 1931

that I last saw him alive on May 19 1931

and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows: Arteriosclerosis ? Lues

Myocardial Insufficiency (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Kuczynski M. D.

5/19 1931 (Address) 3579 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. May 22 DATE OF BURIAL 1931 19

20 UNDERTAKER John M Weber ADDRESS 401 Chester Ave

Spec.—9-30—A. & Co.—250 Blks.

68925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

68925

REGISTERED NO. 68925

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 244 S. Chester Street St. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Adam . Lentowski

(a) RESIDENCE NO. 244 S. Chester Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva . Lentowski

6 DATE OF BIRTH (month, day, and year) Oct. 15 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Mr. Walter . Lentowski Son 244 S. Chester Street

15 [illegible] 19 [illegible]

C. HAMPSON JONES, M. D. Registrar

0 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/10 . 1931 to 5/20 . 1931

that I last saw him alive on 5/18 . 1931

and that death occurred, on the date stated above, at 430 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectaris

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Marcel Fischel M. D.

19 3 (Address) 3165 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: May 23 1931

20 UNDERTAKER: John M Weber ADDRESS: 401 S. Chester St

Spec.—9-30—A. & Co.—250 Blks

68926 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30 E 68926

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 25/11 ST. Patent WARD 1)

2 FULL NAME William B. Taylor

(a) RESIDENCE No. 646 Cedar St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M. | 4 COLOR OR RACE: W. | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed or divorced — HUSBAND of (or) WIFE of: Ellen V. Butler

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 67 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lecturer

(b) General nature of industry, business, or establishment in which employed (or employer): 044

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Paul Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Emma Winchester

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Interment (Address): Mount Auburn Cemetery

15 Filed 20 1931 . 15 — HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1931

17 I HEREBY CERTIFY, That I attended deceased from May 10 — 1931 to May 18 — 1931

that I last saw h— alive on May 18 — 1931

and that death occurred, on the date stated above, at 12100 m.

The CAUSE OF DEATH* was as follows:

General Sepsis

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary): Pyuria of Prostate (duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date 2 mos. ago

Was There an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H. Hunt Jones M. D.

19 (Address) 1211 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross DATE OF BURIAL: May 19 1931

20 UNDERTAKER: [illegible] ADDRESS: [illegible]

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

68927 121 E 68927

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE (No 33rd St. Colvert St 9-46 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Dawson

(a) RESIDENCE NO 506 E 27th St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 24 1917

7 AGE 14 Years	0 Months	26 Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Nicholas Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Marie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

14 Informant Hospital Records
(Address)

15 [illegible] HAMPSON JONES, M. D.
MAY 27 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1931

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to May 20, 1931

that I last saw h alive on May 20, 1931

and that death occurred, on the date stated above, at 740 P m.

The CAUSE OF DEATH* was as follows:

Appendical Abscess

(duration) 0 yrs. 0 mos. 10 ds.

CONTRIBUTORY (Secondary) Adynamic Ileus

(duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes No Date of 5/6/31

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) Samuel McLanahan M. D.

May 20 1931 (Address) Union Mem. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	5/23/1931
20 UNDERTAKER	ADDRESS
Wm Cook	127 E Fort Ave

250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1K E 68928 — 23 E 68928

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1323 N. Carey ST. 15-23 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Birdie Glover

(a) RESIDENCE NO. 1323 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 7 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced ~~HUSBAND of~~ and WIFE of Haller Glover

7 DATE OF BIRTH (month, day, and year) Sept 20, 1884

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	28	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

11 NAME OF FATHER Alfred Glover

12 BIRTHPLACE OF FATHER (city or town) (State or country) Va

13 MAIDEN NAME OF MOTHER Lillie Griffin

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

15 Informant Mary Cayler (Address) 1323 N. Carey St.

16 Filed May 21 1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 15. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 15. 1931 to May 18. 1931.

that I last saw her alive on May 18. 1931.

and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. 3 mos. 0 ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. Lee Ellis, M. D.

5/19. 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL May 21 1931

20 UNDERTAKER Mrs. Geo H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks.

E 68929

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68929

131 V

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3807 Pleasant Place (Hospital, Institution or Street) 12-57 (Ward)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward H. Alban.

(a) RESIDENCE No. 3807 Pleasant Place ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word): Married (Not Applicable)

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~late~~ Estella Alban

6 DATE OF BIRTH (month, day, and year) Dec 22 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69.	4.	28.	

8 OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Section hand.
(b) General nature of industry, business, or establishment in which employed (or employer): Cotton mill
(c) Name of employer: Wm E. Forbes and Sons

9 BIRTHPLACE (city or town) (State or country): Balto Co. Md.

PARENTS

10 NAME OF FATHER: Samuel Alban.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

12 MAIDEN NAME OF MOTHER: Susan Risner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Interment (Date): Estella Alban Nye
(Address): 3807 Pleasant Place

15 Filed 21 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 31

17
I HEREBY CERTIFY, That I attended deceased from Feb 15 1931 to May 17 1931
That I last saw h living on May 17 1931
and that death occurred, on the date stated above, at 2:20 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis (Interstitial)

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Arthur J Davies M. D.

5-20 1931 (Address) 806 W 38th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Cemetery Balto Md.

DATE OF BURIAL: May 22 1931

20 UNDERTAKER: Walter Davis

ADDRESS: 3418 Chestnut Ave.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68930

CERTIFICATE OF DEATH

97 v E 68930

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3243 Elliott ST. 16-1 WARD)

2 FULL NAME Louis Green

(a) RESIDENCE NO. 3243 Elliott ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Blum

6 DATE OF BIRTH (month, day, and year) 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Harry Green
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Ida Sarah
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry Green
(Address) 1610 Linden Ave

15 Filed 2 1931 BY HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20/31

17
I HEREBY CERTIFY, That I attended deceased from May 1 . 1931 . to May 19 . 1931
that I last saw h[illegible] alive on May 19 . 1931
and that death occurred, on the date stated above, at 1045 p.m.
The CAUSE OF DEATH* was as follows:
Arterio Sclerosis

(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute cardiac dilatation
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) H Kaan M. D.
May 20 1931 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run
DATE OF BURIAL May 21 1931

20 UNDERTAKER Sol Levinson & Bro
ADDRESS 127 E Balto St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68931 131 E 68931

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Provident Hosp. REGISTERED NO. 29-48

CITY OF BALTIMORE: (No. 1514 Division St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Brawen

(a) RESIDENCE NO. 6006 Prescott Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Norman Brown

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE — Years: 46 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Norman Brown
(Address): Montebello Ave. & 36th St

15 Filed ... 1931 ... HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-19-31

17 I HEREBY CERTIFY, That I attended deceased from 5-5-, 19 31 to 5-19-, 19 31

that I last saw h[illegible] alive on 5-19-, 19 31

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic hypertensive cardio vascular renal disease

(duration) Unknown

CONTRIBUTORY (Secondary): Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

6-20 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson's Cem

DATE OF BURIAL: 6-21 1931

UNDERTAKER: Byrow Wright

ADDRESS: 1218 McCulloh St

1-30—M. & T.—100 B—501.

E 68932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

E 68932

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 3911 Pinkney Rd ST. 27-55 WARD

2-FULL NAME Samuel Jacobs

(a) RESIDENCE NO 3911 Pinkney Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Jacobs

6 DATE OF BIRTH (month, day, and year) April 27 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36		23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Max Jacobs

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Sara Jacobs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Gertrude Jacobs

(Address) 3911 Pinkney Road

Filed MAY 21 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound
Through Head
Suicide

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Edw. Mowbray Coroner, M. D.

5/21, 1931 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cohen Washington Rd

DATE OF BURIAL 5/21 1931

20 UNDERTAKER Louis Levin

ADDRESS 1459 E. Baltimore

Spec—9-30—A. & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68933

8933

CERTIFICATE OF DEATH.

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 2350 Eutaw Place St 13-59 WARD

2 FULL NAME Moses Kaufman

(a) RESIDENCE NO 2350 Eutaw Place ST. WARD

(Usual place of abode) (If non resident give city or town and state)

Length of residence in city or town where death occurred 45 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Roumania

PARENTS

10 NAME OF FATHER Benzion Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Roumania

12 MAIDEN NAME OF MOTHER Sarah Kaufman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Roumania

14 Informant Philip Kaufman

(Address) 2350 Eutaw Place

15 Filed 6-1 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931 to May 20, 1931

that I last saw him alive on May 20, 1931

and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kadin M. D.

. 19 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 6/2 1931

20 UNDERTAKER Jack Levis

ADDRESS 1439 E. Balto St

Spec.—1-12-23—M&T—500 Blks.

E 68934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68934

CERTIFICATE OF DEATH.

REGISTERED NO. 34

1-PLACE OF DEATH West Baltimore General Hosp. ST. 16-3 WARD

CITY OF BALTIMORE: (No.)

2-FULL NAME Emma Richardson

(a) RESIDENCE NO. 1126 Woodyear St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Willie Richardson

6 DATE OF BIRTH (month, day, and year): April 12, 1901

7 AGE: Years 30 Months 1 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Alice Irby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Willie Richardson 1126 woodyear St

15 [illegible] MAY 21 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1931

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1931, to May 18, 1931, that I last saw her alive on May 18, 1931, and that death occurred, on the date stated above, at 7:50 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardiovascular disease

Abscess indatrunger c

Cellulitis right hand

(duration) yrs. mos. 36 ds.

CONTRIBUTORY (Secondary): Acute Nephritis

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 4/16/31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Ashman, M. D.

, 19 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: May 22 1931

20 UNDERTAKER: Thomas. E. Kelson

ADDRESS: 1303 Presstman St

Spec.—9-30—A. & Co.—250 Blks.

68935 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68935

CERTIFICATE OF DEATH. 19-27 87 REGISTERED No.

1 PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. ST. WARD)

2 FULL NAME Sarah Elizabeth Murray

(a) RESIDENCE No. 226 N. Mount ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Murray

6 DATE OF BIRTH (month, day, and year) Unknown 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Anne Arundle Co. Md.

PARENTS
10 NAME OF FATHER ? Mathews
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Ella Bowie
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed May 21 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19-31

17
I HEREBY CERTIFY, That I attended deceased from 3-27-31, 19, to 5-19-31, 19
That I last saw her alive on 5-19-31, 19 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum (duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padget M. D.
5-20 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Calvary Cemetery — DATE OF BURIAL May 23 1931

20 UNDERTAKER Thomas. E. Kelson — ADDRESS 1303 Pittman St

Spec.—1-12-23—M&T—500 Blks.

Dr Geo Cross 28 W. 25th St Phone 0619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

68936 108 JE 68936

REGISTERED NO. 68936

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Lorraine Ave STR. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Fisher Pursell

(a) RESIDENCE NO. 400 Lorraine Ave STR. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Nora C. Pursell

6 DATE OF BIRTH (month, day and year) Aug 29th 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63.	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer New Publishing Co.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Isaac N. Pursell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Josephine Reiter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Nora Pursell (Address) 400 Lorraine Ave

15 Filed 2 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1931, to May 19th, 1931, that I last saw h live on May 19th, 1931, and that death occurred, on the date stated above, at 1155 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(duration) yrs. 2 mos 10 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia (duration) yrs. mos. ds.

Was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Howard R. Cross, M. D.

, 19 (Address) 28 W 25th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 5/21/1931

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

E 68937 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68937

CERTIFICATE OF DEATH.

50

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 21-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Frisby

(a) RESIDENCE NO. 1107 Russell ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Wid.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of (7)

6 DATE OF BIRTH (month, day, and year) 1886.

7 AGE 45 Years	Months	Days	If LESS than 1 day, hrs. or min.
47 (7)			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Jolly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Balto City Hosp

15 Filed 21 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-17-1931

17

I HEREBY CERTIFY, That I attended deceased from 3-16, 19 31, to 5-17, 19 31

that I last saw her alive on 5-17, 19 31

and that death occurred, on the date stated above, at 11 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Breast with Femoral Metastases

(duration) 1 yrs. 0 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

Acquired. (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Lutus E. Little M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 5-20 1931

20 UNDERTAKER Daniel Carlin ADDRESS 916 Cathedral

Spec.—9-30—A. & Co.—250 Blks.

E 68938 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 68938

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No 5233 Dennore ~~Ave~~ 7-55-12 WARD

2. FULL NAME David Smith

(a) RESIDENCE NO. 5233 Dennore ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Singe

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Oscar Smith
(Address) 5233 Dennore ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 18 1931

17 I HEREBY CERTIFY, That I attended deceased from January 19 31 to May 18 19 31

that I last saw him alive on May 17 19 31

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) yrs. 4 mos. 15 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. Balcher M. D.

5/18 1931 (Address) 1111 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MD Memorial Park	5-20 1931
20 UNDERTAKER	ADDRESS 716 Park Ave
Dennis Carter	

JUN 2 1931 C. HAMPSON JONES, M. D.
Registrar

Spec.—1-30—M. & T.—250 Blks.

E 68939 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68939

CERTIFICATE OF DEATH.

15

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST., 816 WARD)

2-FULL NAME William Wesley Taylor

(a) RESIDENCE No. 2529 E. Oliver ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Sept 23, 1930

7 AGE: Years 0 | Months 7 | Days 28 | If LESS than 1 day, hrs. or min. .....

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Ada Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mrs Ada Taylor 2529 E Oliver St

15 JUN 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1931, to May 20, 1931, that I last saw him alive on May 20, 1931, and that death occurred, on the date stated above, at 8 00 p. m.

The CAUSE OF DEATH* was as follows:

Erysipelas

(From infected toe)

(duration) 0 yrs. 0 mos 10 ds.

CONTRIBUTORY (Secondary) Toxic myocarditis

(duration) 0 yrs. 0 mos. 8 ds.

18 Where was disease contracted if not at place of death? Contracted at place of death.

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) L. Peter Mercanbe, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: May 21 1931

20 UNDERTAKER: George W. Zinkler — ADDRESS: 1737 E. Eager St

Spec.—1-30—M. & T.—250 Bks.

~~C~~ 68940

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~C~~ 68940

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 19-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Linsenmeyer

(a) RESIDENCE NO. 1721 W. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Maried

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry B. Linsenmeyer

6 DATE OF BIRTH (month, day, and year) Mar 17-1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Simon Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Smiley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Henry B. Linsenmeyer

(Address) 1721 W. Pratt St.

15 Filed 21-1931, 19 A. ... JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20-31

17 I HEREBY CERTIFY, That I attended deceased from May 19th, 1931, to May 20th, 1931, that I last saw her alive on 5-20, 1931, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis, acute

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Perforation of Stomach (malignant)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 5/19/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) M. F. Bird, M. D.

, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: May 23, 31

20 UNDERTAKER: George L. Schwartz ADDRESS: 1801 Eutaw Ave

1-30—M. & T.—100 B—50L.

68941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 68941

REGISTERED NO.

1-PLACE OF DEATH Providence Hosp 4-25 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.

2-FULL NAME Alice B Gray

(a) RESIDENCE NO 601 W Lafayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	12	11	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Walter Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Walter Gray

(Address) 601 W Lafayette Ave

15 (Date) 5/31, 192 [illegible] Registrar

2 1 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & Knocked down by auto at intersection (Duration) yrs. mos. ds. Injury to chest

CONTRIBUTORY (Secondary) Ruptured Pericardium yrs. mos. ds.

18 Where was disease contracted if not at place of death? Biddle & Pennsylvania

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) S. J. Fraunfelter, M. D. Coroner

5/30, 1931 (Address) 3939 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 31 1931

20 UNDERTAKER Mr Katie R Williams

ADDRESS 3727 Edmondson Ave

over

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68942

CERTIFICATE OF DEATH

27E 68942

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, No. Good Shepherd Hospital ST. (or AVE.) WARD 4E 90

2-FULL NAME Joseph Russell

(a) RESIDENCE No. 1538 W. McCulloh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Russell

6 DATE OF BIRTH (month, day, and year): 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Talbot Co. Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Unknown

14 Informant (Address): Elizabeth Russell 1538 W. McCulloh St

15 [illegible] Registrar

MAY 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/18/31

17 I HEREBY CERTIFY, That I attended deceased from Apr 15 31 to May 18 31, that I last saw him alive on May 18 31, and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Tubercular Arthritis of Joints with form ulcer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1538 W. McCulloh

Did an operation precede death? yes Date of 4/16/31

Was there an autopsy? no

What best confirmed diagnosis? Clinical

(Signed) S B Hughes M. D.

19 (Address) 1413 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19a PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 5/21 1931

20 UNDERTAKER: Samuel Hemsley ADDRESS: 2178 W. Baltimore

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68943

CERTIFICATE OF DEATH.

108 ✓

REGISTERED NO. E 68943

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Roth ST. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry T. Wash

(a) RESIDENCE NO. 503 Roth ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary A. Wash.

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer) Cattle Growers

(c) Name of employer G. H. Hartsock Co

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Nathaniel Wash

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bridget Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Elmer A. Wash (Address) 503 Roth

15 Filed 21 1931 Fiz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/18/31

17 I HEREBY CERTIFY, That I attended deceased from 12/21, 1930 to 5/18, 1931, that I last saw him alive on 5/17, 1931, and that death occurred, on the date stated above, at 2:45 A.M.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Organic Heart Disease (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Elkins, M. D.

5/19, 31 (Address) 524 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	5/21, 1931
20 UNDERTAKER Samuel D. Hemsley	ADDRESS 528 N Bradford

Cor.—10-10-29—A Co.—100 Bks.

E 63944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63944

CERTIFICATE OF DEATH

20-69 95

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2624 Maempel Lane. St., _____ Ward)

2-FULL NAME George Green.

(a) RESIDENCE NO. 2624 Maempel Lane. St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Do not know.

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	72	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer): _____
(c) Name of employer: _____

9 BIRTHPLACE (city or town) Do not know.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Do not know.

14 Informant Police Report. S.W.D.
(Address)

Filed MAY 21 1931, 19__ HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart.

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto F. Weinbrecht M. D.

5/19 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interred and buried in Lorraine Cemetery
JOHNS HOPKINS HOSPITAL

DATE OF BURIAL May 29 1931

20 UNDERTAKER W. M. Ponton 223 N. Howard St.

ADDRESS MAY 21 1931

Important. See instructions on back of certificate.

Spec—12-23-2—E.P.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68945

CERTIFICATE OF DEATH.

15E 68945

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Vincent's Mty Hosp 43-53 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosalia Mylarski

(a) Residence No. 3028 Reisterstown Rd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced: (write out) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 1, 1931

7-AGE: ..... yrs. ..... mos. 20 ds. If LESS than 1 day, ... hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: ..... None

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md.

PARENTS

10-NAME OF FATHER: Samuel Slade

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore

12-MAIDEN NAME OF MOTHER: Helen Murray

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto, Md.

14-Informant: Helen Murray

(Address) 3028 Reisterstown Rd.

15-

21 1931 19.. HARRY JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) May 20, 1931

17-I HEREBY CERTIFY, That I attended deceased from May 1 to 31 and that I last saw her alive on May 20 to 31 and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Prematurity 1

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Maternal toxemia, Labor 2 days 1 day ds.

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Margaret B. Ballard M.D.

5/20 1931 (Address) 1046 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Holy Redeemer	May 21 1931
20-UNDERTAKER.	ADDRESS
Martin Fahy & Son	1827 W. North Ave.

Spec.—9-30—A. & Co.—250 Blks

E 68946 ✓ E 68946

E 68946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Hanover St. 2332 WARD)

2 FULL NAME Elizabeth Herdegen.

(a) RESIDENCE NO. 1506 Hanover ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lambert Herdegan.

6 DATE OF BIRTH (month, day, and year) Sept. 2nd 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Not Known.

11 BIRTHPLACE OF FATHER (city or town) (State or country) " "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant John. Herdegen.
(Address) 1506 Hanover St.

15 Filed [illegible] HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19-31

17

I HEREBY CERTIFY, That I attended deceased from 5/19 1931 to 6/19 1931

that I last saw h[illegible] alive on 6/19/31 1931

and that death occurred, on the date stated above, at 9 45 P m.

The CAUSE OF DEATH* was as follows:

Acquired Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) 1240 Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer. DATE OF BURIAL 5-23 1931

20 UNDERTAKER E & B Hahn ADDRESS 115 E North St

Spec.—9-30—A. & Co.—250 Bks

68947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001 B 68947
REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 21-29 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Vetters

(a) RESIDENCE NO. 708 W. Cross ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Vetters

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Vetters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hospitals

15 Filed 12 MAY 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20-31

17
I HEREBY CERTIFY, That I attended deceased from 4-27-31, 19 , to 5-20-31, 19
that I last saw him alive on 5-20-31, 19
and that death occurred, on the date stated above, at 6:05 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.
5-20-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL 5-23rd 1931

UNDERTAKER Bernard Harlow ADDRESS 1000 S Paca St

Spmt.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68948

CERTIFICATE OF DEATH

159 E 68948

1 PLACE OF DEATH Union Memorial Hospital — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 3400 ST. 9-4th WARD)

2 FULL NAME Premature Baby Logan

(a) RESIDENCE No. 300 East 29th ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	1 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Loyd Logan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nova Scotia

12 MAIDEN NAME OF MOTHER Helen McDuffett

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant mother (Address) 300 East 29th St.

15 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day, and year) 5/20/31

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1931, to May 20, 1931

That I last saw he alive on May 20, 1931

and that death occurred, on the date stated above, at 4 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Spontaneous premature birth

— (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Unknown

— (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John M Boyland M. D.

19 (Address) 1014 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. — DATE OF BURIAL: 5/21/31

20 UNDERTAKER: J. A. Moran E. Coulbourn — ADDRESS: 3600

C. HAMILTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks.

✓ 159 Ch[illegible] of body

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68949

CERTIFICATE OF DEATH.

E 68949 Body given to hospital

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-43 WARD)

2-FULL NAME Baby Boy Hood

(a) RESIDENCE NO. 5911 Greenlawn ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 10, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER Walter Hood

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Clara

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed MAY 27 1931 Registrar HAMSEN JONES M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13 1931

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1931 to May 13, 1931,

that I last saw h...lm alive on May 13, 1931,

and that death occurred, on the date stated above, at 2 30 a. m.

The CAUSE OF DEATH* was as follows:

Intracranial hemorrhage

Pulmonary atelectasis

(duration) yrs. mos 3 ds.

CONTRIBUTORY Premature
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Hospital

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUN 1 - 1931

Spec.—9-30—A. & Co.—250 Bks.

Dr Leopold

HEALTH DEPARTMENT—CITY OF BALTIMORE

68950

CERTIFICATE OF DEATH.

93-003 E 68950

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1812 Moreland ave ST. 15-18 WARD.)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pearl Phillips

(a) RESIDENCE No 1812 Moreland ave ST. WARD.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. 25 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Norman

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE: Years 34; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Charlestown W. Va

PARENTS

10 NAME OF FATHER: Harris Goltz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Esther Susman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Harris Goltz 1812 Moreland ave

15 [illegible] 19 [illegible] Registrar

21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21 31

17
I HEREBY CERTIFY, That I attended deceased from December, 1930, to May 21st, 1931, that I last saw h[illegible] alive on May 20, 1931, and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardio vascular Disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical tests

(Signed) Eugene Leopold M. D.

5/21, 1931 (Address) 700 W Lafayette ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Sorrow Ave — DATE OF BURIAL: May 21 1931

20 UNDERTAKER: A. L. Swinson & Bro — ADDRESS 1127 E Balto st

Cor.—10-10-29—A Co.—100 Bks.

E 68951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003 ✓ E 68951

11-15

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 937 N. Calvert St. St., _____ Ward)

2-FULL NAME Catherine E. Milligan.

(a) RESIDENCE NO. 937 N. Calvert St. St., _____ Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---- yrs. ---- mos. 2 ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 18, 1931

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	0	0	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Patrick Milligan.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Brooklyn, N. Y.

12 MAIDEN NAME OF MOTHER Opal Hincheliffa.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ohio.

14 Informant Opal Milligan. (mother)
(Address) 937 N. Calvert St.

Filed 21 1931 19 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
congenital.

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Elliott Emerald M. D.

5/21, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peter's Cemetery	May 21 1931
20 UNDERTAKER	ADDRESS
Henry W. Mears & Son	805 N. Calvert St.

Important. See instructions on back of certificate.

Rpmt—9-30—A. & Co.—250 Blks

E 68952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

162 68952

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3527 Roland Ave. (St.) 13-52 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ann E. Smith

(a) RESIDENCE NO. 3527 Roland Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (Write the word): Widow

6a If married, widowed or divorced, HUSBAND of (or) WIFE of: E. Emory Smith

6 DATE OF BIRTH (month, day, and year): Nov. 29-1839

7 AGE: Years 91 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Sharpsburg, Md.

PARENTS

10 NAME OF FATHER: William Gloss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Betty —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Miss. Minnie Smith 3527 Roland Ave.

15 C. HAMPSON JONES, M. D. Registrar

MAY 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 20-1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931 to May 20, 1931
(But I last saw her alive on May 20th 1931)
and that death occurred, on the date stated above, at 2.45 P. m.
The CAUSE OF DEATH* was as follows:

Senile Paresis

(duration) yrs. 5 mos. 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Wintzer

(Signed) C. H. Hampson Jones M. D.

May 21 1931 (Address) 850 W. 36 St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sharpsburg, Md. DATE OF BURIAL: May 23 1931

UNDERTAKER: Horace F. Burgee ADDRESS: 3661 Falls Rd.

Spec.—1-30—M. & T.—250 Bks.

E 68953

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68953

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital ST. 7[illegible] WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Thomas Ryan

(a) RESIDENCE NO. 134 E. Augusta Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	Jany	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) City of Balto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs John Kennedy 134 E. Augusta ave

15 [illegible] 19 C. HAMPSON JONES, M. D.

Y 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19-31

17 I HEREBY CERTIFY, That I attended deceased from 5-17, 19 31, to 5-19, 19 31,

that I last saw him alive on 5-19, 19 31,

and that death occurred, on the date stated above, at 11 50 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration.

V Hypertrophied prostate

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) Hyalmar S. Anderson, M. D.

5-20-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Leatherbark cemetery	May 23 1931
20 UNDERTAKER D F A. Keane dcsd	ADDRESS 703 Hanover st

Spec.—9-30—A. & Cn.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~E 68954~~ 23E 68954

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 07-31 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St.)

2 FULL NAME Ernest C Menster

(a) RESIDENCE NO. 3 W Hill St St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/24/04

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Press feeder
(b) General nature of industry, business, or establishment in which employed (or employer): Offset
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Alabama

PARENTS
10 NAME OF FATHER: George C Menster
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Martha ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Hospital Records
(Address) 4940 Eastern Ave

15 Filed 21 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/19/31

17
I HEREBY CERTIFY, That I attended deceased from May 6, 19 31, to May 19, 19 31
that I last saw h alive on May 19, 19 31
and that death occurred, on the date stated above, at 3 55 P m.

The CAUSE OF DEATH* was as follows:
Tuberculosis Meningitis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis
unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Spinal Fluid Examination

(Signed) David Jensen M. D.
5/20, 19 (Address) 4940 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill
DATE OF BURIAL: May 22 1931

20 UNDERTAKER: Fred A. Krauss & Co
ADDRESS: 723 S Hanover

1-20—M & T.—100 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68955

CERTIFICATE OF DEATH

E 68955

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Louis Hopkins Hosp ST., 17-9 WARD)

2-FULL NAME Robert Milton Werking

(a) RESIDENCE NO York, Pa. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Werking

6 DATE OF BIRTH (month, day, and year) May 14th 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29	0	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Truck Driver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Nimrod H. Werking

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Katie Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Mrs Carrie Werking
(Address) York, Pa.

15 Filed 5-21-1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-21 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Acut. Mania he was drunk ventured upon him (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Traumatic Shock (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Manchester Pa

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Path Clin & Phy

(Signed) H. Hamer Coroner, M. D.

5/21, 1931 (Address) 39 39th & Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem, York, Pa.

DATE OF BURIAL May 25/193

20 UNDERTAKER J. Frederick Jones

ADDRESS N & Pa.

Spec—9 30—A. A Co—250 Blks

Louis Hands

HEALTH DEPARTMENT—CITY OF BALTIMORE

68956

CERTIFICATE OF DEATH

1861 68956

REGISTERED NO.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 University Hosp. St. 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hands, Louis

(a) RESIDENCE NO. 811 Eagle St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Hands

6 DATE OF BIRTH (month, day, and year) Feby 10th 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) O.K. Sullivan

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jackel Hands

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Martha McGath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Cora F Hands
(Address) 811 Eagle St

15 5 21 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/20/1931

17 I HEREBY CERTIFY, That I attended deceased from 5-19-31, 19 31, to 5-20, 19 31

that I last saw h alive on 5-20, 19 31

and that death occurred, on the date stated above, at 2:00 P m.

The CAUSE OF DEATH* was as follows:

1. Hemorrhage and Edema of spinal cord in cervical region
caused by a fall - accidental
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) J. H. Corkran M. D.

5 21, 19 31 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cem	5/23/1931
20 UNDERTAKER John F Howard & Son	ADDRESS 901 Hollins St.

Spec.—9-30—A. & Co.—250 Bks.

68957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

68957

1 PLACE OF DEATH 22 Finch Alley

CITY OF BALTIMORE. (No.) 6 Madison ST. 16th WARD

2 FULL NAME Frank Sears

(a) RESIDENCE NO. 227 N Schroeder ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male

5 COLOR OR RACE Negro

3 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE 63 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 041

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emily Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Wm A. Sears 227 Schroeder st

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19-31

17

I HEREBY CERTIFY, That I attended deceased from 5-9-31, 19... to 5-19-31, 19...

that I last saw h... alive on 5-19-31, 19...

and that death occurred, on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows:

Fibroid Ulcers

Myocarditis

(duration) yrs. 1 mos. ... ds.

CONTRIBUTORY (Secondary) Cardiac Dilation

(duration) yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) ... M. D.

(Address) ... 19 ... City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

UNDERTAKER Geo L. A. Gibson

DATE OF BURIAL 5-22 19 31

ADDRESS 1735 Druid Hill Ave

TION IS VERY Important

Spec.—1-30—M. & T.—250 Bks.

E 68958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68958

CERTIFICATE OF DEATH.

1002

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No.) Caton & Wilkens Ave ST. 75-72 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Lawrence Laumann.

(a) RESIDENCE NO. Ellicott City P.O. R.F.D. 2nd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Continental Milling Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George E Laumann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant George Laumann (Address) Ellicott City Md

15 Filed 6-1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-21-31

17 I HEREBY CERTIFY, That I attended deceased from 5-6-31, 19..... to 5-21-31, 19.....

that I last saw him alive on 5-21-31, 19.....

and that death occurred, on the date stated above, at 5:10 P.M.

The CAUSE OF DEATH* was as follows:

Traumatic Rupture Kidney

Accidentally struck on the back & knee by another horse last August

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia Left

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Exploratory Suture Date of 5-7-31

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) Hyalmar S. Anderson, M. D.

5-21-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Cemetery — DATE OF BURIAL May 24 1931

20 UNDERTAKER Easton Sons — ADDRESS Ellicott City Md.

Spec.—1-12-23—M&T—600 Blks.

68959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68959

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4610 Mamasota Ave ST. 96-41 WARD

2-FULL NAME Edward Hamilton Tours

(a) RESIDENCE NO. 4610 Mamasota Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Josephine Tours

6 DATE OF BIRTH (month, day, and year) Nov 7th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ship wright

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Arundel Corporation

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas Tours

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Cullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Josephine Dallas (Address) 4610 Mamasota Ave

15 [illegible] 21 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/6/31 to 5/20/31.

that I last saw h alive on 5/20/31

and that death occurred, on the date stated above, at 5:20 P.M.

The CAUSE OF DEATH* was as follows:

Valvular disease of Heart

(duration) ~~yrs~~ ~~mos~~ ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. L. Corey M. D.

. 19 (Address) Corey & Southern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenwood Lancaster Penna

DATE OF BURIAL 5/22/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

E 68960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68960

CERTIFICATE OF DEATH.

82-001

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. ST. 9-47 (WARD)

2-FULL NAME Louis Deal

(a) RESIDENCE NO. 3549 Greenmount Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary Bell Deal

6 DATE OF BIRTH (month, day, and year) July 5 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer): Potato Chips

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm C. Deal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Eliza J. Duncan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Martha Bell Deal 3549 Greenmount Ave

15 Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/20/31

17

I HEREBY CERTIFY, That I attended deceased from 5/15, 1931, to 5/20, 1931

that I last saw h/ M alive on 5/20, 1931

and that death occurred, on the date stated above, at 8 45 P m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Subdeural Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin findings.

(Signed) J. H. Hamburger M. D.

(Address) 5/22/1931 University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Prospect Hill Cemetery	5/23/1931

20 UNDERTAKER: Wm Cook ADDRESS 1217 St Paul St

Spec.—1-30—M. & T.—250 Bks.

E 68961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68961

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (NO. ..... ST. 12-51 ..... WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles W. Essers

(a) RESIDENCE NO. 813 Wellington Road, Stoneleigh ..... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. ..... mos. 10 ds. How long in U. S., if of foreign birth? 17 yrs. ..... mos. ..... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of or) WIFE of Geertruida Augustyn

6 DATE OF BIRTH (month, day, and year) Aug. 31, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Marine Hospital

(c) Name of employer U.S. Government

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Hendrik A. Essers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Alida Formyne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Md.

Filed 5-21-1931, 19.. C. HAMPSON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1931 to May 21, 19 31.

that I last saw him alive on May 21, 19 31,

and that death occurred, on the date stated above, at 10:25 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) unknown yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis, chronic, degenerative unknown (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Gordon A. Abbott, M. D.

5/21, 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 5/22/31

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9 30—A. & Co.—250 Blks.

68962 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 68962

CERTIFICATE OF DEATH

97-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Mathews St. ST. 9-Ha WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm. Christopher Bittner

(a) RESIDENCE NO. 2712 Mathews St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Agnes V. Bittner

6 DATE OF BIRTH (month, day, and year): April 26 1869

7 AGE: Years 67 Months 0 Days 25 LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Balto. City.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George Bittner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Hagmeier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Agnes Bittner 2712 Mathews St

15 Date: 2 1 1931 19

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): January 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1929, to Jany 19th, 1931

that I last saw him alive on January 18th, 1931

and that death occurred, on the date stated above, at 12:30 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation.

Hypertrophy.

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary): Cordis Hypertrophy

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Geo. Montgomery III M. D.

1/20/31 Address 1401 E. 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem.

DATE OF BURIAL: 1/22/1931

20 UNDERTAKER: George J. Roth & Son

ADDRESS: 1733 Hoffman St

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

68963

93-01-38963

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No. St.) 27-41 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME: John Kolbe

(a) RESIDENCE NO. (Usual place of abode): 4715 Schley Ave. St. Ward (If non-resident give city or town and State)

Length of residence in city or town where death occurred: life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Sept. 7, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): 10 ½ 0

(c) Name of employer: unemployed

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Kolbe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline Hutter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records of Balto. City Hospitals

15 [illegible] 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 19, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 3, 1931 to May 19, 1931

that I last saw him alive on May 19, 1931

and that death occurred, on the date stated above, at 10:15 A M

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) UNKNOWN yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Podgat M. D.

5-21 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cem. May

DATE OF BURIAL: 22 1931

20 UNDERTAKER: John C. Miller

ADDRESS: 1405 E Oliver

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68964 — CERTIFICATE OF DEATH. — 133 E 68964

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME India Albaugh

(a) RESIDENCE NO. Keymton Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Keith Albaugh

6 DATE OF BIRTH (month, day, and year): Mch 17 09

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	21	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Frank Stanbitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Keith Albaugh Keymton Md.

15 Filed 2 2 1931 — C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 8, 19 31, to May 21, 19 31

that I last saw her alive on May 21, 19 31

and that death occurred, on the date stated above, at 9 20 P. m.

The CAUSE OF DEATH* was as follows:

Scleroderma. Chronic pyelitis (staphylococcic)

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Sec. anemia (9 mos).

Bron.-pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clin. findings

(Signed) George J. Snoops Jr., M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sykesville Md. — DATE OF BURIAL: May 24 1931

20 UNDERTAKER: Neal & Son Inc. — ADDRESS: Sykesville Md.

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68965

CERTIFICATE OF DEATH.

46 C 68965

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1745 Homestead St. St. 9-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Wendel

(a) RESIDENCE NO. 1745 Homestead St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Henry Wendel

6 DATE OF BIRTH (month, day, and year) July 28, 1870.

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
60	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Janetzke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Frederick Wendel Quaster 1745 Homestead St.

15 [illegible] C. HAMPSON JONES, M. D. Registrar

MAY 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1931

17

I HEREBY CERTIFY, That I attended deceased from May, 1930, to May 19, 1931

that I last saw h[illegible] alive on May 19, 1931

and that death occurred, on the date stated above, at 1130 A m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Jos. G. Kunz M. D.

5/22/31 19 (Address) 4700 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: 5/23/31

20 UNDERTAKER: Harry F. Kunz 4101 ADDRESS Edmondson Ave.

Spec.—1-12-23—M&T—500 Blks.

E 68966

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68966

CERTIFICATE OF DEATH.

1-PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (NO. 16-5X ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adele Mallalieu

(a) RESIDENCE NO. 14 Link Ave. Arbutus ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Howard H. Mallalieu

6 DATE OF BIRTH (month, day, and year) Aug. 20, 1895.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Albert N. Disney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alice M. Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Howard H. Mallalieu (Address) 14 Link Ave. Arbutus Ave.

15 Filed 5 22 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1931

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1931, to May 20, 1931, that I last saw her alive on May 20, 1931, and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Acute yellow atrophy of the Liver

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

5/20/31 (Address) Graham Crackers Baltimore Md. M. D.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Hill Cem. (Cremation)

DATE OF BURIAL 5/23/31

20 UNDERTAKER Perry F. Curtis

ADDRESS 4101 Edmondson Ave.

C. HAMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68967

CERTIFICATE OF DEATH.

82-004

E 68967

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1118 Barclay ST. 11-15 WARD)

2-FULL NAME Ellen J Kothe

(a) RESIDENCE NO. 1118 Barclay St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of or) WIFE of Charles A Kothe

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Sherwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. Chas A. Kothe

(Address) 1118 Barclay St

15 MAY 22 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19-1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1931, to May 19, 1931,

that I last saw h[illegible] alive on May 18, 1931,

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac dilatation

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Paralysis Motor, Bulbaric

(duration) yrs. Not definite ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayden, M. D.

(Address) 226 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL May 22 1931

20 UNDERTAKER Rita Weidefeld

ADDRESS 1 E Fayette St

Spec.—9-30—A. & Co.—250 Blks

E 68968

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68968

CERTIFICATE OF DEATH

117-001

REGISTERED NO.

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No 33rd + Calvert st) ST. 18-29 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Theresa Carreri

(a) RESIDENCE NO. 1162 W Hamburg ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6 DATE OF BIRTH (month, day, and year) April 18th 1931

7 AGE: Years | Months | Days 31 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Frank Carreri

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Elizabeth Vorbringer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Frank Carreri 1162 W Hamburg

15 Filed . 19 Registrar

MAY 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21st 1931

17 I HEREBY CERTIFY, That I attended deceased from May 16th, 1931, to May 21st 1931

that I last saw her alive on May 21st, 1931

and that death occurred, on the date stated above, at 7 20 P.M.

The CAUSE OF DEATH* was as follows: Gastric Ulcer Perforated

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): General Peritonitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of May 20th 1931

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Jesse E. Fiser M. D.

. 19 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 5 22 1931

20 UNDERTAKER: Robert Brockerson

ADDRESS: Baltimore Md

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68969

CERTIFICATE OF DEATH

1042002 E 68969

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5 19-37 WARD)

2 FULL NAME Robert Simms

(a) RESIDENCE NO. 258 N. Bruce ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Simms

6 DATE OF BIRTH (month, day, and year) Aug. 29 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33 ?	8	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: out of work Howard Co., Md.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Thomas Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Carrie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records of
(Address) Balto. City Hospitals

Filed 5-21-1931 19 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20-31

17

I HEREBY CERTIFY, That I attended deceased from 5-16-31, 19, to 5-20-31, 19

that I last saw him alive on 5-20-31, 19

and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Abscess of Brain

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Sinusitis, chronic and acute (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padgett. M. D.

5-21-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Atholton Md

DATE OF BURIAL: May 24 1931

UNDERTAKER: Thomas E. Kelson

ADDRESS: 303 Eastman St.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68970

CERTIFICATE OF DEATH

35 E 68970

1. PLACE OF DEATH Provident Hospital

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1874 Division St.) 7-13 (WARD)

2. FULL NAME Lucy Graves

(a) RESIDENCE No. 109 Wolfe St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Willie graves

6 DATE OF BIRTH (month, day, and year) 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Eugene henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) V.a

12 MAIDEN NAME OF MOTHER carrie randolph

13 BIRTHPLACE OF MOTHER (city or town) (State or country) V.a

14 Informant carrie fauntleroy
(Address) 1002 N. wolfe st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-21-31

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to May 21, 1931

That I last saw h[illegible] alive on May 21, 1931

and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 1 da.

CONTRIBUTORY (Secondary) Post operative

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 5-14-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Madison Higgins M. D.

5-24-1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
asbury cemetery	may 24 1931
20 UNDERTAKER Edw. Bryan	ADDRESS 1631 orleans st

TION is very important. See instructions on

MAR 27 1936 HARRISON BROS. MFG. CO.

E 68971

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68971

CERTIFICATE OF DEATH.

95-00

1-PLACE OF DEATH
City of BALTIMORE: (No. John Hopkins hospital St. ..... Ward)
Registered No. C.....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Matthew
(Residence in Baltimore: No. 8. N. Spring St.; yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: Colord
5-Single, Married, Widowed, or Divorced. (Write the word.): married

6-DATE OF BIRTH: ..... (Month) ..... (Day) 1891 (Year)

7-AGE: 39 yrs. ..... mos. ..... ds.
If LESS than 1 day, ... hrs. or ..... mtn.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: House worker
(b) General nature of industry, business, or establishment in which employed (or employer): 021

9-BIRTHPLACE (State or Country): Md

PARENTS.
10-NAME OF FATHER: John Lerumble
11-BIRTHPLACE OF FATHER (State or Country): Md
12-MAIDEN NAME OF MOTHER: unknown
13-BIRTHPLACE OF MOTHER (State or Country): unknown

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) William Boston
(Address) 8 N. Spring st

Filed MAY 22 1931
M. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: May 13/31 (Month) (Day) 193.... (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cardio-vascular Disease

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Jos. McAllen M. D. (Coroner)
5/22/31 193.. (Address) 506 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: new cathedral cemetery
DATE OF BURIAL: nov 22 1931
20-UNDERTAKER: Edw. Bryan
ADDRESS: 1681 orleans st

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68972 CERTIFICATE OF DEATH. 68972

REGISTERED NO. 13[illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 524 S. Luzerne Ave 43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Leon Malanowski

(a) RESIDENCE NO. 524 S. Luzerne Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (WIFE OF) Elizabeth Malanowski

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Thomas Malanowski
11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Mrs. Elizabeth Malanowski 524 S. Luzerne Ave

15 Filed MAY 22 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21/31

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1931, to May 21, 1931, that I last saw him alive on May 21, 1931, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:
Cardio Vascular Renal disease
Hypertension

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Apoplexy (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical

(Signed) H. R. Penfold Meader M. D.
5/24 1931 (Address) 2939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem, May-25 1931

UNDERTAKER: George A. Weber

ADDRESS: [illegible]

TION IS very important. See instructions on back

Spec.—9-30—A. & Co.—250 Blks.

E 68973

E 68973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 23V

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) ST. 27-44 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME William W. Finch

(a) RESIDENCE NO. 5401 Grindon ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 10 03

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William W. Finch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Dudrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

MAY 22 1931

C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 17, 1930, to May 21, 1931

that I last saw him alive on May 21, 1931

and that death occurred, on the date stated above, at 12.30 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Lemus M. D.

5-21 31 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pachpsenetry

UNDERTAKER Robt Skinner

DATE OF BURIAL May 23 1931

ADDRESS 3210 Overland ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 68974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68974 ✓

92-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1245 James ST. 21-29 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Savage

(a) RESIDENCE NO. 1245 James ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced (or) WIFE of Annie Savage

6 DATE OF BIRTH (month, day, and year) 11-5-1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lithuania

14 Informant Mrs. Annie Savage

(Address) 1245 James St

15 [illegible] C. HAMPSON JONES, M. D.

MAY 22 1931.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-21-31

17 I HEREBY CERTIFY, That I attended deceased from April, 19 24, to May 21, 19 31, that I last saw him alive on 5-21-31, 19, and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

~~Pulmonary Oedema~~ Chronic Vavular Heart Disease, associated with hemiplegia on the right side for 16 years (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of death

(Signed) J. Bayard Sherman, M. D. I. E. Pronushes, M. D.

5-22-31 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holly Redemer Cemetary	5-25-31 19
20 UNDERTAKER John Grebliauskas	ADDRESS S. Paca

D. J.G.

1-30—M (S 7-30 B)-50L

E 68975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68975

REGISTERED NO. 706

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William G. Zemaitaitis

(a) RESIDENCE NO. 949 W. Lombard ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 4 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student Law
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Anthony Zemaitaitis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Marie Pukas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Anthony Zemaitaitis

(Address) 949 W. Lombard St

15 Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.

MAY 22 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/19/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows: Auto in which he was riding collided with Moving freight train

(1) (Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull

(Duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Chesapeake & Brooklyn

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin

5/23/31 (Signed) C. H. Frame, M. D. Coroner

(Address) 2939 W. Eldorado

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL May 23 1931

20 UNDERTAKER John Greblinecker ADDRESS 423 S. Paca St

TION is very important See instructions on back of certificates.

Spec.—6-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68976

CERTIFICATE OF DEATH.

16-37 97 E 68976

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 S Conkling St. 16-37 WARD) REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose K. Norris

(a) RESIDENCE No. 805 S. Conkling St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Norris

6 DATE OF BIRTH (month, day, and year) Oct. 16- 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Wirth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Henry Kannemann
(Address) 805 S. Conkling St.

15 Filed MAY 22 1931 19 C. HAMPTON JONES, M. D. Registrar.

TION is very important. See instructions on back of

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21- 1931

17

I HEREBY CERTIFY, That I attended deceased from January 15, 1930, to May 21, 1931

that I last saw her alive on May 12, 1931

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

General Arterial Sclerosis

(duration) 1 yrs. 4 mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Caleb N. Kilby M. D.

May 22, 1931 (Address) 100 S. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park.	May 23-31
20 UNDERTAKER	ADDRESS
George W. Zirkler	1737 E Eager St

Spec.—1-12-23—MAT—500 Blks.

E 68977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68977

CERTIFICATE OF DEATH.

130

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1310 Harlem Ave ST. 10-23 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Lane

(a) RESIDENCE NO. 1310 Harlem ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomie W. Lane

6 DATE OF BIRTH (month, day, and year) June 25, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
45		10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress 041

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D. C.

12 MAIDEN NAME OF MOTHER Ellen Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D. C.

14 Informant (Address) Thomie Lane 1312 Harlem Ave

15 Filed MAY 22 1931 19 T. AMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21/31

17 I HEREBY CERTIFY, That I attended deceased from 5/9, 1931, to 5/21, 1931, that I last saw him alive on 5/20, 1931 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Ac. Nephritis

+ Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyaemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Burkett, M. D.

5/21, 1931 (Address) 7 W Eager St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	May 25 1931

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 P. Monroe St.

THIS IS VERY IMPORTANT—See instructions on back

Spec.—9-30—A. & Co.—250 Bks.

E 68978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68978

CERTIFICATE OF DEATH

92-001

1 PLACE OF DEATH Baltimore City Hospitals 26-37 REGISTERED NO.

CITY OF BALTIMORE: (No ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wilfred Jackson

(a) RESIDENCE NO. no home ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Vicie Jackson

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	5	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER George Jackson
11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.
12 MAIDEN NAME OF MOTHER Augusta Wilkes
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of Balto. City Hosp.
(Address)

15 Filed MAY 22 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19-31

17
I HEREBY CERTIFY, That I attended deceased from 2-23-31, 19 ... to 5-19-31, 19 ... that I last saw h im alive on 5-19-31 19 ... and that death occurred, on the date stated above, at 11:40 P m.

The CAUSE OF DEATH* was as follows:

Endocarditis, Chronic, Rheumatic UNKNOWN (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? clinical exam.

(Signed) Paul Padgett M. D.
5-21 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL May 22 31

20 UNDERTAKER Edmund Hemsley ADDRESS 578 W Baltimore

TION IS very important. See instructions on back

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68979

CERTIFICATE OF DEATH.

108 E 68979

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 604 E 27th " ST 9-46 WARD)

2 FULL NAME Mary E Hayden

(a) RESIDENCE NO. 604 E 27th St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James L. Hayden

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	—		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Hand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER M Connell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary Co

14 Informant The Estate of Mary E Hayden
(Address) 604 E 27th St

15 Filed MAY 22 1931 C. HAMPSON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 20 1931

17 I HEREBY CERTIFY, That I attended deceased from May 15th, 1931, to May 20th, 1931

that I last saw h.. alive on May 20th, 1931

and that death occurred, on the date stated above, at 5.45 P. m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) Geo Yungstrom M. D.

5/21/31 (Address) 401 E 25th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cemetery — DATE OF BURIAL May 23 1931

20 UNDERTAKER Mary M Warfield — ADDRESS 501 E 32nd

ATTENTION is very important. See instructions on back.

Spec.—9-30—A. & Co.—250 Blks.

68980 HEALTH DEPARTMENT—CITY OF BALTIMORE 68980

CERTIFICATE OF DEATH. 1867

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2021 Longwood St ST. 15-67 WARD)

2 FULL NAME Ella E Shute

(a) RESIDENCE NO. 2021 Longwood St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W Shute

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 63 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William H Shute

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: E Purcell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cumberland Md

14 Informant: Clara Evens
(Address) 2021 Longwood St

15 Date: 22 1931 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 30th, 1931, to May 21st, 1931

that I last saw her alive on May 21st, 1931

and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

Senility - Chronic Bronchitis - Myocarditis arteriosclerosis -

Broken ankle (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation with Terminal Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: May 23 1931

20 UNDERTAKER: Mary M Wadsfield — ADDRESS: 501 E 22nd

IMPORTANT. See instructions on back of this certificate.

Spec.—9-30—A. & Co.—250 Blks

E 68961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

11-25

68981

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ... St. ... WARD)

2 FULL NAME John Camphor

(a) RESIDENCE NO. 515 Jenkins Alley St. ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 31, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: ?

040

9 BIRTHPLACE (city or town) (State or country): Prince George Co. Md.

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Eliza Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ..., 19 C. HAMPSON JONES, M. D. Registrar

By ...

22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20-31

17

I HEREBY CERTIFY, That I attended deceased from 5-8-31, 19..., to 5-20-31, 19...

that I last saw him alive on 5-20-31, 19...

and that death occurred, on the date stated above, at 6:00 P.M.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. As. Arnold Jr M. D.

19..., (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	5/22/31
20 UNDERTAKER: John J. Fahey Sons	ADDRESS: 1318 Light St

TION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Bks.

68982

HEALTH DEPARTMENT—CITY OF BALTIMORE

68982

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals (St.) 26-37 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Anderson

(a) RESIDENCE NO. None. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Wid.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of (?)

6 DATE OF BIRTH (month, day, and year) 12-21-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seaman - Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Belgium

PARENTS

10 NAME OF FATHER John Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Anna Thorman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Belgium

14 Informant (Address) Hospital Records

15 MAY 22 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20-31

17

I HEREBY CERTIFY, That I attended deceased from 11-6, 1930, to 5-20, 1931

that I last saw h alive on 5-20, 1931

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-Vascular Disease - 17 yrs. (duration)

CONTRIBUTORY (Secondary) Gangrene of Left Foot 2 mos. 7 ds.

Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) Luther F. Linda M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	5/22/31

20 UNDERTAKER: John J. Raley Sons ADDRESS: 1318 Light St

TION is very important. See instructions on back of

Spec.—e 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68983

CERTIFICATE OF DEATH.

45 E 68983

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Balto City Hospitals ST 3-8 WARD)

2 FULL NAME William Welsh

(a) RESIDENCE NO. 333 N Fay ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5/4/67

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Henry Welsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Maggie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant
(Address)

15 Filed MAY 22 1931, C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20-31

17
I HEREBY CERTIFY, That I attended deceased from 5-17, 1931, to 5-20, 1931

that I last saw him alive on 5-20, 1931

and that death occurred, on the date stated above, at 3:35 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma ? Left Tonsil with Lymph Metastases

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Hemorrhage

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Luther E. Leslie, M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS MAY 2 193

TION is very important. See instructions on back of c

Spec.—9-30—A. & Co.—250 Blks

24845?
E 24[illegible]984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68984
REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) 9-47 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Ellers

(a) RESIDENCE No. St Elizabeths Home St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 10-15-30

7 AGE — Years: — Months: 6 Days: 4 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER E. Ellers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records
(Address) [illegible]

17 Filed ... 19 ...

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-19-1931

17

I HEREBY CERTIFY, That I attended deceased from May 11 1931 to May 19 1931

that I last saw her alive on May 19 1931

and that death occurred, on the date stated above, at 2.35 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (post measles)

(duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? St Elizabeths Home

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray.

(Signed) Dan C. Kutter M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

20 UNDERTAKER

DATE OF BURIAL ... 19 ...

ADDRESS

JOHNS HOPKINS HOSPITAL

MAY 22 1931

Dept. of Health

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 68935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 68935

REGISTERED NO. 94-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3009 W. Pressman ST. 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm C Biddison Jr.

(a) RESIDENCE NO 3009 W. Pressman ST.: WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jamie M.

6 DATE OF BIRTH (month, day, and year) Jan 28-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Postmaster
(b) General nature of industry, business, or establishment in which employed (or employer) U.S.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm T. Biddison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Jamie Biddison

(Address) 3009 W. Pressman

15 Filed MAY 24 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hartzik Coroner, M. D.

(Address)

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL May 23 1931

ADDRESS 2238 N Smith

UNDERTAKER N W Winterson

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68936

CERTIFICATE OF DEATH

94-E 68936

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 701 N East Ave (St.) 76-11 (Ward)

2 FULL NAME George D. Smith

(a) RESIDENCE NO. 701 N East Ave (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche E. Smith

6 DATE OF BIRTH (month, day, and year) Dec 2 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inspector

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town) (state or country): Baltimore

PARENTS

10 NAME OF FATHER: J. Wilson Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mamie Deal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Blanche Smith (Address) 701 N East Ave

15 Filed MAY 25 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1931

17 I HEREBY CERTIFY, That I attended deceased from May 17 1931 to May 21 1931

that I last saw alive on May 21 1931

and that death occurred, on the date stated above, at 1:30 a m

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Coronary)

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M D Nilson M. D.

5/25/1931 (Address) 3307 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

20 UNDERTAKER: John Ulrich

DATE OF BURIAL: May 25 1931

ADDRESS: 2108 Eastern

CAUSE OF DEATH. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 62987

CERTIFICATE OF DEATH

REGISTERED NO. E 68987

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 N Libery St) (or) (WARD) 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME J. Wesley Gilroy

(a) RESIDENCE NO. Kennard Hotel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 7 mos. 5 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Gilroy

6 DATE OF BIRTH (month, day, and year) Oct 28/74

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman — 066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Gilroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah E. Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant W. J. Gilroy MD

(Address) 6 N. Kendall Ave.

15 Filed MAY 22 1931 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 31

17 I HEREBY CERTIFY, That I attended deceased (from January 17, 31, to May 22, 31 — that I last saw him alive on May 22, 31 — and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis — Ulcers of Leg

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W. J. Gilroy — M. D.

5/22/31 (Address) 6 N. Kendall Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL May 13 1931

20 UNDERTAKER George Schilling & Sons

ADDRESS 1120 Greenmount Ave

Spec.—9-30—A. & Co.—250 Blks.

E 68988 HEALTH DEPARTMENT—CITY OF BALTIMORE E 68988

CERTIFICATE OF DEATH. X 67

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 12-19 WARD)

2. FULL NAME Ethel Archer

(a) RESIDENCE NO. 222 E. Lafayette Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. 2 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 13 1922

7 AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.
	8	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer): Ho Long Restaurant

(c) Name of employer: 200 E. Lexington

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Thomas J. Archer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Emma Gately (Deceased)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant (Address): Hospital Records

22 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21/31

17 I HEREBY CERTIFY, That I attended deceased from 5/21 . 19 31 to 5/21 . 19 31

That I last saw her alive on 5/21/31 . 19

and that death occurred, on the date stated above, at 3:15 P m.

The CAUSE OF DEATH* was as follows:

Status Lymphaticus
Thymico-

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2.

Did an operation precede death? T & A Yes Date of 5/21/31.

Was there an autopsy? Yes.

What test confirmed diagnosis? autopsy

(Signed) J. H. Gordon M. D.

5/21/31 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Petersburg, Virginia — DATE OF BURIAL: May 22, 1931

20 UNDERTAKER: E. Leroy Stiffler, Inc. — ADDRESS: 125 E. North Ave.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68989 — 1931 — E 68989

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (Street) 8-16

REGISTERED NO. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Evelyn Abel

(a) RESIDENCE No. 2325 E. Hoffman St. Ward ____ (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Child

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) April 22nd 1920

7 AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	11	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Isaac Abel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Gertrude Peck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment Rieds (Address) Levin Mausoleum

15 MAY 22 1931, 19 C. HAMPSON JONES, M. D. Registrar

By ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21/31

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to May 21, 1931

that I last saw her alive on May 21, 1931

and that death occurred, on the date stated above, at ____ M.

The CAUSE OF DEATH* was as follows:

Bantis disease.

(duration) 6 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Anemia

(duration) 6 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? Blood count

(Signed) Alva F. Kuttner M. D.

5/25, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

20 UNDERTAKER Wm Cook

DATE OF BURIAL 5/25 1931

ADDRESS 1217 Eutaw St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 68990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 E 68990

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 15-59 STREET) (WARD)

2 FULL NAME Hazel Jones

(a) RESIDENCE NO. 2701 Pennsylvania Ave ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-24-08

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Derry Pa.

PARENTS

10 NAME OF FATHER Harry C Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cora Lebow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment (Address) Old Jones 2701 Penna. Ave

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1931

17

I HEREBY CERTIFY, That I attended deceased from 5-14 . 19 31 . to 5-21 . 19 31

That I last saw h alive on 5-21 . 19 31

and that death occurred, on the date stated above, at 6-10 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis - Probably Tuberculous

(duration) yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) Tuberculous Pneumonitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Clinical

What test confirmed diagnosis?

(Signed) Luther E. Todd M. D.

. 19 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL 5/25 1931

20 UNDERTAKER J. H. Cook

ADDRESS 1217 E. Fayette St

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68991

CERTIFICATE OF DEATH.

95-002 E 68991

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 S. Norris ST. 14-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathan Keefer

(a) RESIDENCE NO. 304 S. Norris ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2.	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Repairer

(b) General nature of industry, business, or establishment in which employed (or employer) Umbrella 8 6

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER John Keefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary 2.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Rena Klass

(Address) 304 S. Norris st

15 Filed MAY 22 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1931

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1931, to May 20, 1931,

that I last saw h~~im~~ alive on May 19, 1931,

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardio-renal disease.

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Examination

(Signed) Thos E Stacey Jr, M. D.

, 19 (Address) 402 E Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	5/23 1931
20 UNDERTAKER	ADDRESS
J. McCook	1217 E Fayette

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

Dr Mourning 800 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 68992 E 68992

CERTIFICATE OF DEATH

131

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 3441 W. Virginia Ave WARD 27-56)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John E. Ward

(a) RESIDENCE NO. 3441 W. Virginia Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of Delia A. Ward

6 DATE OF BIRTH (month, day, and year) Sept 5th 1861

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Building

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lavinia Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Delia A. Ward 3441 W. Virginia Ave

15 C. HAMPSON JONES, M. D. Registrar

Y 27 1931 By ____ D.C.R.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 20th, 1930, to May 20, 1931

that I last saw h[illegible] alive on May 20, 1931

and that death occurred, on the date stated above, at 6:15 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Nephritis Inf. Arthritis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Arthur C Mourning M.D.

5/24 1931 (Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Woodlawn Cemetery

DATE OF BURIAL 5/23/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

INSTRUCTION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

2 48243
2 68993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-02 68993

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL St. 7-9 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hoyt Alverson

(a) RESIDENCE NO. 80 Marion ST. WARD Corry Pa
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie

6 DATE OF BIRTH (month, day, and year) July 24 1869 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Telegraph Oper

(b) General nature of industry, business, or establishment in which employed (or employer) Bell

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed ... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22-1931

17

I HEREBY CERTIFY, That I attended deceased from May 5 1931 to May 22 1931

that I last saw him alive on May 22 1931

and that death occurred, on the date stated above, at 5 25 P M

The CAUSE OF DEATH* was as follows:

Uremia, nephritis.
myocarditis, arteriosclerosis
Myeloid Leukemia

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) Leukaemia & myocarditis about 5 yrs. mos. ds.
(duration)

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical course & blood picture & blood examination

(Signed) Carl V. C. Bell M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Girard Pa

20 UNDERTAKER: J. M. Cook

DATE OF BURIAL 5/22 1931

ADDRESS 1217 Fulton

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68994

94-001 E 68994

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 N. Lakewood Ave ST. 8-12 WARD)

2-FULL NAME Herman J. Buechler

(a) RESIDENCE NO. 1117 N. Lakewood Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Buechler

6 DATE OF BIRTH (month, day, and year) Apr 10/1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER August Buechlar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Iena Pfeifer

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. C.R.Miller
(Address) 2334 Jefferson St

15 2 2 1931 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Coronary Thrombosis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) History of Angina
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.
5/22/31 (Address) 508 E. North Ave Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wall Lawn

DATE OF BURIAL 5/23 19 31

20 UNDERTAKER [signature]

ADDRESS 2326 Aiken St

CAUSE OF DEATH to be plainly written, and technical terms, if used, explained. See instructions on back of certificate. TION is very important

1-30—M. R. T.—100 B—50L

E 68995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 68995

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 548 S. Paca ST., 27-30 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Wellrs (Harry Weller)

(a) RESIDENCE No 548 S. Paca ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Wellrs

6 DATE OF BIRTH (month, day, and year) May 21-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborr
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Swayr Transfer Co

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Wellrs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Wm. Weller

(Address) 1832 W. Lombard St

15 [illegible] 22 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Wellrs M. D. Coroner

May 21 1931 (Address) 1239 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetary	5/25/1931
20 UNDERTAKER Wm Cook 1217 E	ADDRESS Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. See back of certificates.
TION is very important See instructions on back

1-20—M. & T.—100 H—50L

E 68996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001 ✓ E 68996

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital WARD 11)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert W. Jefferson

(a) RESIDENCE No 150 N. Linwood St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Jefferson

6 DATE OF BIRTH (month, day, and year): 1-22-1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	86	2	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Sea Cap. U.S. ret'd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Chesapeake S.S. Co

9 BIRTHPLACE (city or town) (State or country): Delaware

PARENTS

10 NAME OF FATHER: Cyrus Jefferson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Mary E. Jefferson

(Address) 150 N. Linwood

15 Filed MAY 22 1931 . 19

Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 8. ds

CONTRIBUTORY (Secondary) Fall down stairs - At Home accident (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D. Coroner

5.26 1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 5/25 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

CAUSE OF DEATH must be plainly written. Every question must be answered. Information is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68997

CERTIFICATE OF DEATH

46 E 68997

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Bon Secours Hospital. St. 27-44 Ward)

2-FULL NAME Ella G. Dutrow.

(a) RESIDENCE NO. 3108 Gibbons Ave. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 20 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Widow

5a If ~~XXXX~~, widowed, ~~XXXXXX~~ (or) WIFE of Joseph G. Dutrow.

6 DATE OF BIRTH (month, day, and year) October 3, 1870

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60	7	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Samuel C. Childs.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Annie Getty.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant (Address) Marion I. Boone. (daughter) 3108 Gibbons Ave.

15 Filed C. HAMPSON JONES, M. D. Registrar

5 22 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach & Liver.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Matt. F. Emhardt, M. D.

5/22. 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	5/25/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 E. Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S name and address must be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68998

CERTIFICATE OF DEATH

210-002 E 68998

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Md Gen Hosp ST. 11-23 WARD)

2-FULL NAME Jas D. Michalacos

(a) RESIDENCE NO. Ellicott City ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Michalacos

6 DATE OF BIRTH (month, day, and year) Sept 21-88 (Guess)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43	8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Auto
(b) General nature of industry, business, or establishment in which employed (or employer): Mech
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Margaret Michalacos

(Address) Ellicott City Md

15 Filed ..... 192 .....

C. HAMPSON JONES, M. D. Registrar

22 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fell from auto upon which he was riding

(A) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Fract Skull (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Ellicott City Md

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) H. Strauss Coroner, M. D.

5/22 19 31 (Address) 2939 Mc Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Clem. DATE OF BURIAL May 26 19 31

20 UNDERTAKER Easton Sons ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, so that it may be classified. DATE OF DEATH is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

68999

HEALTH DEPARTMENT—CITY OF BALTIMORE

68999

CERTIFICATE OF DEATH

108 V

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 5700 Radecke Avenue, ST. 27-42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME JOHN G. KLEIN

(a) RESIDENCE No. 5700 Radecke Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie J. Klein

6 DATE OF BIRTH (month, day, and year) May 20, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Klein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Daughter
(Address) 5700 Radecke Ave

15 Filed 19 Registrar

237 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 17, 1931, to May 21, 1931

that I last saw him alive on May 20, 1931

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pleurisy

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Stethoscope

(Signed) Geo. A. Long M. D.

May 21 1931 (Address) 5305 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: May 25 1931

20 UNDERTAKER: Frederick Lassahn & Son — ADDRESS: 7401 Belair Rd.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks

Robert Grover

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~69001~~ 9r-807 69001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3006 Fulton St. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert R. Grover.

(a) RESIDENCE NO. 3006 Fulton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Grover.

6 DATE OF BIRTH (month, day, and year) Aug. 11, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82,	9,	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Tin Decorating

(c) Name of employer Co.

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Thomas H Grover.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Mrs. Alice R. Bell.
(Address) 209 N. Patterson Pk. Ave.

15 DATE RECEIVED 23 1931. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 23 May 31

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 22, 1931

that I last saw h[illegible] alive on May 22, 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

angina pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Aortic Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Heart Lesion

(Signed) D Strauss M. D.

5/25/31, 19 (Address) 301 S Ellwood

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Middlebrook Chapel Baltimore DATE OF BURIAL May 24 1931

20 UNDERTAKER A. Howard Evans ADDRESS 28 E. Fort.

1-30—M. & T.—100 B—50L

E 69002

HEALTH DEPARTMENT—CITY OF BALTIMORE

210-001 E 69002

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp ST. 10-14 WARD)

2-FULL NAME Thos S Brogan

(a) RESIDENCE NO 1311 E Eager St ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Lab
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Patrick Brogan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ann Monnahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mr. Lucy A. Smith.

(Address) 1311 E Eager St

15 5-23-1931 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Struck & knocked down by a moving auto.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull and Hypostat Pneu (duration) yrs. mos. ds.

18 Where was disease contracted? if not at place of death? In Street @ 25 & Garrison Blvd

Did an operation precede death? yes Date of 4-29

Was there an autopsy? no

What test confirmed diagnosis? Clin Exam

(Signed) H. Jos Brown, M. D. Coroner

5-23-1931 (Address) 29 39 Md Elderly

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	May 25 1931
20 UNDERTAKER	ADDRESS
Henry Hauck Sons Inc	1301 E Eager St

CAUTION is very important. See instructions on back of certificates.

Apex—[illegible] Co.—250 Blks

E 69003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore City Hospitals 107-001

CITY OF BALTIMORE: (No Balto Md ST. 12-50 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Gessner

(a) RESIDENCE NO 3205 Abell Ave ST. WARD

(Usual place of abode)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Henry Gessner

6 DATE OF BIRTH (month, day, and year) 11-26-62

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Henry Otto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Dain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Records Balt City Hospitals
(Address)

15 2-3-1931 19 HARRISON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-22-31

17

I HEREBY CERTIFY, That I attended deceased from 8-30, 1930, to 5-22-, 1931 that I last saw he alive on 5-21-, 1931 and that death occurred, on the date stated above, at 1.20 A. M.

The CAUSE OF DEATH* was as follows:

1 Femoral Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry Goldsmith M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loley Redeemer Cemetery	May 25 1931
20 UNDERTAKER	ADDRESS
Henry Abell & Sons Inc	1301 E Eager St

Spec.-7-17-26—A Co.—200 Bks.

E 69004

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 003

E 69004

CERTIFICATE OF DEATH

93

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 4501 Falls Road St. 27-53 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Malinda L. Rutledge.

(a) RESIDENCE NO. 4501 Falls Road St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: William T. Rutledge

6 DATE OF BIRTH (month, day, and year): June 25-1856

7 AGE: Years 74 Months 10 Days 26 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

PARENTS

10 NAME OF FATHER: William Williams

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Marshall

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Maryland

14 Informant (Address): Mrs. Lavinia Bayley 4501 Falls Road

15 Filed 23-1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 21, 1931, that I last saw h[illegible] alive on May 21, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

Myocarditis

(duration) yrs. mos ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) J. H[illegible] M. D.

19 (Address) 4057 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — Date of Burial: May 23 1931

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Road

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69005

CERTIFICATE OF DEATH

95-002 E 69005

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1104 Russell St. 21-31 St., Ward)

2-FULL NAME Mary F. Brown. (C)

(a) RESIDENCE NO. 1104 Russell St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. ------ How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Widow.

5a If ~~married~~ widowed, of ~~the late~~
~~husband of~~ (or) WIFE of Robert Brown. (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER: George Brown. (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Do not know.

14 Informant (Address): Ellen Johnson. (C) sister. 1104 Russell St.

15 Filed [illegible] 1931 G. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Ellen L. Embardy, M. D.

5/20 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	5/23 1931
20 UNDERTAKER: Isaac L. Brown Sons	ADDRESS 108 W Monument

Property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks.

69006 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-103 VE 69006

1 PLACE OF DEATH Baltimore City Hospitals 3-W REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas O'Brien

(a) RESIDENCE NO. 602 S. Bond ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 2 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	61	4	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist's helper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): Boston Mass.

PARENTS
10 NAME OF FATHER: Michael O'Brien
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Lizzie Morton
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant
(Address) Records of Baltimore City Hosp.

15 JUN 23 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-20-31

17 I HEREBY CERTIFY, That I attended deceased from 5-14-31, 19__, to 5-20-31, 19__

That I last saw him alive on 5-20-31, 19__

and that death occurred, on the date stated above, at 12:30 P M.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency Congestive (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical exam, autopsy.

(Signed) Paul Padget. M. D.

5-22 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — DATE OF BURIAL: 5/23 1931

20 UNDERTAKER: John J. Fahey Son — ADDRESS: 1318 Fulton Ave

Spec.—9-30—A. & Co.—250 Blks.

E 69007 HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 69007

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 624 Melville Ave St. 9-47 WARD)

2 FULL NAME Barbara Karl

(a) RESIDENCE NO. 624 Melville Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 19 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Geo. F. Karl

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Appolonia Karl

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Mr. Fred K. S. Karl
(Address) 624 Melville Ave.

15 Filed 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 14 1931 to May 21 1931

that I last saw her alive on May 19 1931

and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Cancer of Intestines (duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) None other (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. L. Long M. D.

5/21 1931 (Address) 1711 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	May 25 31
UNDERTAKER Wm. J. Meckner & Sons	ADDRESS North & Pa

Spec.—1-30—M. & T.—250 Blks

E 69008 HEALTH DEPARTMENT—CITY OF BALTIMORE 23 E 69008

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1731 Jefferson ST. 6-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo Edw. Spoddy

(a) RESIDENCE NO. 1731 Jefferson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thomas Spoddy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mattie Saxton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Emma Coleman (Grandmother)

(Address) 1731 Jefferson st

15 Filed 23 1931 16 By L. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21/1931

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to May 21, 1931, that I last saw him alive on May 20, 1931, and that death occurred, on the date stated above, at 1.45 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia (Probably Tuberculus)

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Malnutrition, Richets. entire life

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. Spoddy M. D.

5/22 1931 (Address) 1424 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemetery

DATE OF BURIAL May 23 1931

20 UNDERTAKER Edw. Bryan

ADDRESS 1681 orleans st

Spec—9 30—A. & Co.—250 Blks.

E 69009 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69009

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph's Hospital ST. 5-6 (WARD)

2 FULL NAME John Gaby.

(a) RESIDENCE NO. 148 East st ST. ..WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colord	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Juno Garey

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C

PARENTS

10 NAME OF FATHER Lonzie Gary

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Juno Garey 148 East st

15 Filed ... 19 ... Registrar

C. HAMPSON JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-22-31

17

I HEREBY CERTIFY, That I attended deceased from 5-4-31, 19 ..., to 5-22-31, 19 ...

that I last saw him alive on 5-22-31, 19 ...

and that death occurred, on the date stated above, at 1.00 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorhage

(duration) yrs. ... mos. 18 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. ... mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lawrence M. Sena, M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
asbury cemetery	May 25 19 31
20 UNDERTAKER	ADDRESS
Edw. Bryan	1631 orleans st

Spec.—9-30—A. & Co.—250 Blks

69010 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

VE 69010

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1802 Aiken St. (WARD) 9-18

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Annie M Smith

(a) RESIDENCE NO. 1802 Aiken St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John H Smith

6 DATE OF BIRTH (month, day, and year) March 11 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harrisburg Pa

PARENTS

10 NAME OF FATHER John Stemler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise M Mack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Miss Bertha T. Stemler 1802 Aiken St

15 Filed ... 19 ... Registrar

23 1931 C. HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22/31

17

I HEREBY CERTIFY, That I attended deceased from May 1, 19 31, to May 22, 19 31

that I last saw h er alive on May 22, 19 31

and that death occurred, on the date stated above, at 8.50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) yrs. 15 mos. — ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) A. Lee Magruder M. D.

5-23-1931 (Address) 1706 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Holy Redeemer May 25 1931

20 UNDERTAKER — ADDRESS

John F Denny 715 Lig Ct St

Spec.—1-30—M. & T.—250 Bks.

E 69011 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69011

CERTIFICATE OF DEATH. 50V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28-63 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth McNicholas.

(a) RESIDENCE NO. Cockeysville Md ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	Unknown	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolteacher

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer Home

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thos. McNicholas

11 BIRTHPLACE OF FATHER (city or town) Co. Mayo (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Mannion

13 BIRTHPLACE OF MOTHER (city or town) Co Mayo (State or country) Ireland

14 Informant Mt Hope Retreat (Address) Mt Hope Retreat

15 Filed MAY 23 1931, 19 RFH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1929, to May 22, 1931,

that I last saw her alive on May 22, 1931,

and that death occurred, on the date stated above, at 11.40 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 2 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Involution Melancholia

(duration) 3 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Hill, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Josephs. Cem. Texas. Md

DATE OF BURIAL 5/25, 1931

20 UNDERTAKER Henry W. Jenkins & Sons. Co.

ADDRESS Orchard & Mc Culloh

Spec.—9-30—A. & Co.—250 Blks

E 69012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-00 69012

1 PLACE OF DEATH Union Memorial Hospital. REGISTERED NO 12-51

CITY OF BALTIMORE: (No. Colvert & 33rd st. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. John J. Kelly (Elizabeth).

(a) RESIDENCE NO 2608 Maryland Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Kelly.

6 DATE OF BIRTH (month, day, and year) Nov. 28, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	69	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) — 031

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Wade

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Anne Davis.

13 BIRTHPLACE OF MOTHER (city) Balto (State or country) Md.

14 Informant Mrs. Wm. D. Scott.
(Address) 3908 Hadley Square

3 1931 .19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/22/31

17 I HEREBY CERTIFY, That I attended deceased from 5/19/31, 19 to 5/22/31, 19 that I last saw her alive on 5/22/31, 19 and that death occurred, on the date stated above, at 12 25 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, diffuse bilateral.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Hypertension & Cardiac Hypertrophy (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Chas. L. Mortimer Jr. M. D.

5/22/1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount	May 2 19 31
20 UNDERTAKER Henry H. Jenkins Sons	ADDRESS Fulton & Orchard Sts

1-30—M. & T.—100 B—50L

E 69013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 69013

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Park Ave & Lexington ST. 13-59 WARD

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Strunsow

(a) RESIDENCE No 2407 Druid Hill Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Strunsow

6 DATE OF BIRTH (month, day, and year) June 10-1889

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	41	11	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Do
(c) Name of employer Julius Gutmans Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Strunsow

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Rebecca Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Estelle Strunsow

(Address) 2407 Druid Hill Ave

15 Filed 2-3-1931, 192 [illegible] Registrar

C. [illegible] JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to rupture Aneurism of Aorta

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Eugene Feldman, M. D. Coroner

5/23, 1931 (Address) 2159 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem.	5/23, 31

20 UNDERTAKER Samuel B. Hemsley ADDRESS 1728 Eden

Spec.—9-30—A. & Co.—250 Bks.

E 69014 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69014

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 4-25-23V REGISTERED NO.

CITY OF BALTIMORE: (No. (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Lane

(a) RESIDENCE NO 216 Jasper st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) July 9, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Mac Lane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 29, 1931, to May 20, 1931

that I last saw him alive on May 20, 1931

and that death occurred, on the date stated above, at 10 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Wood Swan M. D.

5-21, 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Cemetery DATE OF BURIAL 5/24/31

20 UNDERTAKER Samuel Hemsley ADDRESS 701 Biddle

MAY 23 1931 C. HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks

E 69015 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69015

CERTIFICATE OF DEATH

REGISTERED NO. 13 V

1. PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 1514 Division St. W24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME James Parr.

(a) RESIDENCE NO. 1017 Mc Cullah St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Estella Parr

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Eveline Parr (Address) 1017 Mc Cullah St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-22-31

17

I HEREBY CERTIFY, That I attended deceased from 5-6-, 1931, to 5-22-, 1931

That I last saw him alive on 5-22-, 1931

and that death occurred, on the date stated above, at 3 45 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic hypertensive cardio vascular renal disease.

(duration) Unknown

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Dr. George Mc Donald M. D.

5-22 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNDERTAKER: Samuel Hensley	5/23/31
	ADDRESS 528 N. Eutaw

E 69016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69016

51V

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1152 N. Carey St

CITY OF BALTIMORE. (No [redacted] St. 16 23 (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Gabriel Yonge

(a) RESIDENCE NO. 1152 N. Carey St ST. WARD XVI

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Married

5a If married, widowed, or divorced HUSBAND of Eunice C. Yonge

6 DATE OF BIRTH (month, day, and year) 22 Oct 1864

7 AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	66 64	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butler

(b) General nature of industry, business, or establishment in which employed (or employer) Cafeteria

(c) Name of employer Alex Brown & Son

9 BIRTHPLACE (city or town) (State or country) Savannah Ga.

PARENTS

10 NAME OF FATHER Samuel N Yonge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Savannah Ga

12 MAIDEN NAME OF MOTHER Rebecca Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Eunice W Yonge 1152 N. Carey St

15 Filed JUN 23 1931 G. HAMPSON [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 20 May 1931

17

I HEREBY CERTIFY, That I attended deceased from 20 Jan, 1931, to 19 May, 1931

that I last saw him alive on 19 May, 1931

and that death occurred, on the date stated above, at 6 P M.

The CAUSE OF DEATH* was as follows:

Carcinoma of prostate

Metastases to pelvis. long bones

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? X ray

(Signed) Benj. M. Baker, Jr. M. D.

May 20 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 5/23/1931

20 UNDERTAKER Samuel S Hensley

ADDRESS 578 N Eddle

Cor.—10-10-29—A Co.—100 Bks.

E 69017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69017

CERTIFICATE OF DEATH

92-001

22-33

1-PLACE OF DEATH

City of Baltimore: (No. 216 Warren Ave. St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Francis R. Ryan.

(a) RESIDENCE NO. 216 Warren Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) April 29, 1901

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	30	0	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Grocer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John J. Ryan.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth A. Warren.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant John J. Ryan. (father)
(Address) 216 Warren Ave.

15 Filed ____ 19 C. HAMPSON JONES, M.
Registrar

MAY 23 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral stenosis.

Embolism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D.

(Address) 1017 E. Charles St. 5/29/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 5/25 19 31

20 UNDERTAKER: F. A. Wannemacher Son — ADDRESS: 703 Hamm

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69018 ✓ 82-001 E 69018

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 866 W. Fairmount Ave ST. 18-26 WARD

2-FULL NAME George Wright

(a) RESIDENCE NO 866 W. Fairmount Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Adlaide Brown

(Address) 866 W. Fairmount Ave

15 MAY 23 1931 C. HAMPSON JONES, M. D. 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ingram Zeller, M. D. Coroner

(Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Calvary	May 23 1931
20 UNDERTAKER Mrs R. G. Ellis	ADDRESS 1727 Eutaw Pl

Spec.—9-30—A. & Co.—250 Bks.

69019

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 69019

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 3332 Belvedere Ave. (St.) (Ward) 27-55

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E. Hare

(a) RESIDENCE NO. 3332 Belvedere Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Noah H. Hare

6 DATE OF BIRTH (month, day, and year) Aug. 21, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md.

PARENTS

10 NAME OF FATHER John Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susie Boblitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Alverta Price
(Address) 3332 Belvedere Ave.

15 Filed MAY 23 1931, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21. 1931

17

I HEREBY CERTIFY, That I attended deceased from May 12, 1931, to May 21, 1931

that I last saw h[illegible] alive on May 19, 1931

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Mellon P. Hill M. D.

, 19 (Address) 4531 Reisterstown Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: May 23, 19 31

20 UNDERTAKER: John O. Mitchell & Sons, ADDRESS: 1900 Eutaw Place

Mahlon B. Mitchell

Spec.—9-30—A. & Co.—250 Blks.

E 69020 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69020

CERTIFICATE OF DEATH.

1. PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver St.) 28-66 (WARD) 82-E

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Miss Mary Crowder

(a) RESIDENCE NO. 1010 Walnut Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Apr. 15, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	1	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Alexander N. Crowder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Deborah J. Warfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. W. Herbert Price
(Address) 1010 Walnut Ave., Rognel Hts.

15 JUN 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1931

17
I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to May 21, 1931
that I last saw h[illegible] alive on May 21, 1931
and that death occurred, on the date stated above, at 7.05 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 5/15/31
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Vincent Mesaros M. D.
(Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery
DATE OF BURIAL May 23, 19 31

20 UNDERTAKER John O. Mitchell & Sons, 1900 Eutaw Pl
Baltimore Md

Spec.—9-30—A. & Co.—250 Blks

748233

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69021

CERTIFICATE OF DEATH

X 92-001

E 69021

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 20.35 HOPKINS HOSP.) (S) 7-9 (WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dr Alfred Hobbs

(a) RESIDENCE No. Windsor Arms apts (Usual place of abode) ST. WARD Toronto Canada (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothy

6 DATE OF BIRTH (month, day, and year) Nov 25-1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wales

PARENTS

10 NAME OF FATHER Richard Hobbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wales

12 MAIDEN NAME OF MOTHER Mary Ann ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

14 Interment (Address) Records

15 J 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-23-31

17 I HEREBY CERTIFY, That I attended deceased from May 5 1931 to May 23 1931

that I last saw h[illegible] alive on May 23 1931

and that death occurred, on the date stated above, at 4 25A m.

The CAUSE OF DEATH* was as follows:

Hypertension, Cerebr Hemorrhage
Arteriosclerosis

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Murray Fiske M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London, Ontario, Canada	May 26 1931

20 UNDERTAKER: John A. Mitchell & Sons ADDRESS 1900 Eutaw St

1-30—M. & T.—100 B—50L

E 69022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 E 69022

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General Hosp (St.) 7 (Ward) 55

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Falck

(a) RESIDENCE No. 3902 W. Rogers ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Falck

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Grocery
(b) General nature of industry, business, or establishment in which employed (or employer): Wholesale
(c) Name of employer: Merchant

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: David Falck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Beda Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Anna Falck

(Address) 3902 W. Rogers Ave

15 Filed 6 3 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which he was ride or driving collided with another.

CONTRIBUTORY (Secondary) (duration) Fract Skull yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Appleton & Baker

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Obs & Surg

(Signed) G. J. Fraser, M. D. Coroner

5/22/31 (Address) 2939 W. Eldon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dehmer Homedale	5/24 1931
20 UNDERTAKER	ADDRESS
Jack Lewis Inc	1439 E. Balto

Spec.—1-30—M. & T.—250 Bks.

E 69023 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69023

CERTIFICATE OF DEATH

1-PLACE OF DEATH South Baltimore General Hospital 126 REGISTERED NO. 28-71

CITY OF BALTIMORE: (No. ..... ST. ..... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mabel Schad

(a) RESIDENCE NO. 7 Wickham Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of James Schad.

6 DATE OF BIRTH (month, day, and year) Mar. 8, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Alexander Willoughby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Loomis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs. L. N. Bell
(Address) [illegible]

15 Filed 3 1931, 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21/31

17 I HEREBY CERTIFY, That I attended deceased from 4/14, 1931 to 5/21, 1931, that I last saw her alive on ....., 19....., and that death occurred, on the date stated above, at 2^10 A m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) yrs. 2½ mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac hypertrophy; acute cardiac dilatation (duration) yrs. 2½ mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical records

(Signed) Joseph F. Laukaitis, M. D.

19 (Address) South Balto Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem | DATE OF BURIAL 6/23 1931

20 UNDERTAKER Easton Sons | ADDRESS Ellicott City

Spec.—9-30—A. & Co.—250 Blks.

69024 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69024

CERTIFICATE OF DEATH.

13-54 #9

1 PLACE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 907 Chauncey Ave. St. ..... WARD)

2 FULL NAME Henrietta Hecht

(a) RESIDENCE No. 907 Chauncey Ave St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Moses Hecht

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Babette Neuberger

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Mr. A. Hecht
(Address) 907 Chauncey Ave

15 Filed ..... 19 ..... Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1930. to May 21 1931
that I last saw h- alive on May 21 1931
and that death occurred, on the date stated above, at 3 30 A. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of ovary

(duration) 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Generalized carcinomatosis

(duration) ..... yrs. 8 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 1930

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T. Frederick Lantz M. D.

May 21-31 (Address) Temple Garden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem. DATE OF BURIAL 5/24/ 1931

20 UNDERTAKER Abrd Sondheimer Son ADDRESS 1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks

L 69025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-002

L 69025

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 820 Brooks Lane. ST. 13-54 WARD)

2. FULL NAME Joseph D. Rothschild

(a) RESIDENCE No. 820 Brooks Lane. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bertha Rothschild

6 DATE OF BIRTH (month, day, and year) Dec. 12, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auctioneer

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dayton, Ohio.

PARENTS

10 NAME OF FATHER ? Rothschild

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosa Mehlinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. J.D.Rothschild
(Address) 820 Brooks Lane

23 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1931

17

I HEREBY CERTIFY, That I attended deceased from 5/5/31, 19 .. to 5/24/31, 19 .. that I last saw h[illegible] alive on 5/24/31, 19 .. and that death occurred, on the date stated above, at 12.45 P. M.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-
Coronary thrombosis

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) coma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? not Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Wm S Love M. D.

5/ , 1931 (Address) 836 West North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Har Sinai Cem.

DATE OF BURIAL: 5/24/ 1931

20 UNDERTAKER: David Sondheimer Son

ADDRESS: 1902 Eutaw Place

Spec.—12-5-25—A Co.—200 Bks.

69026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 69026

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary 16-32 Ward)

2-FULL NAME Charles Moffett (Charles Wesley Moffett)

(a) RESIDENCE NO. 1906 W. Mosher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Irene Moffett

6 DATE OF BIRTH (month, day, and year): August 30, 1878

7 AGE: Years 52 (53) | Months 8 | Days 23 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Missionary

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Stapleton, N.Y.

(State or country)

PARENTS

10 NAME OF FATHER: William Henry Moffett

11 BIRTHPLACE OF FATHER (city or town):

(State or country)

12 MAIDEN NAME OF MOTHER: Harriett

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Mrs. Mary Irene Moffett

(Address) 1906 Mosher St.

Registered ... 19... C. HAMPTON JONES, M. D. Registrar

May 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 23 1931

17 I HEREBY CERTIFY, That I attended deceased from April 18 1931, to May 23, 1931, that I last saw him alive on May 22, 1931, and that death occurred, on the date stated above, at 7:15 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Is Where was disease contracted ?

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Richard C. Cumming, M. D.

May 23 1931 (Address) The Church Home and Infirm

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

Date of Burial: May 25 19 31

UNDERTAKER: Kirk H. Cook

ADDRESS: 1003 West Baltimore St.

Very Important. See INSTRUCTIONS on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69027

CERTIFICATE OF DEATH

131 E 69027

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1602 Clifton Ave ST. 15-59 (WARD)

2 FULL NAME Mary Elizabeth Lewis

(a) RESIDENCE No. 1602 Clifton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of: Nathan Lewis

6 DATE OF BIRTH (month, day, and year): Sept 22-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (state or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Earl Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Liza Linert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Anna L. Hartman 1602 Clifton

15 Filed MAY 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 30 to May 22, 31

that I last saw her alive on May 21 and that death occurred, on the date stated above, at 2:55 P. m.

The CAUSE OF DEATH was as follows:

Arteriosclerotic Cardio-vascular Renal Disease

(duration) several yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. A. Sussman M. D.

19 (Address) 2340 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

UNDERTAKER: C. J. Deaner Sons

DATE OF BURIAL: May 26 1931

ADDRESS: Fulton

1-30—M. & T.—100 B—50L

E 69028

HEALTH DEPARTMENT—CITY OF BALTIMORE

16-001 ✓

E 69028

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. Md Gen Hosp ST. 16-67 WARD

2-FULL NAME Bernard Doering

(a) RESIDENCE NO 3002 Grayson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Doering

6 DATE OF BIRTH (month, day, and year) Aug 25 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) 050
(c) Name of employer Calvert.

9 BIRTHPLACE (city or town) (State or country) Kansas

PARENTS

10 NAME OF FATHER John R. Doering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Burwoth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Clara Bennett

(Address) 3002 Grayson St.

15 Filed ..... 192 SIMPSON JONES M D Registrar

24 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accident - Scaffold Shifted

Fractured Pelvis. Fractured Femur, concussion of brain

(duration) yrs. 8 hours

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Front 1520 Boston St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) 3rd M. D. Coroner

May 23 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem.	May 25 31
20 UNDERTAKER Wm Fleckner & Sons	ADDRESS Northern

Cor.—10-10-29—A Co.—100 Bks.

Higdon

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69029

CERTIFICATE OF DEATH

62-001

E 69029

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 4706 Park Heights Ave St. 27-56 Ward

2-FULL NAME Joseph Higdon

(a) RESIDENCE NO. 4706 Park Heights St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Genevieve

6 DATE OF BIRTH (month, day, and year) 4/9/90

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	41	1	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ice Wagon Driver
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER James Higdon

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Anne R. Carson

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Anne R. Carson
(Address) 4706 Park Heights Ave

15 Filed MAY 24 1931 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 2672 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt O Olivet — DATE OF BURIAL MAY 25 1931

20 UNDERTAKER Geo W Little — ADDRESS 2700 [illegible] AVE

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 69030

CERTIFICATE OF DEATH

E 69030

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3302 Rosekemp ST., 27 Ward

2-FULL NAME Frances Ann Crowther

(a) RESIDENCE NO. 3302 Rosekemp St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred. Crowther

6 DATE OF BIRTH (month, day, and year) 11/25/1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Henry Shaw

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Grace Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant John H. Crowther
(Address) 3302-Rosekemp Ave.

15 Filed 2 4 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

Broken Compensation (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? No

What was confirmed diagnosis? By History

(Signed) G. C. Hampson Jones, M. D. Coroner

, 19 (Address) 143 N. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 5/25/31

20 UNDERTAKER: George D. Roth & Son — ADDRESS: 1735 Hanover Av

Spec.—9-30—A. & Co.—250 Blks.

E 69031

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 69031

CERTIFICATE OF DEATH

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Gough St. 3-4 WARD)

2. FULL NAME Sarah Yetta Meyers

(a) RESIDENCE No. 1508 Gough St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Abba

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Meyers.
(Address) 1508 Gough St.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23/31

17 I HEREBY CERTIFY, That I attended deceased from Apl. 1, 1931, to May 23, 1931
that I last saw her alive on May 23, 1931
and that death occurred, on the date stated above, at 330 P. M.
The CAUSE OF DEATH* was as follows:

Chron Myocarditis
(duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Acute Dilatation of Heart
(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) M. D. Baylin M. D.
5/23/31 (Address) 210 N. Gilmor St.

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern Cem
DATE OF BURIAL May 24 19 31

20 UNDERTAKER S. Levinson Bro
ADDRESS 1127 E Balto St

HAWKINS JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 69032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-00[illegible] 69032

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1816 N. Pulaski St 15-68 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jacob Stoben

(a) RESIDENCE NO 1816 N. Pulaski ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ada. L.

6 DATE OF BIRTH (month, day, and year) Sept 8 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of Industry, business, or establishment in which employed (or employer) Acc

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Persia

PARENTS

10 NAME OF FATHER Max Stoben

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Untermeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Mrs Ada L. Stoben 1816 N. Pulaski st

15 Date Received MAY 24 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22/31

17

I HEREBY CERTIFY, That I attended deceased from 5/14/31, to 5/22, 1931

that I last saw him alive on 5/22, 1931

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. 4 mos. 7 ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exam. Lab. findings

(Signed) A. L. Stoben M. D.

5/23/31 (Address) 3704 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidial. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Herring Run

DATE OF BURIAL 5/24/31

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto st

1-30—M & T—100 H—50L

E 69033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 E 69033

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 W. 27th ST. 12-54 WARD)

2-FULL NAME John J. Caffrey

(a) RESIDENCE NO. 103 W. 27th ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Barrett

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	--	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Caffrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Rose B. Caffrey

(Address) 103 W. 27th Street

15 Filed MAY 24 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

18a CAUSE OF DEATH* was as follows: Def. he was cranking when in gear started running him down & over

(a) _____ (Duration) Fract Ribs (Crushed chest) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract L. Femur Duration Fract. Pelvis yrs. mos. ds.

18 Where was disease contracted if not at place of death? Montebello & Hanford

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin

(Signed) H. Frame Coroner, M. D.

5/23/31 (Address) 2939 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 5/26 1931

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 805 W. Calvert

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69034

186-2 69034

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Balto City Hospitals St., 22-30 (Ward)

2-FULL NAME Frank Dente

(a) RESIDENCE NO. 116 W Barry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 6 - 1869

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town)
(State or country) Italy

PARENTS

10 NAME OF FATHER Sabatina

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Rosina Sanofaini

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Wife
(Address) 115 W Barre St

15 Filed C. HAMPSON JONES, M. D. Registrar

Important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of R. Shoulder
Chronic Nephritis &
Uraemia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

5 23 1931 (Address) 701 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Brooklyn Md	May 25 1931
20 UNDERTAKER	ADDRESS
F A Krause Son	703 Hanover St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69035 E 69035

CERTIFICATE OF DEATH

59

REGISTERED NO.

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Baltimore, Md. (St.) 27-54 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. Alexander Cohen

(a) RESIDENCE NO. Levindale, Home, Balt. Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Herman Cohen
(Address) 1329 W Saratoga st

15 Filed . C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24/31

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1931 to May 24 1931

that I last saw h[illegible] alive on May 24 1931

and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis —

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Diabetes & Cardiac failure.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of May 22.

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Cohen M. D.

5/24 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shaarei Mt Carmel

DATE OF BURIAL 5/24 1931

20 UNDERTAKER Jos Johnson & Bro

ADDRESS 112 E Balto st

Spec.-7-17-26—A Co.—200 Blks.

Henry Lohr.

E69036

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

E 69036

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 120 Hegewood Ave. St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Lohr

(a) RESIDENCE NO. 120 Hegewood Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Johanna Lohr

6 DATE OF BIRTH (month, day, and year): Feb. 24 1860

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	71	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 29

(b) General nature of industry, business, or establishment in which employed (or employer): Plumber

(c) Name of employer

9 BIRTHPLACE (city or town) Randallstown

(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Lohr

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Heath

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Johanna Lohr

(Address) 120 Hegewood Ave.

15 Filed MAY 25 1931 16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1931

17 I HEREBY CERTIFY, That I attended deceased from July 10 1929 to May 22 1931

that I last saw alive on May 22 1931

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach 1

(duration) 1 yrs. 9 mos. 22 ds.

CONTRIBUTORY (Secondary) Carcinoma Liver 0

(duration) yrs. mos 2 ds.

18 Where was disease contracted —

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Findings

(Signed) James H. Fitzpatrick M.D.

5/23 1931 (Address) 721 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
London Park Cem	May 25 1931
20 UNDERTAKER Charles H. Diff	ADDRESS 3109 Frd Rd.

very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69037

CERTIFICATE OF DEATH.

61-001

E 69037

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 144 N. Ellwood ave ST. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Theodore Julius Siffel

(a) RESIDENCE NO. 144 N. Ellwood ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 12-1931

7 AGE: Years | Months | Days: 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Gertrude Siffel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Gertrude Siffel 144 N. Ellwood ave

15 Filed 25 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 23, 1931

that I last saw h[illegible] alive on May 23, 1931

and that death occurred, on the date stated above, at 3:58 p. m.

The CAUSE OF DEATH* was as follows:

Inanition

Congenital atelectasis

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Congenital asphyxia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin data

(Signed) [illegible] M. D.

19 (Address) 3034 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Patricks Cemetery

DATE OF BURIAL: May 25, 1931

20 UNDERTAKER: John A. Moran

ADDRESS: 3000 E. Baltimore St.

Spec.—1-30—M. & T.—250 Bks

69038

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69038

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) 1436 ST., 14 WARD)

REGISTERED NO. 186-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Mitchell

(a) RESIDENCE NO. 1615 Park Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Without mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 79 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Stephen D Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Martha Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant (Address): Friends Baptist Home 1615 Park ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-23-31

17 I HEREBY CERTIFY, That I attended deceased from 4-1, 1931, to 5-23, 1931, that I last saw him alive on 5-23, 1931, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Fracture Left Femur

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E W Peake, M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: May 25 1931

20 UNDERTAKER: John O Mitchell & Son

ADDRESS: N. Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69039

E 69039

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital ST. 10-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Campbell

(a) RESIDENCE NO. 2467 Parper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11-5-1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	6	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Salem, Ill

10 NAME OF FATHER Arthur E Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salem - Ill

12 MAIDEN NAME OF MOTHER Sadie Montgomery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital records

(Address)

15 Filed MAY 25 1931 C. HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from 4-24-, 1931, to 5-23, 1931.

that I last saw h[illegible] alive on 5-22- 1931

and that death occurred, on the date stated above, at 8-50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

7

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Focal tonsilitis ?

Acute tonsilitis ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert V. Chenoweth, M. D.

. 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	May 26 1931

20 UNDERTAKER Chenoweth Bros Crematorium ADDRESS 3417

Spec.—9-30—A. & Co.—250 Blks

E 69040 E 69040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE (No) 3964 Elm Ave (St) 13-5-2 (Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Matilda Allen

(a) RESIDENCE NO 3966 Elm Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND (or) WIFE of Late Robert Allen

6 DATE OF BIRTH (month, day, and year) Sept 5, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Walter Emerson

(Address) 3948 Elm Ave

15 Filed 5-25 1931 19 HAMILTON JONES, M. D. Registrar

Per: Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23-1931

17

I HEREBY CERTIFY, That I attended deceased from 5-14 1931 to 5-22 1931

that I last saw her alive on 5-22 1931

and that death occurred, on the date stated above, at 9.45 a. m.

The CAUSE OF DEATH* was as follows:

Aortic Incompetency

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Dyspepsia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Signs

(Signed) C F. Coughlin M. D.

5/25 31 (Address) 0701 Rockland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden — DATE OF BURIAL: May 25 1931

20 UNDERTAKER: Chunsweth Lee — ADDRESS: 3610 Chest

Spec.—1-30—M. & T.—250 Bks.

E 69041

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69041

CERTIFICATE OF DEATH.

REGISTERED NO. 257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerry Parrish

(a) RESIDENCE NO. 670 Sarahann St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20, 1930

7 AGE — Years: — Months: 11 — Days: 3 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jerry Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ruth Parrish

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Ruth Parrish

(Address): 670 Sarahann St

15 FILED MAY 25 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 23, 1931

that I last saw him alive on May 23, 1931

and that death occurred, on the date stated above, at 9 45 P m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

5/25, 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: May 25 1931

20 UNDERTAKER: Samt. W. Close Jr. & Son — ADDRESS: 638 N. Gilmor

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69042

E 69042

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Washington ST., 7-4 WARD)

2-FULL NAME Elizabetta Kistner.

(a) RESIDENCE NO. 126 S. Washington ST., 2 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of George Kistner.

6 DATE OF BIRTH (month, day, and year) April 13th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	72	1	10.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Michael Hole.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Schmit

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant. George Kistner husband
(Address) 126 S. Washington St.

15 Filed MAY 25 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23/31

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1931. to May 23rd, 1931.
that I last saw her alive on May 23rd, 1931.
and that death occurred, on the date stated above, at 1.40 a. m.
The CAUSE OF DEATH* was as follows:
Cerebral Thrombosis

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick W Hamman, M. D.
5/23/31 (Address) 1710 E. 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	May 26th 1931
20 UNDERTAKER Lilly + Zeiler Inc.	ADDRESS 403 S. Wolfe St

Spec.—1-30—M. & T.—250 Blks

E 69043

E 69043 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO. 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Foster Ave, ST., 26 WARD)

2-FULL NAME Frank H. Tumblinson

(a) RESIDENCE NO. 3709 Foster ave ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 31st 1912

7 AGE: Years 18; Months 9; Days 21; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Office Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frank H. Tumblinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Lena Frisch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Lena Martin Mother

(Address) 3709 Foster ave.

15 Filed 25 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May. 21st/31

17 I HEREBY CERTIFY, That I attended deceased from 1/14/30 19 to 3/21 19 31.

that I last saw h— alive on 5/18/31 19

and that death occurred, on the date stated above, at 10 20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Ellis Gonell, M. D.

5/23, 19 31 (Address) 633-S-Conkling

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: May 25 1931

20 UNDERTAKER: Lilly + Zeiler Inc. — ADDRESS: 403 S. Wolfe St

Spec.—1-30—M. & T.—250 Bks.

E 69044 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69044

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden ham Hospital St. 9-45 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Fetterhoff

(a) RESIDENCE NO. 708 E St, Spanaws Pt. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of /

7 DATE OF BIRTH (month, day, and year) Sept 1, 1928

AGE Years 2 | Months 8 | Days 23 1/2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Spanaws Point Md.

PARENTS

10 NAME OF FATHER William Fetterhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harrisburg Pa

12 MAIDEN NAME OF MOTHER Georgiana Frey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harrisburg Pa

14 Informant Mrs. Georgiana Fetterhoff

(Address) 708 E St Spanaws Point

15 Filed MAY 25 1931, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1931, to May 23, 1931, that I last saw h[illegible] alive on May 23, 1931, and that death occurred, on the date stated above, at 3:30 p. m.

The CAUSE OF DEATH* was as follows:

Tonsillar and Laryngeal Diphtheria

(duration) 0 yrs. 0 mos 18 ds.

CONTRIBUTORY (Secondary) Diphtheritic Myocarditis (duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? 708 E St Spanaws Pt.

Did an operation precede death? Yes Date of Tracheotomy 5/22/31

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) L. Peter Mravetz, M. D.

, 19 (Address) Lyden ham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL May 25th 1931

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69045

CERTIFICATE OF DEATH

23 E 69045

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

69045

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 414 N. Carey ST. 19-26 (WARD)

2 FULL NAME Anna L. Prather Keyser

(a) RESIDENCE NO. 414 N. Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Edward G. Keyser

6 DATE OF BIRTH (month, day, and year) Mar 1st 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	22.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work.

(b) General nature of industry, business, or establishment in which employed (or employer): — 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Richard Prather

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Nellie Coale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs. Nellie Prather

(Address) 414 N. Carey St.

15 Filed 5-25-1931. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23/1931.

17

I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to May 23, 1931

that I last saw h[illegible] alive on May 21, 1931

and that death occurred, on the date stated above, at 3.05 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Some history (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M. M. Dupuis M. D.

19 (Address) 134 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: 5/26/1931

20 UNDERTAKER: John J. Cowan & Son

ADDRESS: [illegible]

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69046

CERTIFICATE OF DEATH

108 E 69046

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Bon Secours Hosp. WARD 58)

2 FULL NAME Mrs. Betty Runkles.

(a) RESIDENCE NO. 2825 Boarman Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Rodnel R. Runkles

6 DATE OF BIRTH (month, day, and year) Jan 4 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hagerstown, Md

PARENTS

10 NAME OF FATHER Wm. A. Householder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown, Md

12 MAIDEN NAME OF MOTHER Jennie Brown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hagerstown, Md.

14 Informant Jennie Householder

(Address) Hagerstown, Md.

15 Filed May 27 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1931

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1931, to May 24, 1931

that I last saw h[illegible]live on May 24 1931

and that death occurred, on the date stated above, at 7:15 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of none

Was there an autopsy?

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Cecil Stiles M. D.

, 19 (Address) 320 E. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Hagerstown, Md. DATE OF BURIAL May 27 1931

20 UNDERTAKER George W. Zinkler ADDRESS 1737 E. Eager st

Spec—9-30—A. & Co.—250 Blks.

E 69017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 69042

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No 1116 S. Clinton St. 76-1 (WARD)

2 FULL NAME George B. Whitaker

(a) RESIDENCE NO. 1116 S. Clinton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 3-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) Michigan

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Annie Mueller
(Address) 1116 S. Clinton St.

15 FILED MAY 25 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 31

17 I HEREBY CERTIFY, That I attended deceased from Nov 27 1930 to May 23rd 1931

that I last saw him alive on May 23rd 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hemaplegia (Apoplectic)

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Chr. Int. Nephritis.

Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Mueller M. D.

5/27 1931 (Address) 3823 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel cemetary — DATE OF BURIAL May 26 1931

20 UNDERTAKER George W. Zinkler — ADDRESS 1737 E. Eager st

Spec.—1-30—M. & T.—250 Blks.

E 69048

69048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 W. North Ave ST. 15-17 WARD)

2-FULL NAME William Albert Rutter

(a) RESIDENCE NO. 3011 W. North Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice V. Rutter

DATE OF BIRTH (month, day, and year) Dec. 19 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	5	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER John A Rutter

11 BIRTHPLACE OF FATHER (city or town) Balt (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Alice V. Rutter (Address) 3011 W. North Ave

15 Filed 25 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23rd 1931

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to May 23, 1931, that I last saw h[illegible] alive on May 23, 1931, and that death occurred, on the date stated above, at 5 15 P. m.

The CAUSE OF DEATH* was as follows:

Acute nephritis
Chronic valvular Cardiac disease

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas W. Kahn M. D.

May 24, 1931 (Address) 3005 W North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	May 26 1931
20 UNDERTAKER	ADDRESS
Jarrah Lyfer	1400 W. North Ave

Spec.—9-30—A. & Co.—250 Bks.

E 69049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69049

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 1009 E. Preston St. 10-14-53 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Florence M Riley

(a) RESIDENCE NO. 1009 E Preston St. ST. WARD
(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 43 yrs. 5 mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) November 27 1887

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
43	5	26	

8. OCCUPATION OF DECEASED.
(a) Trade, profession or particular kind of work Sales lady 067
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10. NAME OF FATHER David F. Riley
11. BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12. MAIDEN NAME OF MOTHER Rose M. Eland
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14. Informant Mr. Rose M. Riley
(Address) 1009 E Preston St

15. Filed MAY 25 1931, 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1929, to May 23 1931
That I last saw her alive on May 23 31
and that death occurred, on the date stated above, at 5: a.m. p.m.
The CAUSE OF DEATH* was as follows:

Chr. Nephritis -
Carcinoma of Bladder
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Uremia
(duration) yrs. mos. 1/2 ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Chemical & Microscopic
(Signed) L. M. C. Parker M. D.
May 24 1931 (Address) 1114 Hartford Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: May 26 1931

20. UNDERTAKER: Henry Hauck & Sons Inc. ADDRESS: 1301 E. Eager St

Spec.—9-30—A. & Co.—250 Blks.

69050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 69050

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) ST 2-4 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Leonard Everd

(a) RESIDENCE NO. 422 S. Ann st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 050

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Everd

11 BIRTHPLACE OF FATHER (city or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Mary Hiner

13 BIRTHPLACE OF MOTHER (city or town) Maryland

(State or country)

14 Informant Hospital Records

(Address)

15 Filed MAY 25 1931 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to May 23, 1931

that I last saw him alive on May 23, 1931

and that death occurred, on the date stated above, at 3.40 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Lemar M. D.

5-23, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL 5/26/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9 30—A. & Co.—250 Blks.

E 6905 HEALTH DEPARTMENT—CITY OF BALTIMORE 34 E 6905

CERTIFICATE OF DEATH

1 PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE (No S 14-27 WARD)

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wm Smiley (Smith)

(a) RESIDENCE NO 1703 Edmondson Ave ST. WARD
(Usual place of abode) (If non-resident: give city or town and State)

length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Nettie

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	47	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country) Aiken S.C.

PARENTS

10 NAME OF FATHER Edwin Smiley

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Lucy Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Leads

15 MAY 25 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 20, 19 31, to May 24, 19 31,

that I last saw h alive on May 24, 19 31

and that death occurred, on the date stated above, at 2:40 P.m.

The CAUSE OF DEATH* was as follows:

Aneurysm of aorta (duration) yrs. UNKNOWN mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage, secondary (from rupture) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Paul Poast M. D.

5-27 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Interred DATE OF BURIAL May 27 1931

20 UNDERTAKER Edward Brindley ADDRESS 518 N. Biddle

C. HARRISON JONES, M. D. Registrar

Per

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75 ✓ E 69052

REGISTERED NO.

E 69052
1-PLACE OF DEATH

City of Baltimore: (No. 140 East St., St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lester Nadel.(C)

(a) RESIDENCE NO. 140 East St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ---mos.---da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	55	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Washington.D.C.
(State or country)

PARENTS

10 NAME OF FATHER Joseph Armstrong.(C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Washington,D.C.

12 MAIDEN NAME OF MOTHER Caroline Bollen.(C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Washington,D.C.

14 Informant Robert Nadel.(C) brother.
(Address) 140 East St.

15 Filed MAY 25 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19,1931 192

17 I HEREBY CERTIFY, That, I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Inquiry
(Signed) Otto F. Eimbrodt, M. D.
5/25 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, D. C.

DATE OF BURIAL 5/25/1931

20 UNDERTAKER Robert McGuire

ADDRESS 1820-9th St. Washington D. C.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69053

E 69053

CERTIFICATE OF DEATH.

REGISTERED No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital WARD)

2 FULL NAME Margaret Gloria Clark

(a) RESIDENCE No. 3112 Elmora Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 16-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Wm J. Clark

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Anna Adamo

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Italy

14 Informant (Address) Mr. Wm J. Clark 3112 Elmora Ave

15 Filed MAY 26 1931 C. HAMPTON JONES, M. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24-31

17

I HEREBY CERTIFY, That I attended deceased from 4-17-31, 19 to 5-24-31, 19

that I last saw her alive on 5-24-31, 19

and that death occurred, on the date stated above, at 3.00 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 37 Hr.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) Laurence M. Serra, M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: May 25 1931

UNDERTAKER: Margaret D. Flynn

ADDRESS: 1422 Light St.

Spec.—3-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69054

CERTIFICATE OF DEATH

15 E 69054

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 1416 W Lanvale ST. 16-2 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Maria Chaney

(a) RESIDENCE NO. 1416 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of /

DATE OF BIRTH (month, day, and year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	—	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Cook

(c) Name of employer Home

BIRTHPLACE (city or town) (State or country) Draper Md.

10 NAME OF FATHER Ezekiel Small

11 BIRTHPLACE OF FATHER (city or town) (State or country) Draper Md.

12 MAIDEN NAME OF MOTHER Lilah Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Draper Md

Informant Mrs. E. Small

(Address) 1416 Lanvale

Filed 25 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22/31

17

I HEREBY CERTIFY, That I attended deceased from May 12, 1931, to May 22, 1931, that I last saw h[illegible] alive on May 22, 1931 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? / Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. H. Hatcher, M. D.

May 25, 1931 (Address) 1215 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	May 25, 1931
20 UNDERTAKER	ADDRESS 322 N Schroeder St.
Mrs. Katie R. Williams	

1-30—M. & T.—100 B—50L

E 69055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69055

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. 6-10 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie White

(a) RESIDENCE NO. 226 Montford Ave ST., _____ WARD _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Allen White

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Emma Riley

(Address) 226 Montford Ave

15 [illegible] 1931 [illegible] 192 H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/22 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(a) Struck and knocked down by State Roads Truck

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Traumatic Apoplexy

(Duration) yrs. mos. ds.

(b) Contusion

18 Where was disease contracted if not at place of death? Annapolis Rd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. Frame, Coroner, M. D.

5-25 1931 (Address) 2939 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem	5-25 1931
20 UNDERTAKER	ADDRESS
Byron Wright	1218 N. Eden

Spec.—9-30—A & Co.—250 Bks.

69056 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23 Σ 69056

CERTIFICATE OF DEATH

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 16-37

CITY OF BALTIMORE: (No. ..... St. ..... WARD .....)

2 FULL NAME Thomas Koch

(a) RESIDENCE NO. No address St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ..... ds. How long in U. S., if of foreign birth Unknown mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Oct. 5, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER John Koch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Hospital Records
(Address)

15 MAY 25 1931 HAROLD JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1930 to May 22, 1931

that I last saw him alive on May 22, 1931

and that death occurred, on the date stated above, at 12.45 p.m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) Ward Tenner M. D.

5-23 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS ..... MAY 25 1931

1-30—M. & T.—100 B—50L

Miss Minerva Martin

69057

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 ✓ E 69057

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 Lemon ST. 18-29 WARD)

2-FULL NAME "Mira Martin (

(a) RESIDENCE NO 835 Lemon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53 - 51	6			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant

(Address)

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zeller Coroner, M. D.

5/12 1931. (Address) 273 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL: MAY 25 1931

ADDRESS

20 UNDERTAKER

ADDRESS

MAY 23 AM

Spmc.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69058

CERTIFICATE OF DEATH.

82-201 E 69058

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) The Walbert Apts (St.) 12-20 (WARD)

2-FULL NAME Charles Rolph

(a) RESIDENCE. NO. The Walbert Apts (St.) Chas & 22nd Sts (WARD)
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robina Watkins

6 DATE OF BIRTH (month, day, and year): Feb. 9, 1849

7 AGE: Years 82 Months 3 Days 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Queen Anne Co. Md.

PARENTS

10 NAME OF FATHER: Samuel F. Rolph

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sallie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Charles F. Rolph Walbert Apts.

15 Filed MAY 25 1931 19 Registrar: C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May-24 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr.-26. 1931, to May-24 1931,

that I last saw him alive on May-22 1931,

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Senile Arteriosclerosis with Cerebral Hemorrhage

Paralysis, I left side

(duration) yrs. — mos. 29 ds.

CONTRIBUTORY (Secondary) General asthenia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur Cole, M. D.

5/25 1931 (Address) 2702 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chestertown, Md. — DATE OF BURIAL: May 26, 1931

UNDERTAKER: John A. Mitchell & Sons — ADDRESS: 1900 Eutaw St

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69059

CERTIFICATE OF DEATH.

10 E 69059

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital) ST. 2-30 WARD

2-FULL NAME Roberta Gray

(a) RESIDENCE NO. 673 W Conway ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of 1

DATE OF BIRTH (month, day, and year) Jan 28, 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	3	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Thomas Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ft Conway Va

12 MAIDEN NAME OF MOTHER Alberta McClintock

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ft Conway Va

Informant Thomas Gray
(Address) 673 W Conway St

Filed ..... Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1931, to May 25, 1931, that I last saw her alive on May 23, 1931, and that death occurred, on the date stated above, at 9 50 p. m.

The CAUSE OF DEATH* was as follows:

Tonsillar and Laryngeal Diphtheria

(duration) 0 yrs. 0 mos 7 ds.

CONTRIBUTORY (Secondary) Diphtheritic Myocarditis

(duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted if not at place of death? 673 W. Conway St

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Throat Culture

(Signed) L Pete Mesaros, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn — DATE OF BURIAL May 25, 31

20 UNDERTAKER Joseph A Lurdy 4093 Mount St — ADDRESS

C. HAMILTON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

69060

HEALTH DEPARTMENT—CITY OF BALTIMORE

69060

CERTIFICATE OF DEATH

1-PLACE OF DEATH Jackson Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton Road ST. 20-72 WARD

2-FULL NAME Oscar M White

(a) RESIDENCE NO. 5415 Georgia Ave. Wash. D.C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1864

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67 yrs.			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER August White

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Emma

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant (Address) Jackson Memorial Hosp 1000 Eaton Road

15 Filed 5-25-1931, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1931

17 I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to May 25, 1931, that I last saw him alive on May 24, 1931, and that death occurred, on the date stated above, at 12:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Antecedents)

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) yrs. mos. 7 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Hyalmar S Anderson, M. D.

5-25-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D C — DATE OF BURIAL May 28 1931

20 UNDERTAKER Harry R Sinnott & Son — ADDRESS 4202 Ridgewood Ave

Spec.—9-30—A. & Co.—250 Blks

69061 HEALTH DEPARTMENT—CITY OF BALTIMORE 84E 69061

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Union Memorial Hospital 43
CITY OF BALTIMORE: (No ST. WARD
REGISTERED No
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Ellen Gobler

(a) RESIDENCE No. 3126 Woodbrook Avenue, Baltimore, Md
(Usual place of abode) ST. WARD
(If non-resident give city or town and State)

length of residence in city or town where death occurred 7 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5 - 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS
10 NAME OF FATHER Benjamin F. Gobler
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.
12 MAIDEN NAME OF MOTHER Hannie Schaefer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant (Address) Union Memorial Hosp.

15 5 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23, 1931

17
I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to May 23, 1931
that I last saw her alive on May 23, 1931
and that death occurred, on the date stated above, at 2.30 A. M.

The CAUSE OF DEATH* was as follows:
Acute Mastoiditis (Right)

CONTRIBUTORY (Secondary) Septicemia (Streptococcus) (duration) 3 wks ? ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 5/13/31
Was there an autopsy? No
What test confirmed diagnosis? Operative findings and Path.

(Signed) Jesse S. Fiser M. D.
5-23-1931 (Address) Union memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkview Cem. DATE OF BURIAL 19

20 UNDERTAKER D. J. Creech ADDRESS Govans

Spec.—9-30—A. & Co.—250 Blks.

B 69062 HEALTH DEPARTMENT—CITY OF BALTIMORE B 69062

CERTIFICATE OF DEATH. 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH 1621 Baker St (WARD) 5-21

CITY OF BALTIMORE: (No.) Balto Md (St.)

2 FULL NAME Georgiana Smith

(a) RESIDENCE NO. 1621 Baker St ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced. (write the word)

Female | Colored | Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-5-1874

7 AGE: 57 Years | Months — | Days 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

PARENTS

14 Informant: Just Clarita Jackson (Address) 1325 N. Luzerne Ave

15 Filed 5-25-1931, 19 C. HA... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23/31

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 23, 1931, that I last saw h[illegible] alive on 5-23/—, 1931, and that death occurred, on the date stated above, at 12:01 P.M.

The CAUSE OF DEATH* was as follows: Intestinal Nephritis

(duration) yrs. 4 mo. ds.

CONTRIBUTORY (Secondary) Rectal Fistulas, Hypertension (duration) yrs. 4 mo. ds.

Is where was disease contracted if not at place of death? Balto Md

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W R Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Woodlawn Cemetery DATE OF BURIAL: 5-26 1931

20 UNDERTAKER: George P. A. Gibson ADDRESS: 1335 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks.

E 69063 HEALTH DEPARTMENT—CITY OF BALTIMORE 48 E 69063

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 2-4 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henrietta Alberts (Horst)

(a) RESIDENCE NO. 2001 E. Pratt ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Alberts

6 DATE OF BIRTH (month, day, and year) July 8, ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Fannie Horner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

Filed MAY 25 1931, 19 C. HAMILTON JONES, M. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-22-31

17

I HEREBY CERTIFY, That I attended deceased from 5-21-31, 19, to 5-22-31, 19

that I last saw her alive on 5-22-31, 19

and that death occurred, on the date stated above, at 6:55 A.m.

The CAUSE OF DEATH* was as follows:

Chorioepithelioma

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) ... Hemorrhage, Secondary

(duration) yrs. 2 mos. 1 ds.

18 Where was disease contracted if not at place of death? In Hosp. 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam; biopsy

(Signed) Paul Podgat M. D.

5-22 1931. (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem.	May 25 1931
20 UNDERTAKER John B. Connelly	ADDRESS Cem

Spec.—8-28—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69064

CERTIFICATE OF DEATH

X 53 E 69064

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 WARD)

2 FULL NAME Irma Factor

(a) RESIDENCE NO. 1740 Eastburn Ave N.Y. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced. (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21 1928

7 AGE: Years 3; Months 4; Days 27; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) New York New York

10 NAME OF FATHER Dr Philip Factor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Celia Finestein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York New York

14 Informant (Address) Records Johns Hopkins Hosp

Filed 5 1931, 19 A. M. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-25-31

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1931, to May 25, 1931

that I last saw h[illegible] alive on May 25, 1931

and that death occurred, on the date stated above, at 1:50 P. M.

The CAUSE OF DEATH* was as follows:

Br Tumor Cerebellum

Edema Pulmonary

(duration) yrs. 13 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 5-25-31

Was there an autopsy? No

What test confirmed diagnosis? Routine examination

(Signed) Ch T Bruce M. D.

5/25 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York N. Y.

20 UNDERTAKER: Adolf Gerson & Bro

DATE OF BURIAL: 5/25 1931

ADDRESS 1127 E Balto St

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69065

92-001

E 69065

CERTIFICATE OF DEATH

REGISTERED NO. 12-50

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3244 Abell Ave (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth C. Stout

(a) RESIDENCE NO. 3244 Abell Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6 If married, widowed, or divorced, HUSBAND of (or WIFE of) J. W. Stout

DATE OF BIRTH (month, day and year) April 6-1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Iowa

10 NAME OF FATHER Benj M. Morey

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

Informant Jessie E. Runkles

(Address) 3244 Abell Ave

C. HAMPSON JONES, M. D.

BC 1931 19 A. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24-1931

17

I HEREBY CERTIFY, That I attended deceased from May 1- 1930 to May 24 1931

that I last saw h alive on May 24- 1931

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Chr.
Valvular heart disease -

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) none known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there on autopsy? no.

What test confirmed diagnosis? Physical

(Signed) Chas. J. Keller, M. D.

5/25, 1931 (Address) 2226 N. Monroe St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Topeka Kansas — DATE OF BURIAL May 25 1931

20 UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison Ave

Spec.—9-30—A. & Co.—250 Blks.

69066 HEALTH DEPARTMENT—CITY OF BALTIMORE 69066

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Good Shepherd General Hospital REGISTERED NO. 131

CITY OF BALTIMORE: (No. 1512 W. Gilmor ST. 15 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rachel Wilson

(a) RESIDENCE NO. 1512 Gilmor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE: 69 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 070

(b) General nature of industry, business, or establishment in which employed (or employer): Home work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rock Mill

10 NAME OF FATHER: Charles Makie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Dorsey Town

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Town

14 Informant (Address): Juanita Mackey

5-1931 19 A. G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/22/31

17 I HEREBY CERTIFY, That I attended deceased from May 20 1931, to May 22, 1931

that I last saw h alive on 5-22- , 1931

and that death occurred, on the date stated above, at 11:30P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(Duration) yrs. 1 mo 0 ds.

CONTRIBUTORY (Secondary) Exposure to Inclement weather

Heated Room (Duration) yrs. 1 hr. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) N. R. Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmen Cemetery — DATE OF BURIAL: May 26 1931

20 UNDERTAKER: Charles W. C. Brownlow — ADDRESS: 1402 W. Fayette

Spec.—2-28-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-023

E 69067

E 69067

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 1632 Appleton ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Wilhuser

(a) RESIDENCE NO. 1632 Appleton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rachel Wilhuser

DATE OF BIRTH (month, day, and year) Oct 7/1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Balto Md

10 NAME OF FATHER Samuel Wilhuser

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Bluth

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

Informant Carrie Wilhuser

(Address) 1632 Appleton St.

Filed 5 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24/1931

17 I HEREBY CERTIFY, That I attended deceased from Apr. 1928, to May 24, 1931, that I last saw him alive on May 24, 1931 and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 3 yrs. X mos. V ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 hrs

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Edw Talbott, M. D.

5/24, 1931 (Address) 1355 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount	May 26/1931
20 UNDERTAKER	ADDRESS
J. Ahearn & Co	2232 Boston St.

Spec.—9 30—A. & Co.—250 Bks.

69068 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69068

CERTIFICATE OF DEATH X 147

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) University Hospital (St) 4-30 (WARD)

2 FULL NAME Rachel Bergdall

(a) RESIDENCE No. [redacted] (Usual place of abode) Ellicott City Md St. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Fred. Bergdall

6 DATE OF BIRTH (month, day, and year) February 2, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	9	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) W. Va

10 NAME OF FATHER Thomas E. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Hannah M. Judy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant F. Bergdall
(Address) Ellicott City Md

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar
5 1931 Asst

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-25-31

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1931, to May 25, 1931, that I last saw h e alive on May 25, 1931, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:
Acidosis resulting from vomiting of pregnancy
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Circulatory collapse
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? None

(Signed) W. H. Varney, M. D.
19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Lutheran Cem.	5/27/31
20 UNDERTAKER Easton Sons	ADDRESS Ellicott City

Spec.—9-30—A. & Co.—250 Blks

69069 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69069

CERTIFICATE OF DEATH

93-003

REGISTERED NO. 25-72

1 PLACE OF DEATH

CITY OF BALTIMORE (No) 1011 Reisterstown Rd. (St.) (WARD)

2 FULL NAME Katherine Plate

(a) RESIDENCE NO. 1011 Reisterstown Rd. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 80 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of late Nicholas Plate

6 DATE OF BIRTH (month, day, and year) Dec. 23 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	80	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Ethel Mohrenreich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Nathan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Ella Plate 1011 Reisterstown Rd.

15 Filed ... 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23/31

17

I HEREBY CERTIFY, That I attended deceased from Apr 24 1931, to May 23 1931

that I last saw h alive on May 23 1931

and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Cardiac Cachexia 9

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis Hypostatic Pneumonia 2 3

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 20

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Howard Kahn M. D.

5/25 1931 (Address) 2237 N Calvert

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 5/26 1931

20 UNDERTAKER Harry N. Turfle, 1101 Gilmor

ADDRESS Monday

pec.—1-30—M. & T.—250 Bks.

69070 HEALTH DEPARTMENT—CITY OF BALTIMORE 137 E 69070

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen'l 25 St.) WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alonzo Johnson

(a) RESIDENCE NO. Coast Guard Curtis Bay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Nancy B Johnson

DATE OF BIRTH (month, day, and year) May 17 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	12 10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment which employed (or employed) Gordon Chem Co

(c) Name of employer Curtis Bay

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Edward Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs John O Johnson

(Address) Curtis Bay

Filed 5-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-24-31

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to May 24, 1931, that I last saw him alive on May 24, 1931, and that death occurred, on the date stated above, at 4:25 a.m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy

urinary retention

Right hydronephrosis

(duration) yrs. 1½ mos ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Typed sugn. Lab

(Signed) Wm J. Sullivan, M. D.

, 19 (Address) So Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Marley Cemetery	May 26 1931
20 UNDERTAKER J.J. Lind & John F Denny	ADDRESS 1151 Light St

E 69071

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 69071

1 PLACE OF DEATH

REGISTERED No. C

CITY OF BALTIMORE (No. 4509 Maine Av 28-64 (ST.) (WARD)

(If death occured in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Margaret D Miller (WEILER)

(Residence in Baltimore: No. 4509 Maine Ave St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6 DATE OF BIRTH Feb 15, 1924 (Month) (Day) (Year)

7 AGE 6 yrs. 8 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) School boy

9 BIRTHPLACE (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Carl A Weiler

11 BIRTHPLACE OF FATHER (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Ritter

13 BIRTHPLACE OF MOTHER (State or country) Baltimore Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C A Weiler

(Address) 4515 Maine Ave

15. MAY 25 1931 C. HAMPSON JONES, M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 24, 1931 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1931, to May 24 1931.

that I saw her alive on May 24, 1931.

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 8 ds

Contributory (SECONDARY) Cardiac failure

(Duration) yrs. mos. ds.

(Signed). Herman J Coonan M. D.

May 25, 1931 (Address) 11 E Chase

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted.

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Pikesville Md | DATE OF BURIAL May 26, 1931

20 UNDERTAKER J Shaughnessy | ADDRESS 3 W Eager St

Spec.—9-30—A. & Co.—250 Bks. J. P. Wilkinson Md Gen'l Hospital ✓ 1931

69072 HEALTH DEPARTMENT—CITY OF BALTIMORE 69072

CERTIFICATE OF DEATH 48

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 2016 Brookfield Ave St. 13-59 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marie Agnes Rutherford

(a) RESIDENCE NO. 2016 Brookfield Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, ~~widowed, or divorced~~
(or) WIFE of Oliver B Rutherford

6 DATE OF BIRTH (month, day, and year) Sept 3rd 1889

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Martin Glenn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Durkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Oliver B Rutherford 2016 Brookfield Ave

15 [illegible] 19 [illegible] Registrar

5 7 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931 to May 24, 1931
that I last saw h[illegible] alive on May 24, 1931
and that death occurred, on the date stated above, at 9:30 p. m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Uterus

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Metastasis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? Yes. Date of Jan. 2, 1931
Was there an autopsy? No.
What test confirmed diagnosis? Operative findings.

(Signed) Gilbert K. Wilkinson M. D.
19 Md. Gen'l. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	5/28/1931
20 UNDERTAKER: Wm Cook	ADDRESS: 1217 St Paul St

pec.—1-30—M. & T.—250 Blks

69073.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95

E 69073

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 430-22½ ST. 12-50 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Hill

(a) RESIDENCE NO. 430-22½ ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George Hill.

DATE OF BIRTH (month, day, and year) Aug 25 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Talbot Co Md

10 NAME OF FATHER Daniel Bundy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co Md

12 MAIDEN NAME OF MOTHER Agnes Bundy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md.

Informant Lottie Mitchell

(Address) 430-22½ St

C. HAMPSON JONES, M. D.

Filed MAY 25 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1931

17 I HEREBY CERTIFY, That I attended deceased from May 9, 1931, to May 22, 1931, that I last saw her alive on May 22, 1931, and that death occurred, on the date stated above at 9:30 P m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease Duration Intermittent yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Ex.

(Signed) R. Garland Mitchell, M. D.

5/25/31 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carroll Chapel DATE OF BURIAL 5/26/31

20 UNDERTAKER Samuel Hemsley ADDRESS W Baltimore

Spec.—9-30—A. & Co.—250 Blks

69074 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23 E 69074

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) ST. 19-27 WARD

CITY OF BALTIMORE (No

2 FULL NAME Viola Dickerson

(a) RESIDENCE NO. 321 N. Gilmor st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	36	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER James Doran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Maggie Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Records

15 FILED 5-23-1931 G. HAMPSON JONES, M. D. Registrar

By ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1931, to May 22, 1931

that I last saw her alive on May 22, 1931

and that death occurred, on the date stated above, at 7.15 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma Pneumonia

(duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) David Seuel. M. D.

5-23 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 5-26-31

20 UNDERTAKER Samuel Stemmler ADDRESS W. Balto

Spec.—9-30—A. & Co.—250 Bks

69075 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69075

CERTIFICATE OF DEATH

87-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 760 Orchard St. (Ward) 17-24

2 FULL NAME Robert Jones

(a) RESIDENCE NO. 760 Orchard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer) Public's

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Isaac Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maria

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Mrs. Douglas 760 Orchard St

15 FILED 5-1931 C. HAMPSON JONES, M. D. Registrar

17 Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/24/31

17

I HEREBY CERTIFY, That I attended deceased from 5/14/31 to 5/24/31, 19

that I last saw h alive on 5/24/31, 19

and that death occurred, on the date stated above, at 6:45 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Thrombosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) yrs. mos. 1Y ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) A. Lee Ellis M. D.

(Address) 924 Mass. Ave.

*(Add the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Town Md	5/26 1931

22 UNDERTAKER Samuel Kemsley ADDRESS 58 N Bond

Spec.—9-30—A. & Co.—250 Blks.

69076 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 69076

REGISTERED NO.

1. PLACE OF DEATH Provident Hosp. 14-16

CITY OF BALTIMORE. (No. 1514 Division ST. C WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Myrtle Dickerson

(a) RESIDENCE NO. 857 Fairmont Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5		

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10. NAME OF FATHER Napoleon Dickerson

11. BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12. MAIDEN NAME OF MOTHER Angelia Mc Donald

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14. Informant: Charlotte Dickerson (Address) 857 Fairmont Ave

15. Filed 5 26 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 5-24-31

17.

I HEREBY CERTIFY, That I attended deceased from 5-16-, 1931, to 5-24-, 1931

that I last saw h[illegible] alive on 5-24-, 1931

and that death occurred, on the date stated above, at 4 25/A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY ... (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George Mc Donald M. D.

(Address) Provident Hosp. 5 26 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Johnsons Cem. DATE OF BURIAL 5-26 1931

20. UNDERTAKER: John H. Jeadwin ADDRESS 1027 Druid Hill

Spec.—9-30—A. & Co.—250 Blks.

69077 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69077

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Emerson Hotel St. 1 WARD) 108

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nannie Wallace Bryan

(a) RESIDENCE NO. Emerson Hotel St. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 75 yrs. 4 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: D'Arcy P. Bryan

6 DATE OF BIRTH (month, day, and year): Jan 23 1856

7 AGE — Years: 75 | Months: 4 | Days: 1 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none do

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Cambridge Maryland

10 NAME OF FATHER: Col. Jas. Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dorchester Co. Maryland

12 MAIDEN NAME OF MOTHER: Ann E. Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dorchester Co. Maryland

14 Informant: W. Wallace Bryan (Son)
(Address): Emerson Hotel City

15 Filed 26 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24 - 1931

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1931, to May 24, 1931, that I last saw her alive on May 23, 1931, and that death occurred, on the date stated above, at 8-15a m.

The CAUSE OF DEATH* was as follows:

Pleurisy with effusion.
Lobar Pneumonia

(duration) — yrs. — mos. 17 ds.

CONTRIBUTORY (Secondary): Senile Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M. Gibson Perry M. D.

5/25 1931. (Address) 4822 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery | DATE OF BURIAL: May 26 1931

20 UNDERTAKER: Howard Morris Co. | ADDRESS: Baltimore

Spec.—9-30—A. & Co.—250 Blks

E 69078

69078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 97

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) 1931 Eutaw Place (Ward) 14-20
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Frank Macdonough Dushane

(a) RESIDENCE NO. 1931 Eutaw Place ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 8 ds. How long in U. S., if of foreign birth? 71 yrs. 11 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Thusnelda B Dushane

6. DATE OF BIRTH (month, day, and year): June 17 1859

7. AGE — Years: 71 — Months: 11 — Days: 8 — If LESS than 1 day, hrs. or min.:

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Banker
(b) General nature of industry, business, or establishment in which employed (or employer): Banking
(c) Name of employer: First Nat Bk of Balto.

9. BIRTHPLACE (city or town) (State or country): Balto Maryland

10. NAME OF FATHER: Nathan T Dushane

11. BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12. MAIDEN NAME OF MOTHER: Mary Patterson

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14. Informant (Address): Mrs Thusnelda B Dushane wife 1931 Eutaw Place

15. Filed 26 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 5/25/31

17. I HEREBY CERTIFY, That I attended deceased from May 1 1929, to May 25, 1931
that I last saw h alive on May 24, 1931
and that death occurred, on the date stated above, at 730 A m.
The CAUSE OF DEATH* was as follows:
Gangrene left foot

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Obliterative endarteritis
(duration) 2 yrs. — mos. — ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Aug 1929
Was there an autopsy? no
What test confirmed diagnosis? Physical

(Signed) Chas. J. Kilby M. D.
5/26. 1931 (Address) 222 W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Cemetery — DATE OF BURIAL: May 27 1931

UNDERTAKER: Stewart & Co — Address: Balto

Cor.—10-16-29—A Co.—100 Bks.

E 69079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 213 ✓

E 69079
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. U. S. Marine Hospital St., 12-51 Ward)

2-FULL NAME Alden H. Pinkham

(a) RESIDENCE NO. Glendale, California St., Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
male	White	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1914

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	17	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Los Angeles Steamship Co.

9 BIRTHPLACE (city or town)
(State or country) California

PARENTS

10 NAME OF FATHER Howard Pinkham

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maine

12 MAIDEN NAME OF MOTHER Georgia M. Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Texas

14 Informant Charles Elbert Pinkham
(Address) Glendale, California

15 FEB 26 1931 16 H. MASON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Jury
(Inquest, autopsy or inquiry)
find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Fracture of Skull
Due to a fall down Hatchway
and Ulcer Constant drinker
(Accidental)
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Earl Howard, M. D.
5/29/1931 (Address) 2632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Los Angeles, California	May 26, 1931
20 UNDERTAKER	ADDRESS
E. Leroy Stiffler, Inc.	125 E. North Ave

1-30—M & T—100 B—50L

69080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 69080

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Christina Wilson

(a) RESIDENCE NO 1226 N. Stricker ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) July 14/30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Thomas Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Sarah Sheppard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Sarah Wilson

(Address) 1226 N. Stricker St

Filed MAY 26 1931 THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Purulent Meningitis

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Rt. Lobular Pneumonia

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? .....

(Signed) ..... M. D. Coroner

5/26/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL May 26 19 31

20 UNDERTAKER Thomas E Nelson — ADDRESS 1303 Pennsylvania Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69081

REGISTERED NO. E 69081

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST. 5-8 WARD)

2. FULL NAME Anthony Lana

(a) RESIDENCE NO 422-East Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None.

6 DATE OF BIRTH (month, day, and year) 1/12/1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel Lana

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Lena Galio

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Samuel Lana

(Address) 422-East Street

15 MAY 26 1931 [illegible] HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and Knocked down by auto

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Cusor Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. J. Frank, M. D.

(Address) 2939 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 5/28/31

20 UNDERTAKER George J. Doyle Inc

ADDRESS 1733 Hanford

1-30—M & T—100 B—50L

E 69082

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 69082

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 3-4 WARD)

2-FULL NAME Bertha Roberts

(a) RESIDENCE NO 841 S. Dallas ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 30/1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	17	8	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Frederick Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Elizabeth Hoffman

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md.
(State or country)

PARENTS

14 Informant Elizabeth Roberts
(Address) 891 S. Dallas St

15 MAY 26 1931 H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Uremia

(duration) yrs. 18 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

5/26/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL May 27 1931

20 UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS Baltimore St & Broadway.

MAY 26 1931

1-20—3M & T—100 B—50L

E 69083

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 69083

CERTIFICATE OF DEATH

REGISTERED NO. 13-57

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 703 Singer Ave. ST. (WARD)

2-FULL NAME Charles Egersdorfer

(a) RESIDENCE NO 703 Singer Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Egersdorfer

6 DATE OF BIRTH (month, day, and year) October 8, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Christopher Egersdorfer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. John A. Hanley (Sister)
(Address) 2221 Bank St.

15 Filed 1931 J. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular
Disease of
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. Wm. Morrison, Coroner, M. D.

5/26/31 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
1st Ev. Luth. Church Cem.	May 23 1931
20 UNDERTAKER Henry Sander & Sons, Inc.	ADDRESS Baltimore St. & Broadway.

2-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69084 ✓ 95-002 E 69084

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Gay ST. 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John T. Sinnott

(a) RESIDENCE NO 708 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Sinnott

6 DATE OF BIRTH (month, day, and year) April 15/1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mary A. Sinnott (Address) 708 N. Gay St

15 MAY 26 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Odema of lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Cardiac

Insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature], Coroner, M. D.

5/25/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL May 27 1931

20 UNDERTAKER Chas. T. Brand & Son ADDRESS 1100 N. Royal ave

Cor.—10-10-29—A Co.—100 Bks.

E 69085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69085

CERTIFICATE OF DEATH

✓175

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Spring Gardens

City of Baltimore: (No. Off Werner's Park. St. 17-23 Ward)

2-FULL NAME Mary Edith White.(C)

(a) RESIDENCE NO. 813 N? Fremont Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 0 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 22, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	0	7	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Clayton E. White.(C)

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Olivia Johnson.(C)

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.
(State or country)

14 Informant Clayton E. White.(C) father.
(Address) 813 N. Fremont Ave.

15 Filed _____, 19__ C. HAMPSON JONES M.D. Registrar.

MAY 26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation.
Father jumped into the water with child in his arms. Homicide.

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) Otto Steinhardt M. D.

6/25. 19 31 (Address) 1019 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pt. Auburn Cemetery

DATE OF BURIAL: May 26, 1931

20 UNDERTAKER: Mrs. Kate R. Williams

ADDRESS 322 N. Schroeder St

Spec.—9-30—A & Co.—250 Blks.

69086

E 69086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2507 E. Fayette St. ST 6-10 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George W. Champness

(a) RESIDENCE NO 2507 E. Fayette St. ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Champness

6 DATE OF BIRTH (month, day, and year) APR. 1, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Market Master

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Joshua Champness

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Lucy Astley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Margaret Champness 2507 E. Fayette St.

Filed . 19 C. HAMILTON JONES, M. D. Registrar

MAY 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 23 1931

17

I HEREBY CERTIFY, That I attended deceased from May 21st, 1931, to May 23rd, 1931, that I last saw h[illegible] alive on May 23rd, 1931, and that death occurred, on the date stated above, at 4[illegible] P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis
Hypertension, Arteriosclerosis
& Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilatation of Heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Tankin M. D.

. 19 (Address) 119 N. Milton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: May 27 1931

UNDERTAKER: Wm. C. Black — ADDRESS: 927 N. Broadway

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69037

CERTIFICATE OF DEATH.

✓82-901. E 69087

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1723 Hollins St. 19-28 (Ward)

2-FULL NAME Annie L Chaney.

(a) RESIDENCE NO. 1723 Hollins St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed or divorced HUSBAND of (or) WIFE of: George B. Chaney.

6 DATE OF BIRTH (month, day, and year): August 29 1869

7 AGE: Years 61 Months 8 Days 26 If LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: James M. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Sarah A. Dyglehart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant (Address): George B Chaney. 1723 Hollins St

15 Filed 5-26 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1931

17 I HEREBY CERTIFY, That I attended deceased from July 17 1930 to May 25 1931, that I last saw h[illegible] alive on May 25 1931, and that death occurred, on the date stated above, at 9 17 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 12 hours

CONTRIBUTORY (Secondary) Right hemiplegia

(duration) 1 yrs. — mos. — ds.

aphasia

18 Where was disease contracted? —

If not at place of death?

Did an operation precede death? No. Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) Henry C Blake M. D.

5-27, 1931 (Address) 203 W Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. Date of Burial 5-28 1931

20 UNDERTAKER: E & B Harle ADDRESS 1156 West St

Spec.—9-30—A. & Co.—250 Blks.

24 7541 HEALTH DEPARTMENT—CITY OF BALTIMORE 69038
E 69038

CERTIFICATE OF DEATH

108

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St. 8-13 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Noble

(a) RESIDENCE No 1213 N. Dallas ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 5, 1929

7 AGE: Years 1 Months 10 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Lee Noble

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emma Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) JOHNS HOPKINS HOSP

15 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-25-1931

17
I HEREBY CERTIFY, That I attended deceased from
Apr 15, 1931, to May 25, 1931
that I last saw h im alive on May 25, 1931
and that death occurred, on the date stated above, at 4 20 A m.
The CAUSE OF DEATH* was as follows:
Pneumococcus Meningitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Pneumococcus Pericarditis + Empyema + Otitis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital
Did an operation precede death? Yes Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Sputum Blood
(Signed) Ann E. Kuttner M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — DATE OF BURIAL: May 26 1931

20 UNDERTAKER: Mrs. A. G. Elliott — ADDRESS: 1215 Ashland Av

Spec. 6-16-29—L. P. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 ✓ E 69039

69089

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Clarkson St. ST. 23-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles G. Banner

(a) RESIDENCE NO. 1714 Clarkson St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 4 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 12 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John C. Banner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs. Banner

(Address) 1714 Clarkson

Filed 5-26-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-25-31

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to May 25, 1931, that I last saw him alive on May 25, 1931, and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. 42 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) N. K. Campbell M. D.

, 19 (Address) 1644 Hudson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 5/28 1931

UNDERTAKER J. Tew McCully

ADDRESS 130 E. Fort

Spec.—9-30—A. & Co.—250 Blks.

69090 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23 V

REGISTERED NO. C 69090

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3503 W. Barclay ST. 12-49 WARD

2 FULL NAME Earl L. Harris

(a) RESIDENCE NO. 3503 W. Barclay ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 15 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: William M. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co.

12 MAIDEN NAME OF MOTHER: Ida V. Yingling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co.

14 Informant: William M. Harris

(Address) 3503 W. Barclay St.

15 Filed 4-3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25/31

17 I HEREBY CERTIFY, That I attended deceased from April 11th 1931, to May 25th 1931

that I last saw him alive on May 24th 1931

and that death occurred, on the date stated above, at 8 45 A. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Bray's Laboratory

(Signed) H. L. Zobely M. D.

(Address) Harford & Cleveland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. John's Leister Co. Md.	May 25 1931
20 UNDERTAKER: Wm. C. Willis & Son	ADDRESS: 2331 Fleet St.

Spec.-9-30—A. & Co.—200 Blks.

E 69091 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69091

CERTIFICATE OF DEATH

54004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 13-59 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Norma Robinson

(a) RESIDENCE NO. 2544 Francis ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): Feb. 8/18

8 AGE: Years 12 Months 8 Days 16 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): 0 0
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Md

11 NAME OF FATHER: Walter Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md -

12 MAIDEN NAME OF MOTHER: Irene Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Family 2544 Francis

15 MAY 26 1931 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24/31

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 24, 1931, that I last saw h Ex. alive on May 24, 1931, and that death occurred, on the date stated above, at 545 p m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Ependymal tumor 3rd ventricle non-malignant

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of 5-1-31

Was there an autopsy? yes

What test confirmed diagnosis? operation

(Signed) Theo. B. Rainford M. D.

(Address) J. H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: May 27 1931

20 UNDERTAKER: W M Routson — ADDRESS: 2238 N Monroe

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 69092 CERTIFICATE OF DEATH. 107 F. 69092

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital St. 17-24 Ward)

REGISTERED NO. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wamfield Tilghman

(a) RESIDENCE NO. 522 Oxford St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: Black.

5 Single, Married, Widowed, or Divorced, (write the word): ?

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE — Years: 39 — Months — Days — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ?

(b) General nature of industry, business, or establishment in which employed (or employer): ? Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant

(Address)

15 [illegible] 1931 [illegible] HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22/31

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 22, 1931

that I last saw him alive on May 22, 1931

and that death occurred, on the date stated above, at 6 50 8 m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) C. Bonzo Wampler M. D.

5/23 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: MAY 26 1931

20 UNDERTAKER: [illegible] Commissioner Health.

ADDRESS

Spec.—0-50—A. & Co.—250 Blks.

24845B

HEALTH DEPARTMENT—CITY OF BALTIMORE

69093

CERTIFICATE OF DEATH

13-0E 69093

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St.) 12-51 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Mallory

(a) RESIDENCE NO. 2114 Oak St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): infant

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/10/30

7 AGE: Years — Months: 8 — Days: 8 — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 000

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER Wilbert Rue

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Evelyn Mallory

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Parents JOHNS HOPKINS HOSP.

15 JUN 26 1931 16 H. C. HAMBLETON, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 16-1931

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1931 to May 16, 1931

that I last saw him alive on May 16, 1931

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Dysentery (enteritis)

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical course

(Signed) Ann E. Kuttner M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL: MAY 26 1931

20 UNDERTAKER

ADDRESS

Commissioner of Health.

Spec.—12-9-25—A Co.—200 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69094

CERTIFICATE OF DEATH.

59 E 69094

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home and Infirmary Ward 27-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lillian Bond

(a) RESIDENCE NO. 4411 Underwood Road Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 Color or Race W

5 Single, Married, Widowed, or Divorced (write the word) M

5a If married, ~~widowed or divorced~~ ~~Husband of~~ (or) WIFE of Arthur D. Bond.

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Penna.

PARENTS

10 NAME OF FATHER Jos Kaufman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pa.

12 MAIDEN NAME OF MOTHER W.C. Oliver

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md.

14 Informant A. D. Bond

(Address) 4411 Underwood Rd.

15 Filed 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1931

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1931, to May 25, 1931, that I last saw her alive on May 25, 1931, and that death occurred, on the date stated above, at 7:35 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes, coma

Hypertension, cerebral hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Nephritis, Chronic

(duration) yrs. 8 mos. ds.

18 Where was disease contracted

If not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory findings

(Signed) Richard C. Cumming M. D.

May 27, 1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem Date of Burial 5/27 1931

20 UNDERTAKER J. J. Schnydrous ADDRESS 6 E Lex

Spec.—9-30—A & Co.—250 Blks.

69095 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69095

CERTIFICATE OF DEATH

87-002

1 PLACE OF DEATH Sinai Hospital — 4-30 REGISTERED NO.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Estella Millon

(a) RESIDENCE NO. 637 W Lombard St. St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 yrs 6 mos 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 3, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Charles Millon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant (Address) Charles Millon 637 W Lombard St

Registrar

6 1931 C. HAMPSON JONES M.D.

Reg'r 1011

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 25, 1931 to May 26, 1931

that I last saw her alive on May 25, 1931

and that death occurred, on the date stated above, at 12:50 A m.

The CAUSE OF DEATH* was as follows:

Congenital idiot

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 25, 1931.

Was there an autopsy? Bone flap.

What test confirmed diagnosis?

(Signed) J. R. Goodman M. D.

. 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 27 1931
20 UNDERTAKER	ADDRESS
J. Grebliauskas	423 S. Paca St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69096

CERTIFICATE OF DEATH

E 69096

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Maryland Penitentiary Hospital, 10-15 Ward)

2-FULL NAME Frank L. Allers.

(a) RESIDENCE NO. Maryland Penitentiary St., Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) November 15, 1899

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	31	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Accountant.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER John H. Allers.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Nanie E. Lusby.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Solomons Island, Md.

14 Informant Dr. John F. Aubrey.
(Address) 3012 Northway Drive.

15 Filed _____, 19__ _____ Registrar

6 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal hemorrhage due to a stab wound of the back involving left lung.

Homicide.

_____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) Otto Steinhardt, M. D.

5/26 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Charles J. Schwab	May 27 1931
20 UNDERTAKER	ADDRESS
Parkwood Emerson	North Ave

pec.—1-30—M. & T.—250 Blks.

69097 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69097

CERTIFICATE OF DEATH. 91-001

1-PLACE OF DEATH St. Agnes Hospital REGISTERED NO. 11-20
CITY OF BALTIMORE: (No. Eaton & Wilkens Ave. Street) (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Maczis

(a) RESIDENCE NO. 1608 Eutaw Pl. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Single

6 If married, widowed, or divorced (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Reg. Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) Private Nursing
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Matthias (dead)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Zeidler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Europe

Informant Mrs Elsie Stedman
(Address) 1608 Eutaw Place

Filed 6-1931 C. HAMPSON JONES, M. D. Registrar
By HFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/10, 1931, to 5/25, 1931, that I last saw her alive on 5/25, 1931, and that death occurred, on the date stated above, at 12 N P. m.

The CAUSE OF DEATH* was as follows:
Subacute Bacterial Endocarditis.

(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1608 Eutaw Pl.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Strep. Viridans in culture.

(Signed) Palmer S Anderson, M. D.
(Address) St Agnes Hospital
5-25-31, 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 5/28 1931

20 UNDERTAKER Henry U. Mears & Son — ADDRESS 805 N Calvert

pec.—1-30—M. & T.—250 Bks

69098 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69098

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 Edgewood ST. 15-67 WARD)

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laurence West

(a) RESIDENCE NO. 2010 Edgewood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Grey

7 DATE OF BIRTH (month, day, and year) ----------

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	---	---	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER William C. West

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Dorcas Rowena Caughy

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mrs. Caroline S. West
(Address) 2010 Edgewood Street

Filed 6-1931 19 C. HAMPSON JONES, M. D.
By A.C.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to May 25, 1931, that I last saw h[illegible] alive on May 25, 1931, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Left side Hemiplegia

Purpura Hemorrhagica

(duration) yrs. , mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac Nephritis Hypertension

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno. E. Quenon, M. D.

19 (Address) 6320 Gamosa Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	5/27 19 31

20 UNDERTAKER Henry U. Mears & Son ADDRESS 805 W. Calvert

Spec.—1-12-29—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69099

CERTIFICATE OF DEATH.

82-001

E 69099

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1820 W. Fayette ST. 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J. Smith

(a) RESIDENCE NO. 1820 W Fayette ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced HUSBAND of or) WIFE of Ellen Modesa Smith

DATE OF BIRTH (month, day, and year) January 28, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	26 27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Machinist 31

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B & O R. R.

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Daniel Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Charlotte Mosher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant Mrs. Carrie Merker

(Address) 5302 Gwynndale Ave., Woodlawn

61931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/25 1931

17 I HEREBY CERTIFY, That I attended deceased from 5/25 . 1931 . to 5/25 . 1931 .

that I last saw h alive on 5/25 . 1931 .

and that death occurred, on the date stated above, at 1 05 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Thos. E. Stacy, Jr. , M. D.

5/25 . 1931 (Address) 401 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL May 28 1931

UNDERTAKER C. A. Block

ADDRESS 1039 W. Baltimore St.

Spec.—9-30—A. & Co.—250 Blks.

E 6910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 6910

1 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1621 Lancaster Street ST. 2-4 WARD)

2 FULL NAME Maryanna . Mokracka

(a) RESIDENCE NO. 1621 Lancaster Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Poland

10 NAME OF FATHER Valery . Lechort

11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)

12 MAIDEN NAME OF MOTHER Ida . Michalska

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Mr. Valentine . Lechort
(Address) 218 S Ann St

15 6 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24 1931

17 I HEREBY CERTIFY, That I attended deceased from May 13 . 19 31 . to May 24 . 19 31

that I last saw her alive on May 24 . 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pneumonia
Hypostatic Congestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Kingsmore M. D.

5/26 19 31 (Address) 735 S Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	May 28 19 31
20 UNDERTAKER	ADDRESS
John H Weber	401 S. Chester St

1-30—M. & T.—100 B—50L

69101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 69101

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3147 Strickland St. ST. 20-70 WARD)

2-FULL NAME John F. Starck.

(a) RESIDENCE NO 3147 Strickland St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) December 11, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Slate roofer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John F. Starck.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary E. Mc Connell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Lillian Kirby. (sister)
(Address) 3147 Strickland St.

15 6 1931 ..., 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 24, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.
Uraemia.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

5/29 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: N. G. National

DATE OF BURIAL: 5/28 1931

20 UNDERTAKER: J. M. Cook

ADDRESS: 1217 E. Pratt St.

1-70—M. & T.—100 B—50L

69102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69102

93-003

CERTIFICATE OF DEATH

REGISTERED NO. 20-70

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 Allendale ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Virginia Wellenet

(a) RESIDENCE NO. 605 Allendale St. WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	4	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John T. Wellenet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Abt

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant Bruce Wellenet (Address) 605 Allendale St.

15 DATE RECEIVED 6 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Bruce Wellenet, M. D. Coroner

(Address) 605 Allendale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudoun Cemetery

DATE OF BURIAL May 27 1931

20 UNDERTAKER Hughes & Jones Inc

ADDRESS 607 N Broadway

1-30—M. & T.—100 B—50L

E 69103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69103

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balto Gen Hosp ST. 11-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill in line 18.)

2-FULL NAME Eleanor Bell Melnor. Eastwood 6 mos

(a) RESIDENCE NO. Delrey & Fredericks St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. / ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard S Melnor

6 DATE OF BIRTH (month, day, and year): May 26 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Portsmouth Va

PARENTS

10 NAME OF FATHER: Lord Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portsmouth Va

12 MAIDEN NAME OF MOTHER: Lucy Berry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Howard S Melnor (Address) Eastwood Md

15 Filed: 26 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetis

(duration) Unk yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) ..... M. D. (Coroner)

(Address) Eastwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: May 27, 31

20 UNDERTAKER: Stewart & Mowen Co.

ADDRESS: Balto

...C.—1-30—M. & T.—250 Bks.

E 69104

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-093

E 69104

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD)

2-FULL NAME (Rev.) Victor Genisotti

(a) RESIDENCE NO. Scranton. Pa. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

DATE OF BIRTH (month, day, and year): July 25 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	-1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Priest

(b) General nature of industry, business, or establishment in which employed (or employer): Religious

(c) Name of employer: Religious.

BIRTHPLACE (city or town) (State or country): Genoa. Italy

10 NAME OF FATHER: Dominic Genisotti

11 BIRTHPLACE OF FATHER (city or town) (State or country): Genoa Italy

12 MAIDEN NAME OF MOTHER: Catherine Lepore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Genoa Italy

Informant (Address): Mt Hope Friends Mt Hope Retreat.

Filed 6 1931, 19 . C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 26. 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1928, to May 26, 1931,

that I last saw him alive on May 26, 1931,

and that death occurred, on the date stated above, at 12.30 a m.

The CAUSE OF DEATH* was as follows:

Chr myocarditis

(acute Coronar obstruction)

(2 hours)

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Manic Depressive Psychosis

(duration) 3 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Physical.

(Signed) Milton P. Ibell, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Scranton Pa	May 31st 1931
20 UNDERTAKER	ADDRESS
Stewart Morris & Co	Balto

1-30—M. & T.—100 B—50L

E 69105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69105

REGISTERED NO. 167

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Pronounced dead at St. Joseph Hospital ST. 8-45 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Schmidl

(a) RESIDENCE NO 1621 Darley Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
mal2	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Schmidl (Feibel)

6 DATE OF BIRTH (month, day, and year) June 5/1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Body Builder
(b) General nature of industry, business, or establishment in which employed (or employer): Wagon Works
(c) Name of employer: Lenhardt

9 BIRTHPLACE (city or town) (State or country): Austria-Hungaria

PARENTS

10 NAME OF FATHER: Joseph Schmidl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria-Hungaria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Austria-Hungaria

14 Informant: Marie Schmidl
(Address): 1621 Darley Ave

15 Filed 6 1931, 192 C. HAMPSON JONES, M. D. Registrar
By DEH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pistol shot wound of chest
(Suicide)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1621 Darley Ave
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) B. K. Gallo, Coroner, M. D.
5/26/1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetary — DATE OF BURIAL: 5/27/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

69106 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 E 69106

CERTIFICATE OF DEATH

1 PLACE OF DEATH
CITY OF BALTIMORE (No.) 317 Yale Ave ST. 70-71 WARD
2 FULL NAME John Braune
(a) RESIDENCE NO 317 Yale Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Single
6a If married, widowed, or divorced — HUSBAND of (or) WIFE of
6 DATE OF BIRTH (month, day, and year): Dec 29th 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4	25	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Soldier U.S.
(b) General nature of industry, business, or establishment in which employed (or employer): Army
(c) Name of employer: U. S. Govt
8 BIRTHPLACE (city or town) (State or country): Germany
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany
14 Informant: Adam Engel
(Address): 317 Yale Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): May 24th 1931
17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926 to May 24, 1931.
That I last saw him alive on May 24, 1931.
and that death occurred, on the date stated above, at 8:30 P. m.
The CAUSE OF DEATH* was as follows:
Asthma
(Myocarditis ?)
(Arteriosclerosis ?)
(duration) 15 yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis, chronic
(duration) yrs. 6 mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) J. Lloyd Johnson M. D.
. 19 (Address) 4200 Frederick

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 5/27/1931
20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

C. HAMPSON JONES, M. D.
Registrar

6 1931 No.

Spec.—9-30—A. & Co.—250 Bks.

69107. HEALTH DEPARTMENT—CITY OF BALTIMORE L 69107.

CERTIFICATE OF DEATH. 97

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Fredk Ave ST. 70-28 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Columbia E. Barrett

(a) RESIDENCE NO. 2026 Frederick Ave ST. WARD
(Usual place of abode) (If non-resident: give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Barrett

6 DATE OF BIRTH (month, day, and year) June 6th 1886

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44 45	11	19.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co. Md.

10 NAME OF FATHER James McLee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sarah Cope

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

14 Informant (Address) James J. McLee 1641 N. Fremont Ave

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25th 31

17 I HEREBY CERTIFY, That I attended deceased from May 10 1931 to May 25 1931 that I last saw h alive on May 24 1931 and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis
Hypertension

(duration) One yrs. mos. ds.

CONTRIBUTORY ...
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hypertension

(Signed) Chas A Cam M. D.

5/26 1931 (Address) 2145 N. Belt St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Churchville Harford Co. Md.

DATE OF BURIAL May 27 1931

UNDERTAKER F. D. Wolfinger

ADDRESS 1850 N. Patterson

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

43 E 69108

E 69108

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1104 E. Fayette ST. (or) WARD)

2-FULL NAME Sommerfield Rafsdall

(a) RESIDENCE NO. 1704 E. Fayette ST. (or) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 28—1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Oto
(c) Name of employer Bell

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 Informant

(Address)

15 Filed _____ 19__ HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Gilbert, M. D. Coroner

(Address) Bernard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 5-27 1931

20 UNDERTAKER Lattie Gross

ADDRESS 1410 Ashland Ave

ec. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 69109

REGISTERED NO.

E 69109

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 915 N. Casey St ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert Frazier

(a) RESIDENCE NO. 915 N. Casey St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ozella Frazier

6 DATE OF BIRTH (month, day, and year): — 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): In Coal & Wood

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Daniel Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Nellie Hays

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Ozella Frazier

(Address): 915 N. Casey St

Filed: 5-31-31 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1931, to May 24, 1931, that I last saw him alive on May 24, 1931, and that death occurred, on the date stated above, at 3:10 p. m.

The CAUSE OF DEATH was as follows:

Acute Bronchopneumonia

Contributory Senile Nephritis

(duration) yrs. 4 mos. 0 ds.

CONTRIBUTORY (Secondary) Senile Nephritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) R. P. Hall, M. D.

. 19 (Address) 426 E 33rd St, Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: May 27, 1931

20 UNDERTAKER: John W. Troden

ADDRESS 1027 Druid Hill

Cor.—10-10-2v—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69110

REGISTERED NO. E 69110

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 69110
1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital St. 9-46 Ward)

2-FULL NAME Hayward Hambleton Faithful

(a) RESIDENCE NO. 409 E. 25th. St. St., Ward

(Usual place of abode) Lifetime. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 25th. 1895.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	36	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Radio Operator.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland.

PARENTS

10 NAME OF FATHER George B. W. Faithful

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary C. Hambleton.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland.

14 Informant Mrs. Helen F. Parks.
(Address) 409 E. 25th St.

15 Filed 6-1-1931 19. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25th. 1931. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poisoning

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

What was confirmed diagnosis?

(Signed) Thy Boyd Timmons M. D.

(Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery.

DATE OF BURIAL May 27, 31

20 UNDERTAKER Chas. E. Krause & Son 1180 Mt Royal Ave

ADDRESS

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69111

CERTIFICATE OF DEATH

26-36

93E 69111.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1738 Memphis St., 26-36 Ward)

2-FULL NAME George W Paul

(a) RESIDENCE NO. 1938 Memphis St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Mal	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Paul

6 DATE OF BIRTH (month, day, and year) June 13 1844

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	86	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B & O R.R. Co

9 BIRTHPLACE (city or town) Richmond
(State or country) Va

PARENTS

10 NAME OF FATHER Unknown Paul

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Clarence O Paul
(Address) Raspeburg

15 Filed May 27 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Probably Cardiac thrombosis
Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Hanson, M. D.

5.26.931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	May 26 1931
20 UNDERTAKER George W Zibler	ADDRESS 1737 E Eager st

JAMES M. HANSON, M. D.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69112

E 69112

CERTIFICATE OF DEATH

1 PLACE OF DEATH Hebrew Home for aged & Inf. REGISTERED NO 95

CITY OF BALTIMORE: (No Belvedere & Greenspring aves. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Zimmerman

(a) RESIDENCE NO Belvedere & Greenspring aves. (If non-resident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: [illegible]

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 91 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: old age
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Sigmund Hamburger
(Address) Belvedere & Greenspring

15 Filed . 19 HAMPSON JONES, M. D. Registrar

27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 20, 1931, to May 26, 1931

that I last saw her alive on May 26, 1931

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Chr. cardio-valvular disease.

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) Edmund Levin M. D.

. 19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Cem

DATE OF BURIAL: 5/27 1931

20 UNDERTAKER: Jack Lewis Inc

ADDRESS: 1429 E Balto St

[illegible]—1-30—M. & T.—250 Blks.

69113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 69113

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyden Ham Hospital ST. 9-45 (WARD)

2-FULL NAME Leadelle Schuman

(a) RESIDENCE NO. Glass Ave., Essex, Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single.

If married, widowed, or divorced
HUSBAND of /
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov. 22, 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....

(b) General nature of industry, business, or establishment in which employed (or employer) ....

(c) Name of employer ....

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Joseph Schuman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Lula Graves

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant (Address) Mrs. Lula Schuman

Filed ..... 19.. Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1931, to May 25, 1931, that I last saw h[illegible] alive on May 25, 1931, and that death occurred, on the date stated above, at 6 10 p. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 0 mos 23 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 16 ds.

18 Where was disease contracted if not at place of death? Glass Ave

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? X-ray

(Signed) L. Peter Moravchik, M. D.

, 19 (Address) Lyden Ham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lawn Cemetery	May 27 1931
20 UNDERTAKER Lilly & Zeiler Inc	ADDRESS 1003 Wash to

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE 5114

CERTIFICATE OF DEATH.

69114

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 601 S. Newkirk St. 26-37 Ward.)

REGISTERED NO. 95-063

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emmett Boswell

(a) RESIDENCE NO. 601 S. Newkirk St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 7/86

7 AGE: Years 45 | Months | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W. Va.

PARENTS

10 NAME OF FATHER Jos. Boswell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Delia Dycke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

14 Informant: Mrs Maud Rutherford (Address) 601 S Newkirk

15 Filed 5/27/31 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26/31

17 I HEREBY CERTIFY, That I attended deceased from 5/10/31, 19 , to 5/26/31 19

that I last saw h[illegible] alive on 5/24/31, 19 , 5 0 A. m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows: Myocardial degeneration

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) none.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. J. Kerrman M. D.

(Address) 7413 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Poncevertе W. Va

20 UNDERTAKER: Philip Sperry

DATE OF BURIAL: May 29/31

ADDRESS: 2016 Orleans

Spec.—9-30—A. & Co.—250 Blks.

E 69115 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69115

CERTIFICATE OF DEATH

13 V

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2118 Jefferson St (St.) 7-10 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ida V Reid

(a) RESIDENCE NO. 2118 Jefferson St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Reid

6 DATE OF BIRTH (month, day, and year) 2/16/1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Sebastian Pritzman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dora Kraus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Theresa Meyer Hallu

(Address) 2118 Jefferson St

MAY 27 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) May 25, 1931

16

I HEREBY CERTIFY, That I attended deceased from February 30, 19 31 to May 24, 19 31

that I last saw h[illegible] alive on May 24, 19 31

and that death occurred, on the date stated above, at 6-10 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Degeneration

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frank J. Ayd M. D.

May 26 19 31 (Address) 2005 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

UNDERTAKER John Allred

DATE OF BURIAL May 25th, 1931

ADDRESS 2005 Baltimore

pec.—8-16-29—L. F. S.—100 Blks.

69116

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 69116

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Mosher ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Oberlander

(a) RESIDENCE NO. 1926 Mosher ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Katharine E. Oberlander

DATE OF BIRTH (month, day, and year) 6-22-1865

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	11	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Grocery

(c) Name of employer Self.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Frederick Oberlander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katharine Tena

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Katharine E. Oberlander

(Address) 1926 Mosher St

Filed 193 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25-1931

17 I HEREBY CERTIFY, That I attended deceased from 1-6-, 1931, to 5-25-, 1931,

that I last saw him alive on 5-19-, 1931

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? urinalysis

(Signed) Chester Ruland, M. D.

5-26-1931 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 5/28/1931

20 UNDERTAKER Geo. H. Bruce & Son 2503 Edmondson

ADDRESS

Spec.—9-30—A. & Co.—250 Bks

E 69117 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69117

CERTIFICATE OF DEATH.

107-001

1 PLACE OF DEATH Baltimore City Hospitals 18-Bb REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St ..... (WARD)

2 FULL NAME Martha White

(a) RESIDENCE NO 735 Sarah Ann ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Snow Hill Md.

10 NAME OF FATHER Selby ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sally ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records of Balto. City Hosp.

15 Filed ... 1931 ... 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-25-31

17 I HEREBY CERTIFY, That I attended deceased from 5-4-31, 19..., to 5-25-31, 19...

that I last saw her alive on 5-25-31, 19...

and that death occurred, on the date stated above, at 8:15 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic cardio-vascular disease.
Varicose ulcers.
? (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) ... yrs. ... mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? clin. exam.

(Signed) Luther E. Leitch M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL May 27 1931

20 UNDERTAKER M. Jos. Syfer ADDRESS 1600 Lombard

Spec.—9-30—A. & Co.—250 Blks

E 69118

69118 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131V

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 734 W. Franklin (St.) 18-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George Golder.

(a) RESIDENCE NO. 734 W. Franklin St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	41	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs

(c) Name of employer

9. BIRTHPLACE (city or town) (state or country) Md

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (city or town) (state or country) Md

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (city or town) (state or country) Md

Informant: Annie R. Pugg Dr

(Address) 734 W. Franklin

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

14. DATE OF DEATH (month, day, and year) 5-24-31

15. I HEREBY CERTIFY, That I attended deceased from 5-20- , 19 31 , to 5-24 , 19 31

that I last saw him alive on 5-23- , 19 31

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Valvulitis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (secondary) Intestinal Nephritis

(duration) unknown yrs. mos. ds.

16. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M. H. Cargill M. D.

5-25-1931 (Address) 611 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

17. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brooklyn Church	5-27 1931
UNDERTAKER Samuel Eccles	ADDRESS 916 Pa Ave

C. HAMILTON MOSS, M. D.

Spec.—9-30—A. & Co.—250 Bks.

E 69119

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69119

66-002

CERTIFICATE OF DEATH.

1 PLACE OF DEATH St Joseph Mercy

CITY OF BALTIMORE: (No. Lucaini ST. 1751 WARD 25)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Helen Hawkins

(a) RESIDENCE NO. 207 W 24th ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE: Years 43 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

10 NAME OF FATHER Hudson Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Annie Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) Wm Mason Hawkins 125 W 23rd St Balto

15 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-25-31

17 I HEREBY CERTIFY, That I attended deceased from 5-23-31, 19 , to 5-25-31, 19

that I last saw her alive on 5-25-31, 19

and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Hypertrophic Cardiac with acute myocarditis

(Duration) yrs. 4 mos. ds.

Contributory Cardiac Dilatation

(Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5-25-31

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W B Sandry M. D.

19 (Address) 1 Mount Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

20 UNDERTAKER: Annie Garland

DATE OF BURIAL: 5-27-1931

ADDRESS: 926 Baltimore

5-27-1931 RAMSON [illegible] Registrar

Spec.—9-30—A. & Co.—250 Blks

69120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69120

97 v

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hosp ST 7-13 WARD

2. FULL NAME Morris Freeman

(a) RESIDENCE NO. aged Home Sinai Hosp ST. WARD

(If usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year)

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Joseph Foreman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Isaac Foreman 209 S. Eden St

15 Filed 5 27 1931 HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/27/31

17 I HEREBY CERTIFY, That I attended deceased from April 12 1931, to May 27, 1931

that I last saw him alive on May 27, 1931

and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:

Heart Failure

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Arteriosclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Study

(Signed) M L Levin M. D.

5/27 1931 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rehrem Mem Park

DATE OF BURIAL 5/28 1931

20 UNDERTAKER Jack Lauris ADDRESS 1439 Eldale St

Spec.—9-30—A. & Co.—250 Blks

Dr Shorg. 920 E. Paul St

E 69121

69121 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 618 Brune Street St. 17-7b WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Isaac Arenson

(a) RESIDENCE NO. 618 Brune Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Arenson

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocery

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lena Arenson

(Address) 618 Brune St

15 Filed 5 27 1931 C. HANSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/26/31

17

I HEREBY CERTIFY, That I attended deceased from May 17, 1931, to May 26, 1931

that I last saw h alive on May 26, 1931

and that death occurred, on the date stated above, at 10.15 a. m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Final symptoms

(Signed) Milton Sherry M. D.

, 19 (Address) 920 E. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kehreen Rosedale

DATE OF BURIAL: 5/27 1931

20 UNDERTAKER: Jack Lewis Inc 1429 E Baltimore St

ADDRESS

...ec.—1-30—M. & T.—250 Bks

E 69122 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69122

CERTIFICATE OF DEATH. 131 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 900 Hardin's St. 073-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Campbell

(a) RESIDENCE NO. 900 Hardin's St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	married

If married, widowed, or divorced HUSBAND of or) WIFE of David Campbell

DATE OF BIRTH (month, day, and year) June 4 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	19.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ways Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Cambridge Maryland

10 NAME OF FATHER Wm Warfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Maryland

12 MAIDEN NAME OF MOTHER Mary Kate Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge Maryland

Informant Mary Kate Evans

(Address) 900 Hardin's St

Filed . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/23/31

17 I HEREBY CERTIFY, That I attended deceased from 4/6 .1931. to 5/23 .1931.

that I last saw h alive on 5/22 .1931.

and that death occurred, on the date stated above, at 5:25 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. + mos ds.

CONTRIBUTORY (Secondary) none —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? NO

Did an operation precede death? NO Date of

Was there an autopsy? NO.

What test confirmed diagnosis? Urine +++

(Signed) Wm Truscher M. D.

(Address) 1V W. 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemtry

DATE OF BURIAL 5/27 1931

20 UNDERTAKER Walter B. Spriggs

ADDRESS 189 W. Hamburg St.

1-30—M. & T.—100 B—50L

E 69123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175 - E-69123

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 6-1-29 WARD)

2-FULL NAME Andrew Gross.(C)

(a) RESIDENCE No 1334 Cleveland St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, HUSBAND of Ella Gross.(C)

6 DATE OF BIRTH (month, day, and year): June 6, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Ella Gross.(C) wife.

(Address) 1409 Hard St.

15 1931 G. HAMPSON JONES, M. D. Registrar

Per .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 23, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy and inquest find that said deceased came to his death (topsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull

Struck and knocked down. Homicide.

(duration) yrs. mos 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Year of 1884 Cleveta May 22, 1931

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) Theodore Einhardt, M. D. Coroner

5/26 1931 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemtry

DATE OF BURIAL: 5/27 1931

20 UNDERTAKER: Walter B. Sparrow

ADDRESS: 339 W. Henry St.

-20—M & T—100 B—50L

Time of burial extended to 5/27/31
J. Frederick Crawford Asst Sec'y

69124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 173 ✓ E 69124

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute from Iris Ave & Biddle St To Johns Hopkins Hospital ST. 7-4 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Jones

(a) RESIDENCE NO Unknown ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced (write the word): Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE — Years: about 32 yrs — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: d Watkins (Sp. Point)

9 BIRTHPLACE (city or town) (State or country): Unkown

PARENTS

10 NAME OF FATHER: "

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: E. Burton Chase

(Address): 638 N. Gilmor St

15 Filed MAY 27 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May20/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrnage due to rifle bullet wound of chest involving lung & heart. Homicide (Inquest May25/31)

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) Jos H Weller, M. D. Coroner

19 (Address) 5/23/31 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: May 27 1931

20 UNDERTAKER: Wm H. Chase & Son — ADDRESS: 638 N Gilmor

Spec.—9-30—A. S. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69125 ✓ E 69125

CERTIFICATE OF DEATH

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1910 Park Ave ST. 14-20 WARD

2 FULL NAME Samuel Page Ingle

(a) RESIDENCE NO. 1910 Park Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Ingle

6 DATE OF BIRTH (month, day, and year) May 15 1857

7 AGE 74 Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Arthur Page
11 BIRTHPLACE OF FATHER (city or town) (state or country) London England
12 MAIDEN NAME OF MOTHER Mary Jane Campbell
13 BIRTHPLACE OF MOTHER (city or town) (state or country) Baltimore Md

14 Informant (Address) E. Ingle 1910 Park Ave

15 MAY 27 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th 1931

17
I HEREBY CERTIFY, That I attended deceased from May 22 1931, to May 26 1931
That I last saw her alive on May 26 1931
and that death occurred, on the date stated above, at 7 A. M.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis
(duration) 1½ yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical signs
(Signed) Julius Freedman M. D.
19 (Address) 1013 N Charles St

*State the disease causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cremation Loudon Park	5/28 1931
20 UNDERTAKER	ADDRESS
Henry W. Jenkins' Sons Co	Richard McCulloh

Spec.—9 30—A. & Co.—250 Blks.

E 69126

E 69126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Good Shepherd Lenard Hospital 34

CITY OF BALTIMORE: (No 1512 Gilmor ST 19-27 WARD)

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Hopkins

(a) RESIDENCE No 1536 W. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 7

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Geo W Hopkins

7 DATE OF BIRTH (month, day, and year): May 15 1894

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	0	9	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

10 BIRTHPLACE (city or town) (State or country): Baltimore maryland

11 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Unknown.

12 BIRTHPLACE OF MOTHER (city or town) (State or country):

13 Informant (Address): Geo W Hopkins 901 W Mulberry

Filed May 31, 1931 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): 5-24-31

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to 5/24—, 1931

That I last saw h[illegible] alive on 5/24—, 1931

and that death occurred, on the date stated above, at 9: am

The CAUSE OF DEATH* was as follows:

Fibroid Tumor

(Duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary): Endometritis + Ovaritis

(Duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Physical

(Signed) H R Boykin M. D.

, 19 (Address) 1512 Gilmor

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson

DATE OF BURIAL: May 25 1931

UNDERTAKER: Joseph A Sisly

ADDRESS: 409 N Howard St

ec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69127

CERTIFICATE OF DEATH

48 E 69127

1—PLACE OF DEATH Md Gen'l Hospital

REGISTERED NO.

ITY OF BALTIMORE: (No. ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Viola Brownley

(a) RESIDENCE NO. 926 S. 20th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, and year) Jan 1, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67		4	26	

CUPATION OF DECEASED None

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) md

10 NAME OF FATHER Frederick Supp

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) md

12 MAIDEN NAME OF MOTHER Mary Blizzard

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Co, md

Informant Hospital Records

(Address)

Filed MAY 27 1931, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to May 27, 1931.

that I last saw h er alive on May 27, 1931

and that death occurred, on the date stated above, at 6.52 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix Uteri with metastasis to Rt hip

(duration) 4 yrs mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert T. Chenoweth M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL May 29 1931

20 UNDERTAKER Edw C Tipton

ADDRESS Hampstead Md

pec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69128 ✓ B 69128

CERTIFICATE OF DEATH

X 89-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 WARD)

2. FULL NAME Julia Margaret Smith

(a) RESIDENCE NO. Hanover Md. aac. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) June 20, 1922

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Co Md.

10 NAME OF FATHER James Albert Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Catherine Weber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Catherine Weber Hanover Md

15 Filed 27 1931 HAMPSON JONES M. D. Registrar

by

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to May 26, 1931

that I last saw her alive on May 26, 1931

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute purulent otitis media, bilateral. (pneumococcic)

(duration) yrs. mos. 2 ds. 1

CONTRIBUTORY (Secondary) Pneumococcic meningitis. Type IV (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal puncture.

(Signed) George H. Frazer M. D.

5/26 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: May 28 1931

20 UNDERTAKER: Wm Fuchs Sons

ADDRESS: Florida Pa

Spec.—1-30—M. & T.—250 Bks.

69129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 46 E 69129

1-PLACE OF DEATH St. Agnes Hospital

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 25-72 ST. _____ WARD)

2-FULL NAME Mr Samuel Nottingham

(a) RESIDENCE NO. Eastville, Va ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. V ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of Single

DATE OF BIRTH (month, day, and year) Dec 5- 1864

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	66	5	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer. Ob

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Robinson Nottingham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nottingham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Lucy T. Nottingham
(Address) Eastville Va

Filed _____ 19 _____ T. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26-31

17

I HEREBY CERTIFY, That I attended deceased from 5-24-31, 19____, to 5-26-31, 19____,

that I last saw him alive on 5-26-31, 19____,

and that death occurred, on the date stated above, at 11:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ____ yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary) Pneumonia Lobar

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical & Specimen

(Signed) Edmund S Anderson, M. D.

5-27-31, 19____ (Address) St Agnes Hospital

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Eastville Va — DATE OF BURIAL 5/28 1931

20 UNDERTAKER Robert Brooks & Son — ADDRESS Cathedral

...—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69130

CERTIFICATE OF DEATH.

13 E 69130

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 N. Bath ST. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie N. Rutter

(a) RESIDENCE NO. 1108 N. Bath ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of or) WIFE of —

DATE OF BIRTH (month, day, and year) Sept 6, 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74		8	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Saleslady 067

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Goods Co

(c) Name of employer Joel Gutman

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Henry G. Rutter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Evelina Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

Informant (Address) Henry G. Rutter 1108 N. Bath

Filed ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26-1931

17 I HEREBY CERTIFY, That I attended deceased from April 1 .1931 to May 26 .1931

that I last saw h.. alive on May 26 .1931

and that death occurred, on the date stated above, at 2½ P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Uraemic Coma

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Leo L. Rutkin M. D.

.19 (Address) 224 E. 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	May 28 19 31
20 UNDERTAKER George J. Smith	ADDRESS 1532 Linn

Spec.—9-30—A. & Co.—250 Bks

69131 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 23 E 69131

1 PLACE OF DEATH Baltimore City Hospitals (T. B.) (WARD) 26-37

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St.)

2 FULL NAME Walter Miles

(a) RESIDENCE NO. Baltimore City Hospitals St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1885

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

10 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Records

15 FILED 5-25, 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1931, to May 25, 1931

that I last saw h im alive on May 25, 1931

and that death occurred, on the date stated above, at 1.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Lewis M. D.

(Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn Ct DATE OF BURIAL 5/28/31

20 UNDERTAKER Isaiah L Brown & Son ADDRESS 108 Montgomery

Spec.—9-30—A. & Co.—250 Blks

69132 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69132

CERTIFICATE OF DEATH

X 23

1 PLACE OF DEATH

CITY OF BALTIMORE (No University Hospital St 30 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Era Waters

(a) RESIDENCE No Westminster Md St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Floyd Waters

7 DATE OF BIRTH (month, day, and year) Feb. 16-1899

8 AGE: Years — Months 3 — Days 11 — If LESS than 1 day, ... hrs. or ... min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Maryland

11 NAME OF FATHER Garfield Hill

12 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

13 MAIDEN NAME OF MOTHER Elsie Brown

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

15 Informant (Address) Floyd Waters Westminster Md

16 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

T 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/27-31

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1931, to May 27, 1931, that I last saw her alive on May 27, 1931, and that death occurred, on the date stated above, at 7 00 A. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(chronic suppurita)

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Sec. anemia; Pregnancy. (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) George J. Brown Jr. M. D.

19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olive Fred. Co

20 UNDERTAKER: H Bankard & Son

DATE OF BURIAL: 5/31 1931

ADDRESS: Westminster Md

Spec.—9-30—A. & Co.—250 Bks.

(Anton Vancura) ✓

E 69138 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69133

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 N Belnorda St. 7-12 (WARD)

2. FULL NAME Anton Vancura

(a) RESIDENCE NO. 823 N Belnorda ST. ..... WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Vancura

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 10 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER Joseph Vancura

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Anna Sonka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant (Address) Anna Vancura 823 N Belnorda

15 Filed 2-7-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26/31

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1931 to May 26 1931

that I last saw him alive on May 26 1931

and that death occurred, on the date stated above, at 7:00 P m.

The CAUSE OF DEATH* was as follows:

Arterial hypertension, myocarditis, C.P.C. of all viscera

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny M. D.

19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakhill — DATE OF BURIAL May 29 1931

20 UNDERTAKER Emil Brockson 1916 Eutaw — ADDRESS

Spec.—1-30—M. & T.—250 Bks.

E 69134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69134

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St. 16-22 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Seymour Jaslow

(a) RESIDENCE No. 1724 W Lowell St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct 9-1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Joseph Jaslow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Kahn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant (Address) Mrs Mary Jaslow 1724 W Lowell St

Filed 7-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1931, to May 27, 1931, that I last saw him alive on May 27, 1931, and that death occurred, on the date stated above, at 10-45 A m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 0 mos 10 ds.

CONTRIBUTORY (Secondary) Post measles Encephalitis

(duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death? 1724 W Lowell St

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal Puncture

(Signed) L. Peter Mesrobian, M. D.

5/27 1931 (Address) Lyden Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kehrer Mt Carmel

DATE OF BURIAL 5/28 1931

20 UNDERTAKER Jack Louis

ADDRESS 1439 Eutaw St

Spec.—9 30—A. & Co.—250 Blks

69135 HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 69135

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No 9-416 ST. (WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Seraphin Obert

(a) RESIDENCE NO 1114 Gorsuch Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah [illegible]

6 DATE OF BIRTH (month, day, and year) 7-12-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Seraphin Obert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Obert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Sarah Obert
(Address) 1114 Gorsuch ave

Registrar G. HAMPSON JONES, M. D.

7 1931 RCK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/27/31

17

I HEREBY CERTIFY, That I attended deceased from 5/23, 1931, to 5/27, 1931, that I last saw h[illegible] alive on 5/27, 1931, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eldred Roberts M. D.

5/31, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 5/30/31

20 UNDERTAKER: George J. Watts Inc — ADDRESS: 1,[illegible] Hanford

pec.—1-30—M. & T.—250 Bks.

E 69136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69136

CERTIFICATE OF DEATH.

97

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia Murray

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Jersey City

10 NAME OF FATHER Patrick Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Betty Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Little Sisters of the Poor

(Address) Preston & Valley St

Filed 7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th 1931

17 I HEREBY CERTIFY, That I attended deceased from 5/1, 1931, to 5/26, 1931, that I last saw her alive on 5/25, 1931, and that death occurred, on the date stated above, at 4. P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cerebral Hemorrhage (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard West M. D.

May 27 1931 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL May 28 1931

20 UNDERTAKER Pete Mansfield — ADDRESS 914 Fremont Ave

Spec.—9-29—A. & Co.—250 Blks.

Dr Fritz Kuczera ✓
2700 Kenyon

69137 HEALTH DEPARTMENT—CITY OF BALTIMORE

L 69137

CERTIFICATE OF DEATH

82-001

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1607 Clifton Ave (Street) (WARD)

2 FULL NAME Johanna Rappe

(a) RESIDENCE NO. 1607 Eldefield ST. WARD (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (Wife) of Frederick Rappe

6 DATE OF BIRTH (month, day, and year) Dec 26, 1860

7 AGE: Years 70 | Months 5 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Henry P Rappe 1732 Homestead St

15 Date: 7-1931 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27-1931

17 I HEREBY CERTIFY, That I attended deceased from May, 1930, to May 27, 1931, that I last saw h[e]r alive on May 26, 1931, and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Senile Gangrene foot

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical

(Signed) Fritz Kuczera M. D.

27, 1931 (Address) 700 Hollins Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: 5/29 1931

20 UNDERTAKER: Roy Cook — ADDRESS: 1217 St Paul

-20—M. & T.—100 B—50L.

E 69138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69138

REGISTERED NO. 3-5178

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Rebstock

(a) RESIDENCE NO 130 S. Exeter ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of John Rebstock

6 DATE OF BIRTH (month, day, and year) 3. 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Zelts City

PARENTS

10 NAME OF FATHER Thomas Marks

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mary Myers

(Address) 430 E Lanvale

15 Filed ..... 192 ..... C. HAMPSON JONES, M. D. Registrar

5/27/1931 REB

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by Illuminating Gas Accident

(duration) yrs. Sudden mos. ds.

CONTRIBUTORY (Secondary) was or was not Leaking burners of Gas stove Exited (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 130 S Exeter

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton Coroner, M. D.

5 27. 1931 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross St Rd — DATE OF BURIAL 5/21 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 S Gay

Spec.—9-30—A. & Co.—250 Blks

Eva Glacken.

64134.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69139

CERTIFICATE OF DEATH

X 108 E 69139

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) Union Memorial Hosp. (ST.) 12-44 (WARD)

2 FULL NAME Mrs George Glacken. (Eva)

(a) RESIDENCE NO. Baltimore, Md. (ST.) Reisterstown (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

6a If married, widowed, or divorced (or) WIFE of Mr George Glacken

7 DATE OF BIRTH (month, day, and year) Oct 20, 1898

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	7	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife.

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER John G Sprindle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Turnbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant (Address) George Glacken Reisterstown Md

FEB 2 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/27/31

17 I HEREBY CERTIFY, That I attended deceased from 5/5, 1931, to 5/27, 1931

that I last saw her alive on May 27, 1931

and that death occurred, on the date stated above, at 6:20 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar - Left base

(duration) yrs. 1 mos. 4 ds.

CONTRIBUTORY (Secondary) Pleurasy Effusion, Pericarditis C. Effusion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? ??? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis W. Elliot M. D.

5/27/1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dover Cemetery — DATE OF BURIAL: May 29 1931

20 UNDERTAKER: D. F. Elliot Reisterstown Md — ADDRESS

pec.—1-30—M. & T.—250 Bks.

Riely.

9140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 E 69140

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Riely

(a) RESIDENCE NO. Preston & Bolley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER George Riely

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Bridget Devine

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Little Sisters of the Poor Preston & Bolley Sts. Balto. Md.

Filed ..... 19..

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th 1931

17 I HEREBY CERTIFY, That I attended deceased from 2/1 1931 to 5/26 1931

that I last saw h alive on 5/25 1931

and that death occurred, on the date stated above, at 10.30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward W. Reed M. D.

5/29/31 (Address) 1216 Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

20 UNDERTAKER J. Browning Son

DATE OF BURIAL 5/29 1931

ADDRESS 1136 Longwood St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69141

CERTIFICATE OF DEATH

59VE 69141

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2220 Eutaw Place ST 1-3 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hyman Chessler

(a) RESIDENCE NO 2220 Eutaw Place ST. WARD
(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Fannie Chessler

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 72 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Benj Chessler 2220 Eutaw Place

15 Filed ..., 19... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/27/31

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1930, to May 29, 1931, that I last saw him alive on May 27, 1931, and that death occurred, on the date stated above, at 11-P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Myocarditis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas F Blake M. D.

5/28, 1931 (Address) 20 E Preston St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern Ave — DATE OF BURIAL: 5/28 1931

20 UNDERTAKER: Jack Lauris 1409 E Baltimore — ADDRESS

Spec.—9-30—A. & Co.—250 Tks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69142

CERTIFICATE OF DEATH

13 E 69142

1 PLACE OF DEATH Kirkleigh Villa

CITY OF BALTIMORE: (No. 4301 Roland Ave. St.) 27-44 WARD 1

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Merryman

(a) RESIDENCE No. 4301 Roland Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 6 1845

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: George Merryman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Elizabeth Canton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant (Address): Sister Maria Kirkleigh Villa

15 Filed 19 C. HARRISON JONES, M. D. Registrar

T 6 150

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27-31

17 I HEREBY CERTIFY, That I attended deceased from Mch. 10. 1931 to May 27. 1931

That I last saw h alive on May 27. 1931

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Chron. Int. Nephritis
(uremia)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cystis Nephritis (Senility)

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of no

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Vernon F. Keely M. D.

19 (Address) 608 Somerset Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: May 29 1931

UNDERTAKER: Emily J. Hankins Jr.

ADDRESS: Eutaw & Fayette Sts

Spec.—9-30—A. & Co.—250 Bks.

E 69143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-0 E 69143

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) Union Memorial Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.) 28-bll

2 FULL NAME Dr. Alexander D. Walker.

(a) RESIDENCE NO. 3825 Furndale Ave. Balt. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 6 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	white	Married.

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary E Walker

6 DATE OF BIRTH (month, day, and year) Dec. 25/1887.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	43	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Druggist.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER James B. Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Carrie Forsythe.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mary E Walker 3825 Furndale ave

15 Filed ... 19... Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 31

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1931, to May 26/31, 19... that I last saw him alive on May 22, 19 31 and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) ... yrs. ... mos. 24 hrs ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) ? yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

(Signed) Francis W Fluck M. D.

19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	May 27 1931

20 UNDERTAKER George J Stilling & Son ADDRESS 426 Monument E.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 69144

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69144

CERTIFICATE OF DEATH.

13 V

1-PLACE OF DEATH

City of BALTIMORE: (No. 5523 O'Donnell St., 6-37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Godfried Hess

(a) Residence No. 5523 O'Donnell St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed or Divorced. (Write the word.) Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Hess.

6-DATE OF BIRTH (month, day and year) April 11, 1859

7-AGE. 72 yrs. 1 mos. 16 ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stonework

(b) General nature of industry, business, or establishment in which employed (or employer) Marble Polisher

(c) Name of employer Lochester Marble Works

9-BIRTHPLACE (city or town) (State or Country). Baltimore Md.

PARENTS

10-NAME OF FATHER. Sebastian Hess.

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Germany

12-MAIDEN NAME OF MOTHER. Elizabeth Wahl

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Germany

14- (Informant) Mrs. Caroline Hess (Address) 5523 O'Donnell St

15- Filed MAY 28 1931 C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). May 27 1931

17- I HEREBY CERTIFY, That I attended deceased from Apr 1 1931 to May 27 1931

that I last saw h alive on May 27 1931

and that death occurred, on the date stated above, at 1 PM

The CAUSE OF DEATH* was as follows: (a) Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

(CONTRIBUTORY) (a) Chronic Myocarditis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. M. Gerry Jr. M.D.

May 28, 1931 (Address) 4610 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Oak Lawn Cemetery	May 30, 1931.
UNDERTAKER. Henry Sander & Sons, Inc.	ADDRESS Baltimore St. & Broadway

Spec.—1-30—M. & T.—250 Bks

E 69145 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69145

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 27-56 ST. (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Ryan

(a) RESIDENCE NO. 4916 Cordelia Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced (HUSBAND of or) WIFE of Mary Ryan

DATE OF BIRTH (month, day, and year) June 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	11	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Isthmian Steamship Co.

BIRTHPLACE (city or town) (State or country) unknown

10 NAME OF FATHER Michael Ryan

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Mary English

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Mary Ryan

(Address) 4916 Cordelia ave.

Filed ..... 19 ..... Registrar

8 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26-31

17 I HEREBY CERTIFY, That I attended deceased from 2-20 .1931. to 5-26 .1931.

that I last saw him alive on 5-26 .1931.

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Prostatic hypertrophy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Failure

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Prostatectomy

Did an operation precede death? Yes Date of 4-19-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W. Peake M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stephens Cem. Brodshaw Md. DATE OF BURIAL 5/28 1931

20 UNDERTAKER C. Vernon Lemmon ADDRESS 7011 Park Heights Ave

C. HARRISON JONES, M. D.

Spec.—9 30—A. & Co.—250 Bks.

E 69146

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69146

CERTIFICATE OF DEATH

1317

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals ST. 4-27 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lucy Bacon

(a) RESIDENCE NO. 913 N. Bruce ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-7-1846

7 AGE: Years 85 | Months 4 | Days 24 | If LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 670
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER Israel Bacon

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER Sarah ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant: Kate Doran
(Address) 318 N Bruce Street

Filed ... 1931 ... C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26-31

17 I HEREBY CERTIFY, That I attended deceased from 3-30, 1931, to 5-26, 1931

that I last saw her alive on 5-26, 1931

and that death occurred, on the date stated above, at 3:15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio Vasc Renal Disease
Chronic Myocarditis ?
(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 1 wk.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? yes. Clinical Autopsy

What test confirmed diagnosis?

(Signed) Luther C. Peter M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson — DATE OF BURIAL: 5-29 1931

19a UNDERTAKER: Joseph A Seeley — ADDRESS: 409 Fremont St

93-003

STATE OF MARYLAND
CERTIFICATE OF DEATH

E 69147

E 69147

1 PLACE OF DEATH

County

Registration Dist. No.

Village or City Baltimore City (No. 2902 W. North Ave. St.) Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs. Harriet F. Wheatley Voigt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: February (Month) 19th (Day), 1855 (Year)

7 AGE: 75 yrs. 3 mos. 7 ds. If LESS than 1 day, hrs. OR min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Hampton - Va.

PARENTS

10 NAME OF FATHER: Wm Grimstead

11 BIRTHPLACE OF FATHER (State or country): Norfolk - Va.

12 MAIDEN NAME OF MOTHER: Harris

13 BIRTHPLACE OF MOTHER (State or country): Richmond.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Geo Wheatley

(Address) 2902 W. North Ave.

15 Filed [illegible] C. HAMPSON JONES, M. D. REGISTRAR

If [illegible] Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 26th (Day), 1931 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April, 1924, to May 26th, 1931, that I last saw h-er alive on May 19th, 1931, and that death occurred on the date stated above, at 1155a m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - with
auric. fibrosis

(Duration) Cause yrs. mos. ds.

Contributory / Secondary: Cerebral arterio-sclerosis - uncl

Cystic - malacia - (Duration) yrs. 3 mos. - ds.

(Signed) Florence C. Keller, M. D.

May 26, 1931 (Address) Mercantile Trust Bldg - Balto

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 5 yrs. - mos. - ds. In the State 36 yrs. - mos. - ds

Where was disease contracted, if not at place of death? ✓

Former or usual residence Virginia.

19 PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: May 28, 1931

20 UNDERTAKER: George C. Smith — ADDRESS: Hollins

Cor.—10-10-29—A Co.—100 Bks.

69143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 183 #17

E 69143

1-PLACE OF DEATH City of Baltimore: (No. Found floating in the water at Pier 5 Pratt St. St. 22-30 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Yorkel.(C)

(a) RESIDENCE NO. 421 Little Green St. St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Do not know.

14 Informant Myrtle Yorkel (C) sister
(Address) 421 Little Green St. M. D.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 9, 1931 body found May 16, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Occidental fall overboard while intoxicated.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Inquiry

(Signed) Otto Leuthardt, M. D.

5/26. 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNION PUBLIC CEMETERY	19
20 UNDERTAKER	ADDRESS

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 69149

69149

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 N Calvert ST. 12-19 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Luther D. Heiges

(a) RESIDENCE NO. 1825 N. Calvert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Caroline Bean

6 DATE OF BIRTH (month, day, and year) Oct. 16, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Violin maker

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Franklin County Penn.

10 NAME OF FATHER George W. Heiges

11 BIRTHPLACE OF FATHER (city or town) (State or country) Franklin Co Penn

12 MAIDEN NAME OF MOTHER Barbara ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant Carrie B Heiges

(Address) 1825 N. Calvert St

28 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 '31

17 I HEREBY CERTIFY, That I attended deceased from Dec. , 1930, to May 27 , 1931.

that I last saw h in alive on May 26 1931

and that death occurred, on the date stated above, at 6.50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma pharynx with metastasis to neck

— (duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? microscopic

(Signed) Grant Edward. M. D.

, 19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	May 29 1931

20 UNDERTAKER Chas. E. Franck ADDRESS 802 Madison Ave

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69150

CERTIFICATE OF DEATH.

23 V E 69150

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 923 N. Kenwood Ave ST. | 1 | WARD)

2. FULL NAME Antoni Kowalewski

(a) RESIDENCE NO. 923 N. Kenwood Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 7th 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Michael Kowalewski

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Anna Korzeska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

Informant (Address): Stanley Kowalewski 923 N. Kenwood Ave

MAY 28 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 28th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 11 1930 to May 28 1931

that I last saw h im alive on May 16. 1931

and that death occurred, on the date stated above, at 5.40 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 11 mos. 17 ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of death

(Signed) I. B. Bronushas, M. D.

5-28-31 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: N. Stanislaus Cem.

DATE OF BURIAL: May 30 1931

UNDERTAKER: Herbert D. Faulkner Inc.

ADDRESS: 1000 N. Kenwood Ave

1-30—M & T.—100 B—50L

E 69151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-2-001 E 69151

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST. 15-67 WARD)

2-FULL NAME Thomas R. Carneal

(a) RESIDENCE NO 3009 Walbrock Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Carneal

6 DATE OF BIRTH (month, day, and year) Dec 18/ 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	5	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work U.S. Postal Service
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Geo. T. Carneal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Clarissa Mason

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Margaret E. Carneal

(Address) 3009 Walbrock Ave

15 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Post Office

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Pace Coroner, M. D.

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL May 29 1931

20 UNDERTAKER Bertram Rose

ADDRESS 1723 W. Lafayette Ave

1-30—M. & T.—100 B—501.

E 69152

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 69152

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital ST., 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Mills

(a) RESIDENCE NO 416 Asquith St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) c. 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer: Jno. Travers

9 BIRTHPLACE (city or town) (State or country): West Indies

PARENTS

10 NAME OF FATHER: Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country): West India

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. India Isles

14 Informant: Mrs Lottie Travers

(Address) 416 Asquith St

15 Filed MAY 31 1931, 19 . G. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26th 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 Days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D. Coroner

5 27 1931 (Address) 702 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Nat. Calvary Cem	May 29 1931
20 UNDERTAKER	ADDRESS
Jno J. G Socks	1302 Jefferson St.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69153

CERTIFICATE OF DEATH

94-001 ✓ E 69153

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 109 Woodlawn Road ST. 27-53 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Garrettson Evans

(a) RESIDENCE NO 109 Woodlawn Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? 68 yrs. 3 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Warfield Evans

6 DATE OF BIRTH (month, day, and year) Feb-28-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: 1st. Vice-Pres.
(b) General nature of industry, business, or establishment in which employed (or employer): Eutaw Savings Bank
(c) Name of employer: of Baltimore City

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER Henry C. Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harrisburg Penna.

12 MAIDEN NAME OF MOTHER Mary Garrettson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Mrs. Ella Warfield Evans (wife)
(Address) 109 Woodlawn Road

15 Filed ..... 192 ..... Registrar

G. HAMPSON JONES M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry,) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Uraemia Duct.

CONTRIBUTORY (Secondary) Broken Compensation (duration) yrs. 1 mos ds.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Phy. History.

(Signed) J. C. Carter, M. D. Coroner

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	May-30-3[illegible]19

20 UNDERTAKER Stewart & Bowen Company ADDRESS 108-[illegible] North Ave.

Spec.—9-31—A. A. Co.—250 Blks

69154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 E 69154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Linden Ave St. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Laura Eugenia Emory

(a) RESIDENCE NO. 1309 Linden St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 75 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Emory

6 DATE OF BIRTH (month, day, and year): about July 1855

7 AGE: Years: about 75 Months: 10 Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Phila Pa.

10 NAME OF FATHER: Benj F. Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila Penna

12 MAIDEN NAME OF MOTHER: Lindemann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): W. Gilmor Emory Jr. Harbourtown Dr.

15 Filed 1931 Register 10178

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27 31

17 I HEREBY CERTIFY, That I attended deceased from Sept 9 1927 to May 28 1931

that I last saw h alive on May 28 1931

and that death occurred, on the date stated above, at 9.20 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) May yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage, right Hemiplegia - (duration) yrs. 12 hours mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Chas W Lamond M. D.

May 29 1931 (Address) 317 Park Ave Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cinbaille - Md

DATE OF BURIAL: May 29 1931

20 UNDERTAKER: Stewart Edmunds

ADDRESS: Balto

C. HAMPSON JONES, M.D.

Spec.—9-30—A. & Co.—250 Blks

E 69155 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69155

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 313 Suffolk Rd. St.) 12-44 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elizabeth McComas

(a) RESIDENCE NO. 313 Suffolk Rd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? 56 yrs. 5 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edwin F. McComas

7 DATE OF BIRTH (month, day, and year): May 16, 1874

8 AGE — Years: 56 | Months: 5 | Days: 16 | If LESS than 1 day, hrs. or min.:

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

10 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

11 NAME OF FATHER: Geo. W. Clymont

12 BIRTHPLACE OF FATHER (city or town) (State or country): Holland

13 MAIDEN NAME OF MOTHER: Maria Fell

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Mrs. Louis G. Thomas (Sister)
(Address) 313 Suffolk Road

DATE RECEIVED: MAY 28 1931
REGISTRAR'S NO.: 1077
C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27, 31

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1930, to May 27, 1931

that I last saw h[illegible] alive on May 27, 1931

and that death occurred, on the date stated above, at 1 05 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Pernicious Anemia

(duration) yrs. 10 mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of 1921

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan B Lemon M. D.

M, 1931 (Address) 218 N Calhoun St Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Lawn — DATE OF BURIAL: May 29, 1931

20 UNDERTAKER: Howard Tilman Co — ADDRESS: Balto

Spec.—9-30—A. & Co.—250 Blks.

69156 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-C 69156

CERTIFICATE OF DEATH

REGISTERED NO. 46-22

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 810 Whitecourt St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harriett Banks

(a) RESIDENCE NO. 810 Whitecourt St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Alfred Banks

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City,

10 NAME OF FATHER Sidney Compton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Eliza Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Jamel Jones
(Address) 810 E. Whitecourt St.

Filed MAY 29 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1931, to May 28, 1931

that I last saw h[illegible] alive on May 28, 1931

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy)

(duration) ___ yrs. ___ mos. 4 ds.

CONTRIBUTORY (Secondary) ...

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H MacLeod Williams M. D.

5-28 1931 (Address) 1830 Madison Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon — DATE OF BURIAL May 29 1931

UNDERTAKER [illegible] ADDRESS 700 N Caroline

Spec.—9-30—A. & Co.—250 Blks.

69157 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 L 69157

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 827 Union Ave. (St.) 13-52-2 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles R. Routson

(a) RESIDENCE NO. 827 Union Ave. ST. 13 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia A. Routson

6 DATE OF BIRTH (month, day, and year) Jan. 7-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Meat Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): 013
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

10 NAME OF FATHER Aaron Routson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary M. Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Fra. N. Slater
(Address) 3628 Hickory Ave.

15 DATE May 8 1931 . 19 C. HAMPSON JONES, M. D.
By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27-1931.

17 I HEREBY CERTIFY, That I attended deceased from May 20 . 1931 . to May 27 . 1931
that I last saw h[illegible] alive on May 27 . 1931
and that death occurred, on the date stated above, at 11 20 A. M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Bladder

(duration) 2 yrs. — mos. — 6 ds.

CONTRIBUTORY — (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? Routine
(Signed) C. H. Rideout Jones M. D.
May 7 1931 (Address) 850 W 36 St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pipe Creek (Carroll Co) — DATE OF BURIAL: May 29 1931.

20 UNDERTAKER: Horace F. Bugee — ADDRESS: 3631 Falls Road

Spec.—9-30—A. & Co.—250 Bks

69158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122 E 69158

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hosp. St. 4 25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Green

(a) RESIDENCE NO. 219 N. Paca St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6a If married, widowed or divorced HUSBAND of (or) WIFE of George W. Green

6 DATE OF BIRTH (month, day, and year) Oct 24 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: John Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Margaret A. Green

(Address) 219 N. Paca St.

5/31 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1931

17

I HEREBY CERTIFY, That I attended deceased from 5-21, 1931, to 5-28, 1931,

that I last saw h-- S alive on 5-27, 1931,

and that death occurred, on the date stated above, at 9 11 m.

The CAUSE OF DEATH* was as follows:

Incarcerated umbilical hernia

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-21-31.

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) J. Hampson Jones M. D.

5/31 1931 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dallsmond

DATE OF BURIAL: 5/31 1931

20 UNDERTAKER: J. H. Cook

ADDRESS 1217 Ford Ave

Spec.—1-12-23—M&T—500 Blks.

Dr Stitt, 2455 Maryland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69159

CERTIFICATE OF DEATH.

82-0°E 69159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 207 N Lanvale ST. (WARD) 11-24

2-FULL NAME Josiah A Dean

(a) RESIDENCE NO. 207 N Lanvale ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate J Dean

7 DATE OF BIRTH (month, day, and year): Aug. 6, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	61	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer: Welsh Const Co.

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Richard Dean

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant (Address): Kate J Dean 207 N Lanvale St

Filed 1931 Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1930 to May 28, 1931.

that I last saw him alive on May 27, 1931.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Sclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) Thos. M. Stitt, M. D.

5/28 1931 (Address) 2455 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 5/30 1931

20 UNDERTAKER: J M Cook

ADDRESS: 2172 Pratt St

Spec.—9-30—A. & Co.—250 Blks.

69160 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1071 69160

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-35 ST. WARD)

2 FULL NAME William Voshell

(a) RESIDENCE NO. 662 W. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie

6 DATE OF BIRTH (month, day, and year) Dec. 5 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Singer Sewing Machine Co.

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Records of Belto. City Hosp.

15 5-28 1931 19 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-27-31

17

I HEREBY CERTIFY, That I attended deceased from 5-22-31, 19, to 5-27-31, 19

that I last saw him alive on 5-27-31, 19

and that death occurred, on the date stated above, at 3:10 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padget. M. D.

5-28 1931 (Address) Belto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 5/30/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

E 69161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-E 69161

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital St. 70-69 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Bernard A. Rinn

(a) RESIDENCE NO. 208 N. Carlos St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

6a If ~~married, widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Emma Rinn

6 DATE OF BIRTH (month, day, and year) Sept 28 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Clerk Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Penna Railroad

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John S Rinn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington

Informant Mrs. Isabel Washington
(Address) 1720 St. Paul St.

8 1931 G. HAMPSON JONES, M. D. Registrar
No. 1075

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26-31

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1931, to May 26, 1931

that I last saw him alive on May 26, 1931

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Cardiac.

Vascular disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. M. Baumgardner, M. D.

19 (Address) Mercy Hospital Balt.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	5/30/1931
20 UNDERTAKER	ADDRESS
Wm Cook 1217	St Paul St

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 69162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

10 E 69162

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 559 Mosher st (St.) 14-11 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fanny Wells

(a) RESIDENCE (No.) 559 Mosher st (St.) (Ward.)

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 1 1872.

7 AGE: Years 59 Months 3 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Stephen Wells (Address) 559 Mosher st

15 Filed 2 8 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1931, to May 27, 1931, that I last saw h[illegible] alive on May 26, 1931, and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia Lobar

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D H Donovan M. D.

19 (Address) 117 N Paulton st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: May 29 1931

21 UNDERTAKER: George P. A. Gehring

ADDRESS: 1735 Orleans Hilton

Spec.—9 30—A. & Co.—250 Bks

69163 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

L 69163

CERTIFICATE OF DEATH.

95-002

19-29

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 128 S. Carey St. St. WARD)

2 FULL NAME Martha Ann Helmling

(a) RESIDENCE No 128 S. Carey St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Harry E. Helmling

6 DATE OF BIRTH (month, day, and year) July 5, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Donaldson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lauretta B. Caldwell
(Address) 720 N. Fulton Ave.

15 DATE 6 1931 C. HAMPSON JONES, M. D. Registrar
By A.R.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928, to May 26, 1931

that I last saw h[illegible] alive on May 26, 1931

and that death occurred, on the date stated above, at 12 1/4 A.M.

The CAUSE OF DEATH* was as follows:

Hypertension cardio-renal disease

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 3 hrs

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of .

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) M.D. Fridgett M. D.

19 (Address) 1320 W. Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western

DATE OF BURIAL: 5/29/31

20 UNDERTAKER: Harry T. Wiseman

ADDRESS: 4101 Edmondson Ave.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69164

CERTIFICATE OF DEATH

12-50 107 E 69164

1 PLACE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2715 St. Paul St.) (WARD)

2 FULL NAME Stella Zaikoff

(a) RESIDENCE NO. 2715 St. Paul (Usual place of abode) ST., WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of Adolph Zaikoff

6 DATE OF BIRTH (month, day, and year) Sept 7 1864

7 AGE — Years: 66 — Months: 8 — Days: 20 — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER Fred Lohmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Elise Koelsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs. Dorothy Zaikoff

(Address) 2715 St. Paul St.

Filed ___ 19___ ___ Registrar

2 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27 1931

17 I HEREBY CERTIFY, That I attended deceased from May 11 1931 to May 27 1931

that I last saw h[illegible] alive on May 27 1931

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, Streptococcic, with septicaemia, Cachexia, Exudilitis and Cervical Abrasion

(Duration) 1 yrs. 0 mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Laboratory Clinical

(Signed) Harry Cole M. D.

5/28 1931 (Address) 1201 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: May 30 1931

UNDERTAKER: H. J. Tucker & Bro

ADDRESS: Fifth Ave

E. HAMPSON JONES, M. D.

1-30—M. & T.—100 B—501.

E 69165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 69165

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1640 Aisquith St ST. 9-14 WARD)

2-FULL NAME Sarah B. Engelmeyer

(a) RESIDENCE NO 1640 Aisquith St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Engelmeyer

6 DATE OF BIRTH (month, day, and year) Oct 30/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: At home

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Patrick Giblin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Kilduff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Charles H. Engelmeyer

(Address) 1640 Aisquith St

15 Filed ....., 192 C. HAMPSON JONES, M. D. Registrar

May 29 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Wade, M. D.
Coroner

5/28/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	May 30 1931
20 UNDERTAKER	ADDRESS
Henry Strech Sons Inc.	301 E Eager St

1-30—M. & T.—100 B—50L

E 69166

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69166

82-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1126 N. Carey ST. 16-23 WARD)

2-FULL NAME Emma Walker

(a) RESIDENCE NO 1126 N. Carey ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fmk

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Walker

6 DATE OF BIRTH (month, day and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER Stephen Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Maria Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md

14 Informant (Address) 1126 N. Carey

Filed MAY 29 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 27th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(duration) yr. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ..... M. D.

(Coroner)

May 29th (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL May 30 1931

ADDRESS

UNDERTAKER, Virginia G. Brooks 1463 Carey

1-30—M. & T.—100 B—501.

E 69167

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 69167

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 859 Lemon ST. 18-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Miller

(a) RESIDENCE No 859 Lemon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant B. F. Davis

(Address) 1123 N. Stricker St.

May 29 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphilis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

5/29 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL May 29 1931

20 UNDERTAKER Jesse H. Redden

ADDRESS 436 N. Biddle

1-20—M & T—100 B—50L

E 69168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 69168

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 17-26 WARD)

2-FULL NAME Lottie Smith

(a) RESIDENCE NO 702 N. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Smith

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S.C.

PARENTS

10 NAME OF FATHER Willie Hackett

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Fannie Casely

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Harry Smith
(Address) 702 N. Franklin St

15 Filed 29 1931 192 C. C. JAMES JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure during Anaesthenia
Hemorrhage due to Spontaneous Abortio
Syphillitic Aortitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL May 29 19 31

20 UNDERTAKER Thomas E Kelson — ADDRESS 1303 Pressman

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE 3

69169

CERTIFICATE OF DEATH.

93-20 E 69169

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 77-30 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Willis

(a) RESIDENCE NO. 403 Burgundy ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Willis

6 DATE OF BIRTH (month, day, and year) Sept. 5, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter & ~~none~~ Paperhanger

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Easton, Md.

PARENTS

10 NAME OF FATHER James Willis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah E. Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of Balto. City Hosp.

(Address)

15 [illegible] 29 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-27-31

17

I HEREBY CERTIFY, That I attended deceased from 5-20-31, 19..., to 5-27-31, 19...

that I last saw him alive on 5-27-31, 19...

and that death occurred, on the date stated above, at 3:10 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padgett. M. D.

5-28, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 5-30 1931

20 UNDERTAKER Albert L. Hilty

ADDRESS 1606 E. Chester St

Spec.—9-30—A. & Co.—250 Blks

69170

HEALTH DEPARTMENT—CITY OF BALTIMORE

69170

CERTIFICATE OF DEATH

93-003

REGISTERED NO. 27-55

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 3513 Menlo Drive) WARD 27

2. FULL NAME Julia Ann Burall

(a) RESIDENCE NO. 6002 Highgate Drive ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard B Burall

6 DATE OF BIRTH (month, day, and year) Ma 29 84

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Geo S Whiteley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ella Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs H B Burall 6002 Highgate Dr.

15 Filed 29 1931 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 31

17 I HEREBY CERTIFY, That I attended deceased from May 27 31 to May 29 31, 19..., that I last saw h[illegible] alive on May 29 31 at 4 P.M., and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH was as follows:

Chronic Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? ✓

What test confirmed diagnosis?

(Signed) D C Stonesifer M. D.

May 29 31 (Address) 1629 Wkens Ave

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL May 30 1931

20 UNDERTAKER W M Routson

ADDRESS 2238 N Smith

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69171

CERTIFICATE OF DEATH.

131 V

REGISTERED No. E 69171

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 So Toppleton St. 18-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Walter C. Wyatt.

(a) RESIDENCE No. 34 So Toppleton St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Catherine Wyatt

6 DATE OF BIRTH (month, day, and year) March 6th 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Richmond, Va.

10 NAME OF FATHER Robt. Wyatt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Louise Gaylord

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Orleans

14 Informant (Address) M. Post [illegible]

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/28/1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1. 1931, to May 28. 1931.

that I last saw him alive on May 28. 1931.

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Chronic Int. Nephritis.

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Morphine Addiction.

(duration) 40 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urine Analysis etc.

(Signed) Chas Norton, M. D.

5/28 1931 (Address) 888 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	5/30/1931.
20 UNDERTAKER John F. Cowan & Son.	ADDRESS 901 Hollins St

Spec.—9-30—A. & Co.—250 Bks

E 69172

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69172

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 10-14 (107-001) S (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Brown

(a) RESIDENCE NO 835 Central Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Belle Brown

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer unemployed

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Daniel Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jane Shiner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment (Address) Records of Balto. City Hosp.

15 MAY 29 1931 C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-27-31

17 I HEREBY CERTIFY, That I attended deceased from 5-4-31, 19 , to 5-27-31, 19

that I last saw h im alive on 5-27-31, 19

and that death occurred, on the date stated above, at 4:25 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, cerebral; Senile dementia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy.

(Signed) Paul Padget M. D.

5-28 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL May 31, 1931

20 UNDERTAKER Chas. D. Lemmon ADDRESS 414 N. Carey St.

Spec.—9-30—A. & Co.—250 Blks.

E 69173

69173 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1624 (St.) Elkins Lane (WARD) 23-32

2-FULL NAME Virginia Marie Meehan

(a) RESIDENCE NO. 1624 Elkins Lane (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 If single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3, 28, 31

7 AGE: Years | Months: 2 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Harry Wm. Meehan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Evelin Marie Schwabland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Harry Wm. Meehan 1624 Elkins Lane

15 2/9/1931 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5, 28, 31

17 I HEREBY CERTIFY, That I attended deceased from 5.28 .1931 . to 5.28 .1931

that I last saw her alive on 5.28 .1931

and that death occurred, on the date stated above, at 6.35 P m

The CAUSE OF DEATH* was as follows:

Convulsions

(duration) yr. mos. 5 hrs. ds.

CONTRIBUTORY (Secondary) Premature Anemia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. Hampson Jones M. D.

. 19 (Address) 2102 Mt. Holly St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem

DATE OF BURIAL May 3 1931

20 UNDERTAKER C. Howard Eva

ADDRESS 38 E. Fayette

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69174 69174

CERTIFICATE OF DEATH.

11-002

1 PLACE OF DEATH

CITY OF BALTIMORE. (No Univ. Memorial (Hosp.) ST. 1750 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry E. Ford

(a) RESIDENCE NO. 3040 Guilford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William H. Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anne Durham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs. Wm. H. Ford

(Address) 3040 Guilford Ave.

15 5-29-1931 16 C. HAMPTON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27th 1931

17

I HEREBY CERTIFY, That I attended deceased from May 22d, 1931, to May 27 1931

that I last saw h alive on May 27th 1931

and that death occurred, on the date stated above, at 8:15 p m.

The CAUSE OF DEATH* was as follows:

Meningo Encephalitis

2 1/2 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lupus

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of

Was there an autopsy? partial

What test confirmed diagnosis? clinic & examination

(Signed) Francis W Sluck M. D.

5/27/1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loraine Cemy.	May 29 1931
20 UNDERTAKER	ADDRESS
John O. Mitchell & Son	1900 Eutaw Place

Spec.—9 30—A & Co.—250 Blks.

E 69175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 69175

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 16-22 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Carey

(a) RESIDENCE NO. 1018 Monroe St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — Single

6 DATE OF BIRTH (month, day, and year) Jan 7-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Polydore Carey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Fitzpatrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Hospital Records

C. HAMPSON JONES, M. D.

15 5-31 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1931

17

I HEREBY CERTIFY, That I attended deceased from 5/9 1931, to 5/28 1931

that I last saw her alive on 5/28 1931

and that death occurred, on the date stated above, at 11 57 P m

The CAUSE OF DEATH* was as follows:

Empyema gall bladder (duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5/15/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical + operation

(Signed) J Taylor M. D.

5/28 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: May 30 1931

20 UNDERTAKER: Chas. E. Franck ADDRESS: 802 Madison

1-30—M. & T.—100 B—50L.

E 69176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69176

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) President Hosp. (St.) (WARD)

2-FULL NAME Roffmire

(a) RESIDENCE NO. Chestertown Md St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Kent Co.

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER Roffmire

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Kent Co Md

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant President Hosp Records
(Address)

15 Filed May 26 1931 H. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Roffmire

(Signed) H. C. Blandford, M. D. Coroner

May 26 (Address) Bowie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

General Health

MAY 29 1931

1-20—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

69177

CERTIFICATE OF DEATH

92 1001 E 69177

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. President St. 12-19 St., 2 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown Mitchel

(a) RESIDENCE NO 1701 Carter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) about 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 40				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer Unknown

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant President Hosp Records
(Address)

15 Filed ..... 192 ..... Registrar
By .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 21st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis
(duration) Sudden

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. E. Falk, M. D.
Coroner.
May 22nd 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
JOHNS HOPKINS HOSPITAL

DATE OF BURIAL
19

20 UNDERTAKER
Commissioner Health

ADDRESS
MAY 29 1931

FEB 1931 C HAMPTON JONES, M.D.
CITY HEALTH COMMISSIONER

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69178

CERTIFICATE OF DEATH

209 E 69178

18-26

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Franklin Square Hospital. St. (Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mollie Baldwin.(C)

(a) RESIDENCE NO 1011 N.Lexington St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed or divorced
(or) WIFE of John Baldwin.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	----		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama.

PARENTS

10 NAME OF FATHER Sylia Pompy.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama.

12 MAIDEN NAME OF MOTHER Julia Ann Howard.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tenn.

14 Informant John Baldwin.(C) husband.

(Address) 1011 N.Lexington St.

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull.
Struck by a street car while crossing the street- Occidental death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Leisterstean Rd. & Elgin Ave.

18 Where was disease contracted if not at place of death? May 24, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M Reinhardt, M. D. Coroner

5/29/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	May 31 19 31
20 UNDERTAKER Mrs Katie R Williams	ADDRESS 322 N Belnord Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69179

CERTIFICATE OF DEATH.

7-4 1084 69179

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Wolf St. ST. WARD)

2 FULL NAME Helen Wojciechowska

(a) RESIDENCE NO. 102 S. Wolf St. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer at Home

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Symon Polek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Wojciechowski Son
(Address) 102 S. Wolf St.

15 91931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27-31

17

I HEREBY CERTIFY, That I attended deceased from Apr. 14, 1931, to May 27, 1931

that I last saw h[illegible] alive on May 26, 1931

and that death occurred, on the date stated above, at 12 00 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia 2 days
Acidosis 3 " "

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Vomiting 4 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chemical Exam. of Urine

(Signed) G. F. Cris M. D.

May 28, 1931 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary May. DATE OF BURIAL: 30 1931

20 UNDERTAKER: F. W. Brazaurski ADDRESS: 430 Eastern Ave

Spec.—1-15-29—M&T—500 Blks.

E 69180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69180

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 W. Lombard St., ST. 14-29 WARD) REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rachael Rebecca Johnson

(a) RESIDENCE NO. 1322 W. Lombard St., ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb 29, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	71	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Richard A Young 706 Fremont Ave

15 FILED MAY 29 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28th, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 15th, '30 to May 28th 1931.

that I last saw her alive on May 27th, 1931

and that death occurred, on the date stated above, at 2:18 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of brest

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb 15th, 1930

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) C. B. Leverhoof M. D.

5/28, 1931 (Address) 1901 Eutaw Place, City.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL May 30 1931

20 UNDERTAKER Ernest Leehner ADDRESS 1531 Pollitt

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69181

8 1 E 69181

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1114 N. Carrolton Ave (Ward) 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Clay Wicks

(a) RESIDENCE NO. 1114 N. Carrolton Av. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	6 Single, Married, Widowed, or Divorced. (write the word)
f	Colored	Widowed

7a If married, widowed, or divorced (or) WIFE of Richard Wicks

8 DATE OF BIRTH (month, day, and year) July 23, 1873

9 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	4	

10 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work 10

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

11 BIRTHPLACE (city or town) (State or country) Powhatan Co. Va

10 NAME OF FATHER ? Mosby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ann Hatchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mrs Sarah Elmer Davis

(Address) 632 N. Fremont Av.

JUN 2 1931 C. HAMPSON JONES M.D.

Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) May 27, 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1931, to May 27, 1931

that I last saw her alive on May 27, 1931

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Rayner Browne M. D.

, 19 (Address) 1500 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

20 UNDERTAKER Daniel Carter

DATE OF BURIAL 5-29 1931

ADDRESS 916 Gay St

pec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69182

E 69182

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Division St., WARD 14-70)

2-FULL NAME Lena Jones

(a) RESIDENCE NO. 1416 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 5-28-31

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C.	Widowed

6 If married, widowed, or divorced HUSBAND of or) WIFE of Elmer Jones

DATE OF BIRTH (month, day, and year) May 8 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41		20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Henry Easley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ellen Gordon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Ernest Jones

(Address) 1416 Division St

Filed 5-29-1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1931.

17 I HEREBY CERTIFY, That I attended deceased from April, 1931 to May 28, 1931; that I last saw h[illegible] alive on May 27, 1931; and that death occurred, on the date stated above, at 3:45 A m.

The CAUSE OF DEATH* was as follows: Chronic Pulmonary TB

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Heart Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) A. Lee Wise, M. D.

(Address) Forrest Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 5-29-1931

20 UNDERTAKER Daniel Easton — ADDRESS 916 Pa Ave

Spec.—1-10-21—M&T—1500 Blks.

E 69183 HEALTH DEPARTMENT—CITY OF BALTIMORE C 69183

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 424 N. Carey ST. 14-7 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Edward Alyson

(a) RESIDENCE NO. 424 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	negro	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 21, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Alyson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles County Md.

12 MAIDEN NAME OF MOTHER Lucille Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charles County Md.

14 Informant

(Address)

15 Filed 29 1931 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22 1931

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 22 1931, that I last saw him alive on May 21, 1931, and that death occurred, on the date stated above, at 4'15 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity (32 WEEKS)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Maternal Cause

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Path. Exam.

(Signed) Louis P. Douglass M. D.

5-25. 1931 (Address) Emich Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

C. HAMPSON JONES, M. B.

Commissioner of Health

MAY 29 1931

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69184

CERTIFICATE OF DEATH.

159 E 69184

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 866 Pine St. 18-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Harris

(a) RESIDENCE NO. 866 Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26th 1931

7 AGE Years Months Days If LESS than 1 day, hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Theodore Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Helen Colbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annapolis Md.

14 Informant (Address)

15 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1931

17 I HEREBY CERTIFY, That I attended deceased from 5-24 1931 to 5-26 1931.

that I last saw h alive on 5-26-31 .19 .

and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Premature delivery - (24 weeks)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no (Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Louis Krieg Hess M. D.

(Address) Mid. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

MAY 29 1931

Commissioner Health.

Spec.—8-29—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69185

CERTIFICATE OF DEATH

12-51 137

REGISTERED NO. 69185

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William McCord (William D.McCord

(a) RESIDENCE NO. 2421 Maryland Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Neuman McCord

6b DATE OF BIRTH (month, day, and year) April 8 1865

7 AGE: Years 66; Months 1; Days 21; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: Retired

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER Wm D. McCord

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York State

12 MAIDEN NAME OF MOTHER Julia Tarr

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Maryland

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 6-1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1931 to May 29, 1931 (that I last saw h[illegible] alive on May 29, 1931 and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

prostatic hypertrophy — Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Theo. G. Rixford M. D.

5/29 1931 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: June 1 1931

20 UNDERTAKER: Joseph B Cook

ADDRESS: 1003 West Baltimore St.

6-1 1931 BFH

Spec.—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69186 69186

CERTIFICATE OF DEATH

1 PLACE OF DEATH Community Hospital ST. 25-72 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME Gordan Seigle Gordon Brenton Seigle

(a) RESIDENCE NO. 2131 Maisel St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 23, 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

10 NAME OF FATHER: Howard S. Seigel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: May Niser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant (Address): Mr. Howard S. Seigel, 2131 Maisel St.

15 1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from 5-17-31, 19, to 5-29-31, 19

that I last saw him alive on 5-29-31, 19

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows: Tuberculous meningitis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary): Cerebral edema (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Lame

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical course

(Signed) George H. Yeager M. D.

5/29 1931 (Address) Community Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

20 UNDERTAKER: Joseph B Cook

DATE OF BURIAL: June 1 1931

ADDRESS: 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Blks

E 69187 HEALTH DEPARTMENT—CITY OF BALTIMORE X 24 E 69187

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 4-30 (ST.) (WARD)

2 FULL NAME Marian Chatham

(a) RESIDENCE NO. Salisbury, Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Dishron

6 DATE OF BIRTH (month, day, and year) 10/19/1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
31		7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) Oil

(c) Name of employer Eastern Shore Public Service Co.

9 BIRTHPLACE (city or town) (State or country) Salisbury, Md.

10 NAME OF FATHER Francis M. Chatham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kansas.

12 MAIDEN NAME OF MOTHER Lillian Rankin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

PARENTS

14 Informant Francis Chatham
(Address) Salisbury Md

15 [illegible] 9 1931 No. [illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 21 1931 to May 29 1931

that I last saw him alive on May 29 1931

and that death occurred, on the date stated above, at 11 30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? — No —

What test confirmed diagnosis? Clinical & Lab.

(Signed) George H. Yeager M. D.

5/29 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Salisbury Md.	June 1 1931

20 UNDERTAKER	ADDRESS
Wm J. Tilghman's Sons	North Pa.

Spec.—9 30—A. & Co.—250 Blks

46 V

E 69188 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69188

CERTIFICATE OF DEATH

REGISTERED NO. 4351

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) Good Shepherd Lemuel Hospital

CITY OF BALTIMORE: (No.) 1512 (Street) Gilmor WARD 23

2. FULL NAME Joseph Small

(a) RESIDENCE: No. 1514 W. West St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jannie Small

6 DATE OF BIRTH (month, day, and year): — 1893

7 AGE: Years: 38 Months: Days: If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day Laborer/30

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): N. C.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Elizabeth Rogers (Address): 1514 E. West St

Filed MAY 29 1931 19 — J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/28/31

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to 5/28, 1931, that I last saw h[illegible] alive on 5/28/31, and that death occurred, on the date stated above, at 7 PM

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) 2 mos. ds.

CONTRIBUTORY (Secondary) Chron Gastritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of ———

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. W. Brykes M. D.

, 19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johns Hopkins Cemetery

DATE OF BURIAL: May 29, 31

20 UNDERTAKER: John H. Toadvine

ADDRESS 1027 Hood Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69139

CERTIFICATE OF DEATH

23 VE 69139

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2744 Fenwick Av. St. 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary A. Willis

(a) RESIDENCE NO. 2744 Fenwick Av. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward J. Willis

6 DATE OF BIRTH (month, day, and year): 5/28/1873

7 AGE — Years: 58 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: 0

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Philip Friedel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: M. Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant: Edward J. Willis

(Address) 2744 Fenwick Ave

15 Filed 2 9 1931, 19 C. HAMPSON JONES, M. Registrar

By: A.P.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 28-31

17

I HEREBY CERTIFY, That I attended deceased from 5/3, 1931, to 5/28, 1931

That I last saw her alive on 5/28, 1931

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Diabetes mellitus

Chronic myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Odema (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Weiss M. D.

5-29 1931 (Address) 1216 E Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Marys Govan

DATE OF BURIAL: 6/1 1931

UNDERTAKER: Wm. H. Valentine

ADDRESS 2326 Eutaw St.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69190

CERTIFICATE OF DEATH

13 E 69190

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1817 (Street) South Ave (Ward) West Washington Sta

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emaline Cole

(a) RESIDENCE NO. 1817 (Street) South Ave (Ward) West Washington Sta

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 11th 1857

7 AGE: Years 74 Months 4 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: W^m K Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: M E Mumeka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: H. B Cole

(Address) 1817 South Ave

15 5-29-1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28th 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb-23 1931 to May 28 1931

that I last saw her alive on May 28 1931

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Glomerular Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M. Strauss Porter M. D.

5/29/31 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: May 30 1931

20 UNDERTAKER: Henry Myerberg Sons & Co

ADDRESS: Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks.

69191 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 131 V 69191

1 PLACE OF DEATH

CITY OF BALTIMORE: (No St Josephs Hospital Street 23-31 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emil Schupp—

(a) RESIDENCE No 920 South Charles ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Ind

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Schupp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Rudt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment Pres Collegiate Chapel
(Address) 920 S. Charles

15 [illegible] 29 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26-31

17

I HEREBY CERTIFY, That I attended deceased from May 21- 1931, to May 26th 1931

that I last saw h[illegible] alive on May 26th 1931

and that death occurred, on the date stated above, at 8. P. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis—
Intestinal Paresis— complication

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Uremia-Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 5/23/31 new

Was there an autopsy? No

What test confirmed diagnosis? Clinical—

(Signed) W B Kinder M. D.

19 (Address) Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	May 30 1931

20 UNDERTAKER ADDRESS
John F Demmy 715 Light St

Spec.—9-30—A. & Co.—250 Blks.

§ 886

69192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95 E 69192

1 PLACE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

2 FULL NAME Lorie G. Tuinn Jr.

(a) RESIDENCE NO. Crisfield - Md - St. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 03 yrs. mos. 6 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 7-1887

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	43	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Newspaper Publishing

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER: Lorie Tuinn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md —

12 MAIDEN NAME OF MOTHER: Katie Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md —

14 Informant: Friends —
(Address)

15 [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 29-31

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1931, to May 29 1931

that I last saw h[illegible] alive on May 27 1931

and that death occurred, on the date stated above, at 5 20 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia

7 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Rheumatic Heart Disease

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Culture

(Signed) A. Murray Baker M. D.

5-29 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Via B&O R.R. Steamer Crisfield Md to Love Pt

DATE OF BURIAL: May 29 1931

20 UNDERTAKER: John F. Denny

ADDRESS: 715 Light St

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69193

CERTIFICATE OF DEATH

12 | V E 69193

13-54

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Whitelock ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elsie Hurt

(a) RESIDENCE NO. 1100 Whitelock ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Cleveland Hurt

DATE OF BIRTH (month, day, and year) May 9,1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40		19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Cook

(c) Name of employer XXXX

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Charles Bowdin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Frances Bradford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Ethel R. Harris

(Address) 2039 Madison Avenue

9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28,1931

17 I HEREBY CERTIFY. That I attended deceased from March 5, 1930, to May 28, 1931.

that I last saw her alive on May 28, 1931.

and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis (Chronic)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insuffiency

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

, 19 (Address) 1021 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetry	June 1, 1931
20 UNDERTAKER George T. A. Gibson	ADDRESS 1735 Druid Hill

Spec.—9-30—A. & Co.—250 Blks.

69194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129 69194

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland Ave) (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. mary Ritta (Ritel)

(a) RESIDENCE NO. 917 S. Decker ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Ritel

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE: Years 39 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mr Joseph Ritel
(Address) 917 S. Decker ave

15 5/31, 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/27/31

17
I HEREBY CERTIFY, That I attended deceased from 5/21, 1931, to 5/27, 1931
that I last saw her alive on 5/27, 1931
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Peritonitis (Cause)
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia.
Emphysema (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) [illegible] M. D.
, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. | DATE OF BURIAL: June 1931

20 UNDERTAKER: John M Weber | ADDRESS: 401 S Chester ave

Spec.—1-12-23—M&T—500 Blks.

Dr Montgatage

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69195

CERTIFICATE OF DEATH.

13 E 69195

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 333 E 27th ST. 12-50 (WARD)

2-FULL NAME Thomas E Callahan

(a) RESIDENCE NO 333 E 27th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Virginia Callahan

7 DATE OF BIRTH (month, day, and year): May 8 1858

AGE: Years 73 Months 0 Days 14 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Finishing Leather

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self Bath Md

9 BIRTHPLACE (city or town) (State or country): Bath Md

10 NAME OF FATHER: Thomas E Callahan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bath Md

12 MAIDEN NAME OF MOTHER: Harriett Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant (Address): Thomas E. Callahan 333 E 27th St

15 Filed May 29 1931 19 C. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 27 1931

17 I HEREBY CERTIFY, That I attended deceased from April 17th, 1931, to May 27th, 1931.

That I last saw him alive on May 26th, 1931

and that death occurred, on the date stated above, at 9 50 m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos 2 ds.

Chronic interstitial Nephritis.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Kahlmie Wasserman

(Signed) George Jungmann M.D. M. D.

5/28/31 (Address) 401 E 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount

DATE OF BURIAL: May 29 19 31

20 UNDERTAKER: J. A. Cook

ADDRESS: 1419 Eastern Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003.

E 69196

CERTIFICATE OF DEATH

E 69196

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balt City Hos, St., 14-28 Ward)

2-FULL NAME Elsworth Miller

(a) RESIDENCE NO. 206 S Vincent St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Miller

6 DATE OF BIRTH (month, day, and year) Feb 24, 1876

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) Westminster Md
(State or country)

PARENTS

10 NAME OF FATHER Jno Miller

11 BIRTHPLACE OF FATHER (city or town) Westminster Md
(State or country)

12 MAIDEN NAME OF MOTHER Mahoney

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Rose Parks
(Address) 206 S Vincent St

Filed 9 1931, 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Acute Dilatation at
Hospital 15 Minutes

(duration) yrs. mos. 15 Mins.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? 206 Vincent St S.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) James M Pearson M. D.

6 29 1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 6/1 1931

20 UNDERTAKER J M Cook

ADDRESS 1217 Eutaw

1-30—M. & T.—100 B—561.

E 69197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173 E 69197

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 8-45 WARD)

2-FULL NAME Barbara Schmidl

(a) RESIDENCE NO 1621 Darley Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Joseph Schmidl

6 DATE OF BIRTH (month, day, and year) Aug 12/1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	9	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer At home

9 BIRTHPLACE (city or town) (State or country) Austria-Hungary

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria-Hungary

12 MAIDEN NAME OF MOTHER Margaret Feibel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria-Hungaria

14 Informant Marie Schmidl

(Address) 1621 Darley Ave

15 Filed 6/1 1931 192 C. HAMPSON JONES, M. D. Registrar

6/1/1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis (pistol shot wounds of abdomen. (Homicide by husband who committed suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1621 Darley Ave

Did an operation precede death? yes Date of May 25/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos. H. Carter Coroner, M. D.

5/28/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetary

DATE OF BURIAL 6/1/1931

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul st

Spec.—9-30—A. & Co.—250 Bks.

69198 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69198

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 4-7 (Ward)

REGISTERED NO. 5012

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs Virginia Lewis.

(a) RESIDENCE NO. 335 W. Charles St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7, 1865

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65 66	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk. Va.

PARENTS

10 NAME OF FATHER John Thorogood.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Antonette Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Hospital Record
(Address)

15 6-2 1931 16 C. HAMPSON JONES, M. D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29/31

17

I HEREBY CERTIFY, That I attended deceased from May 15, 19 31 to May 29, 19 31

that I last saw h alive on May 29, 19 31

and that death occurred, on the date stated above, at 11:30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast.

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs 2 mos ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of 1928

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings.

(Signed) G. Brown Macdonald M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va Cemetery — DATE OF BURIAL 5/30/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69199 69199

CERTIFICATE OF DEATH

82-001 REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1705 McCulloh St

CITY OF BALTIMORE WARD 12

2 FULL NAME Charlotte Fleet

(a) RESIDENCE NO. 1705 McCulloh St WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1878

7 AGE Years 53 Months 10 Days 21 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Prince George Co Md

10 NAME OF FATHER Louis N Fleet

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Ford

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant Nazrath Walton (Address) 1705 McCulloh

15 Filed May 30 1931 C. HAMPSON JONES, M. D. Registrar by [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1931.

17 I HEREBY CERTIFY, That I attended deceased from May 27 1931 to May 28 1931.

that I last saw h alive on May 27 1931

and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 16 Hours

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. A. Pettegrew M. D.

, 19 (Address) 817 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Brooks Chapel DATE OF BURIAL May 30 1931

UNDERTAKER Samuel Hinsley ADDRESS 708 Biddle

Northern

1-20—M. & T.—100 B—50L

E 69200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 69200

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Hospital ST. WARD)

2-FULL NAME Charles A. Halle

(a) RESIDENCE No 531 S Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 13 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	55	7	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer U.S. Navy

9 BIRTHPLACE (city or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER James Halle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Virginia Chandler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant Amanda Fenton
(Address) 1237 G. St S.E Wash

15 Filed 6-1 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs mos 3 ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? 531 S Bond

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James McFenton Coroner, M. D.

5/28/1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 5/31 1931

20 UNDERTAKER J. W. Cook

ADDRESS 1212 E Pond St

1-30—M. & T.—100 B—50L

E 69201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

E 69201

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 St James ST., 10-14 WARD)

2-FULL NAME Viola Smith

(a) RESIDENCE NO 1223 E. Madison ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David Shepard Smith

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Blacksburg S.C.

PARENTS

10 NAME OF FATHER Philip Jeffries

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Maryanna Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant John Jeffries

(Address) ;;03 Ashland Ave

15 5/29 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Knife Stab wounds of chest. involving Aorta and Lung. Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? .....

(Signed) [signature] M. D. Coroner

(Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem.	5-30 1931

20 UNDERTAKER Byron Knight ADDRESS 1218 N. Eldersly St

Spec.—1-30—M. & T.—250 Bks

69202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69202

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Lehigh ST., 26 WARD)

2-FULL NAME Albertha H. Oakes

(a) RESIDENCE NO. 305 S. Lehigh ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) Jan 14th 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER George H. Oakes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Gladys M. Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wales

Informant George H. Oakes

(Address) 305 S. Lehigh St

Filed May 31 1931 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29/31

17 I HEREBY CERTIFY, That I attended deceased from May 25 1931 to May 29 1931

that I last saw her alive on May 29 1931

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

1 Bronchio Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Measles.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Autopsy

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Chas. Schneider M. D.

(Address) 3307 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem

DATE OF BURIAL May 30 1931

20 UNDERTAKER D. Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St

Spec.—F 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69203

CERTIFICATE OF DEATH

51 E 69203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. Sinai Hospital St. 1-7 Ward)

2 FULL NAME William Conn

(a) RESIDENCE NO. 712 S. East ave St. 26 Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida J. Conn

6 DATE OF BIRTH (month, day and year) Aug. 5 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Balto. Sun 66

(b) General nature of industry, business, or establishment in which employed (or employer): Carrier

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto-Md.

PARENTS

10 NAME OF FATHER: John W. Conn.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Alberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Ida J. Conn Wife 712 S. East ave

15 JUN 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-28-31

17

I HEREBY CERTIFY, That I attended deceased from 5-10, 1931, to 5-28, 1931

That I last saw h im alive on 5-28, 1931

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder (Cor)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno. S. Blum M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivett Cemetery — DATE OF BURIAL: June 1st 1931

20 UNDERTAKER: Lilly & Zeiler Inc — ADDRESS: 408 S. Wolfe St

dep.

Spec.—1-30—M. & T.—250 Bks

E 69204 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69204

CERTIFICATE OF DEATH 131

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE (NO. 12-50 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Steele Nelson

(a) RESIDENCE NO. 2414 N. Charles St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced (or) WIFE of Late Alice C. Nelson (nee Duffy)

DATE OF BIRTH (month, day, and year) March 16, 1869.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Joseph Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Inlocs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant (Address) Roger M. Nelson (Son) 302 E. 25th St.

Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-29-31

17 I HEREBY CERTIFY, That I attended deceased from 5-14 1931 to 5-29 1931.

that I last saw him alive on 5-29 1931.

and that death occurred, on the date stated above, at 6.45 A m.

The CAUSE OF DEATH* was as follows: Prostatic hypertrophy

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. W. Peake M. D.

5/29/31 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 6/1/31

20 UNDERTAKER Harry A. Meitzke — ADDRESS 4101 Edmondson Ave.

Rec.—2-29-28—L. F. S.—500 Blks.

E 69205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 69205

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 1848 W Balt St ST., W-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Emma C Stewart

(a) RESIDENCE NO. 1848 W Balt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of H. C. Stewart

DATE OF BIRTH (month, day, and year) Aug - 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	82	9		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER John M Wells.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bavaria Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Bertha J Stewart

(Address) 1848 W Balto St.

Registered by C. HAMPSON JONES, M. D. Registrar

JUN 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1931

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1931, to May 28, 1931.

that I last saw h alive on May 28, 1931

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

a Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senile Cy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of —,

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A Evans, M. D.

(Address) 612 W 40 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 6/21/31

20 UNDERTAKER Dr Harry A Wilke

ADDRESS 4501 Edmondson

Spec.—8-30—A. & L.—250 Blks.

24-385
24 69206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 L 69206

27-5 W 5

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: 1 No

2 FULL NAME John Ryan

(a) RESIDENCE NO. 3711 Strathmore Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. (if foreign born)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine

6 DATE OF BIRTH (month, day, and year) May 7 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	—	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Md

PARENTS

10 NAME OF FATHER Joseph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Barger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant (Address) Johns Hopkins Hospital Records

15 Filed 30 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-29-31

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1931, to May 29, 1931

that I last saw him alive on May 29, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Uremia Acute
Hypertension
Chronic nephritis

(duration) 1 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure; uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Maryland

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood chemistry; urinalysis

(Signed) Carlos C. Bebell M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rock Hall Md DATE OF BURIAL May 31 1931

20 UNDERTAKER Jarvis Lyon ADDRESS 1600 W. North Ave

C. HAMPSON JONES, M. D.

Spec.—9 30—A. & Co.—250 Bks

69207 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69207.

CERTIFICATE OF DEATH 23

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) ST. 18-36 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME Mary Smith

(a) RESIDENCE NO. 909 W. Lexington St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. Smith

6 DATE OF BIRTH (month, day, and year) July 10, ?8?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	48	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Plainfield New Jersey

PARENTS

10 NAME OF FATHER James Mann

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Cornelia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant (Address) Hospital Records

15 JUN 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 26, 19 31, to May 28, 19 31

that I last saw her alive on May 28, 19 31

and that death occurred, on the date stated above, at 11.40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Turner M. D.

5-29 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 30 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Freemans t

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69208

CERTIFICATE OF DEATH

REGISTERED NO. 24-33 E 69208

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Caroline St ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Franz.

(a) RESIDENCE NO. 1444 Caroline ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, and year) July 5 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓		10	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Matthias Franz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Katie Feuchman.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Mrs Kate Franz.

(Address) 1444 Caroline St

C. HAMPSON JONES, M. D.

Filed JUN 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29-31

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1931, to May 29, 1931, that I last saw h[illegible] alive on May 28, 1931 and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Secondary anaemia.

(duration) yrs. mos. 3 ds.

Measles. 30 days ago.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos. F. Stevens, M. D.

5/29, 1931 (Address) 2878 Longwood Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity — DATE OF BURIAL JUNE 1 1931

UNDERTAKER John F Denny — ADDRESS 715 Light St

Spec.—9-30—A. & Co.—250 Blks.

E 69209

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69209

CERTIFICATE OF DEATH.

23

24-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 E. Fort Ave. St. (If WARD)

2. FULL NAME Margaret Harrison

(a) RESIDENCE NO. 134 E. Fort Ave. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Harrison

6 DATE OF BIRTH (month, day, and year) Aug. 2, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	78	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Nova Scotia

PARENTS

10 NAME OF FATHER: Aaron McKay

11 BIRTHPLACE OF FATHER (city or town) (State or country): Nova Scotia

12 MAIDEN NAME OF MOTHER: Jeanette McKay

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Nova Scotia

14 Informant: Wm. T. Harrison

(Address): 2306 Washington Boulevard

15 [illegible] 0 1931 C. HAMPSON JONES, M. D. (Registrar).

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1931

17

I HEREBY CERTIFY. That I attended deceased from Feby 2, 1931, to 5.28, 1931 that I last saw h[illegible] alive on 5.27, 1931 and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia Simplex

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. J. Durlington M. D.

. 19 (Address) 210 E Mt Holly St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: JUNE 1 1931

20 UNDERTAKER: John F Denny — ADDRESS: 715 Lig Ave

Spec.—9-30—A. & Co.—250 Blks.

74898 0 HEALTH DEPARTMENT—CITY OF BALTIMORE

69210

CERTIFICATE OF DEATH. + 84-02 69210

REGISTERED NO.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. [illegible] HOSPITAL, St. 7-9 Ward)

2. FULL NAME Robert Scott

(a) RESIDENCE NO. 125 Winters ave St. Catonsville md Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Black	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 8-28-30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Frank Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Nellie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records OF [illegible] HOSPITAL

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 10 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May-28-1931

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1931, to May 28, 1931, that I last saw h[illegible] alive on May 28, 1931, and that death occurred, on the date stated above, at 10 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Streptococcus meningitis.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. mastoiditis & otitis (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes. Date of 5/25/31

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) [illegible] Alan G. Kniffin M. D.

5/29 1931 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Scott Catonsville md — DATE OF BURIAL May 31 1931

20 UNDERTAKER Joseph A. Sivly — ADDRESS 409 n. mount st.

Spec.—5-19-13—M. & T.—500 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69211

CERTIFICATE OF DEATH.

107-E 69211

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 312 N Carrollton Ave (Ward) 18-25

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Driscoll

(Residence in Baltimore: No. 312 N Carrollton Ave St.; 40 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, (Month) Feby (Day) 17, (Year) 1860

7-AGE. 71 yrs. 3 mos. 12 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Forewoman
(b) General nature of industry, business, or establishment in which employed (or employer): 63

9-BIRTHPLACE. (State or Country). Richmond Va

PARENTS.

10-NAME OF FATHER. Denis McSweeney

11-BIRTHPLACE OF FATHER (State or Country). Ireland

12-MAIDEN NAME OF MOTHER Catherine Callahan

13-BIRTHPLACE OF MOTHER (State or Country). Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs M. A. Driscoll

(Address) 105 Fulton Ave

15- C. HAMPSON JONES, M. D.

MAY 30 1931 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, (Month) May (Day) 29, (Year) 1931.

17. I HEREBY CERTIFY, That I attended deceased from May 19 1931 to May 29. 1931, that I saw h alive on May 29. 1931, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Intracranial

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Weakness

(Duration) yrs. mos. 2 ds.

(Signed) M. D. Driscoll M. D.

191... (Address) 121 Mulberry St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. 6/1/1931

20-UNDERTAKER John J. Cowan & Son ADDRESS 901 Gallows St

1-20—M. & T.—100 B—50L

E 69212

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69212

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Basin Monumental Fertilizer Co.

CITY OF BALTIMORE: (No. Fairfield. ST. WARD)

2-FULL NAME Charles E. Plummer.

(a) RESIDENCE NO 50 E. Hill St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred —yrs— mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of May Plummer

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	33	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Electrician.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Basin Monumental Fert. Co.

PARENTS

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Charles Plummer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Minnie Bousout.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant Charles Plummer. Father.

(Address) 250-32 St. Norfolk Va.

15 Dec 30 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidentally electrocuted.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Enquiry.

(Signed) [illegible] Coroner, M. D.

5/30 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va.

DATE OF BURIAL 5-30 1931

20 UNDERTAKER Bernard C Harris

ADDRESS E Plaza St

Spec.—9-30—A & Co.—250 Blks.

E 69213 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131 E 69213

1-PLACE OF DEATH

CITY OF BALTIMORE: I No Alhambra Apt 2fR ST 13-59 WARD 1

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lear Nashew

(a) RESIDENCE No Lake Drive Lafayette Ave ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ben Nashew

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: Years 73 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Henri 1439 E. Baltimore St

15 [illegible] 1931 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-30-31

17

I HEREBY CERTIFY, That I attended deceased from April 4, 1931 to May 30, 1931

that I last saw he alive on May 30, 1931

and that death occurred, on the date stated above, at 7:50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis,

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Levin M. D.

, 19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York N. Y.

DATE OF BURIAL: 5-31-1931

20 UNDERTAKER: Isaac Levin, Inc

ADDRESS: 1431 E. Baltimore St

E. HAMPSON JONES, M. D.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69214

CERTIFICATE OF DEATH.

57-003

Registered No.....

E 69214

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1321 Eutaw St. 25-17 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Ballman

(a) Residence No. 1321 Eutaw St., ... Ward.....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed or Divorced (Write the word): Single

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): May 28/31

7-AGE: 0 yrs. 0 mos. 1 ds. If less than 1 day, 12 hrs. or ..... min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS

10-NAME OF FATHER: William Ballman

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Grace Brack

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Md

14-(Informant) Wm Ballman

(Address) 1321 Eutaw

15-Filed MAY 30 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year): May 30/31

17-I HEREBY CERTIFY, That I attended deceased from May 28 1931 to May 30 1931

that I last saw her alive on May 29 1931

and that death occurred, on the date stated above at 7 A. M.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency
Infantile Convulsions.

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Leon D. Hoffman M. D

May 30 1931 (Address) 4700 Fremont

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C-el-Co

DATE OF BURIAL: May 30 1931

20-UNDERTAKER: Margaret L. Flynn

ADDRESS 1422 Light St.

Spec.—9-30—A. & Co.—250 Blks

69215 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Union Memorial Hospital — REGISTERED NO 69215

CITY OF BALTIMORE (No. 33rd + Calvert Sts ST. WARD)

2 FULL NAME Frances K. Andrus.

(a) RESIDENCE NO Bolivar N. Y. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 15 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced (or) WIFE of Mr Clarke Andrus

6 DATE OF BIRTH (month, day, and year) Dec. 31, 1872

7 AGE: Years 58 Months 4 Days 30 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Bolivar N.Y.

PARENTS

10 NAME OF FATHER: Benj. Kenyon.

11 BIRTHPLACE OF FATHER (City or town) (State or country): R. I.

12 MAIDEN NAME OF MOTHER: Eliza Cottrell

13 BIRTHPLACE OF MOTHER (City or town) (State or country): New York.

14 Informant (Address): Hospital Records.

15 FILED MAY 30 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to May 30 1931, that I last saw her alive on May 30 1931, and that death occurred, on the date stated above, at 1.40 P. M.

The CAUSE OF DEATH* was as follows:
Chronic Myeloid Leukemia

(duration) 4 yrs mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? N. Y.

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical Examination

(Signed) Francis W. Sluck M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bolivar N. Y.

DATE OF BURIAL: 5/30 1931

20 UNDERTAKER: William Cook

ADDRESS: 1217 St Paul

1-30—M. & T.—100 B—50L

E 69216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69216

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 839 Hanlan St. 16-21 WARD

2-FULL NAME Elsworth A. Chenfield

(a) RESIDENCE NO. 839 Hanlan ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 30-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Geo. Chenfield

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ella M. Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Ella M. Chenfield

(Address) 839 Hanlan

15 Filed 3 1 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs _____ mos 2 ds

CONTRIBUTORY (Secondary) Measles (duration) yrs _____ mos. 4 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) _____ M. D. Coroner

(Address) _____

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	6/1 1931
20 UNDERTAKER	ADDRESS
Mrs Chas G. Bailey	1421 Jefferson

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69217 46 E 69217

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Amelia Ave) (Hospital or Institution) Broad (Street) (WARD)

2 FULL NAME Peter Oletsky

(a) RESIDENCE NO. 3412 Amelia Ave (Usual place of abode) Broad (Street) Fairfield WARD

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophia Oletsky

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Film Business
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Russia

14 Informant (Address): Sophia Oletsky 3412 Amelia Ave

15 [illegible] 31 1931 [illegible] HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/24/31

17
I HEREBY CERTIFY, That I attended deceased from October 30, 1930 to May 29, 1931
that I last saw h[illegible] alive on May 29, 1931
and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:
Cancer of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Exhaustion, Collapse
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray, Typical Exam

(Signed) Joseph Schectman M. D.

19 31 (Address) 320 Garrett St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bald Hebrew Cem	5/31 1931
UNDERTAKER: Jack Lewis	ADDRESS: 1739 E. Baltimore St

Spec.—9-30—A. & Co.—250 Blks.

69218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69218

CERTIFICATE OF DEATH

97-004

1 PLACE OF DEATH Hebrew Home for Aged & Infirm REGISTERED NO.

CITY OF BALTIMORE: (No. Belvedere & Greenspring Aves. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Godel Schocket

(a) RESIDENCE NO. Belvedere & Greenspring Aves. (If non-resident give City or Town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Fannie Schocket

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 44 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: (illegible)

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address):

15 Filed MAY 31 1931 C. HAWKINS JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30, 1931

17

I HEREBY CERTIFY, That I attended deceased from: 12-23, 1930, to 5-30, 1931

That I last saw h/he alive on 5-30, 1931

and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Ch. card vascular disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) H Edmund Beral M. D.

, 19 (Address) Ferndale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Int Corpd

DATE OF BURIAL: 5-31-1931

20 UNDERTAKER: Jack Levin Jr

ADDRESS: 1439 E Baltimore

Spec.—9-30—A. & Co.—250 Blks

EH 8629

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69219 — CERTIFICATE OF DEATH — 133 — E 69219

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 13-52 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jacob Lesser

(a) RESIDENCE NO. 3349 Chestnut Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1916

7 AGE: Years 15 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Tony Lesser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Goldie Lesser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Records

MAY 31 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 29 1931

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1931 to May 29, 1931

that I last saw him alive on May 29, 1931

and that death occurred, on the date stated above, at 1.55 P. m.

The CAUSE OF DEATH* was as follows:

(1) Pyonephrosis, bilateral

(2) Congenital partial obstruction of urethra

(1) (duration) 14+ yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia; septicemia (duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did operation precede death? Yes Date of May 23, 1931

Was there an autopsy? Refused

What test confirmed diagnosis? urine culture; blood culture; chemistry; X-ray.

(Signed) Caroline C. Bedell M. D.

5/29 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale Cem

DATE OF BURIAL: 5/31 1931

20 UNDERTAKER: Jack Lewis Inc 1439 Eutaw St

ADDRESS

1-30—M. & T.—100 B—501.

3632 Roland

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-001

E 69220

CERTIFICATE OF DEATH

E 69220

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 4324 Pimlico Road ST., 15-58 WARD)

2-FULL NAME Jack Harrison

(a) RESIDENCE NO 4324 Pimlico Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Harrison

6 DATE OF BIRTH (month, day, and year) Oct. 15-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	52	7	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer) 017
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachual

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Theresa Harrison

(Address) 4324 Pimlico Road

15 Filed MAY 31 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Norgaard Coroner, M. D.

5/29 1931 (Address) 3632 N. Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel

DATE OF BURIAL 5/31 1931

20 UNDERTAKER Jack Levinson 1439 E. Balto

ADDRESS

Spec.—1-30—M. & T.—250 Bks

E 69221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 69221

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 N Mount ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie Jones

(a) RESIDENCE NO. 1412 N Mount ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

6 If married, widowed, or divorced ~~(Husband of)~~ or) WIFE of Henry Jones

DATE OF BIRTH (month, day, and year)

AGE Years	Months	Days	If LESS than 1 day, hrs or min.
✓ appx 40			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Lewis Ellis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alice Pryer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) Henry Jones husband 1412 N Mount st

Filed 1931, 19 C. HAMPSTEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1931, to May 27, 1931, that I last saw h e alive on May 26, 1931, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Anasarca, Enlarged Liver Pneumonia Diphtheria (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Henry M. D.

5/29/31 (Address) 1429 N Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	May 31 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1363 Pennsylvania Ave

1-30—M. & T.—100 B—50L

E 69222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 69222

27-44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4508 Elsrode ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy B. Brezler

(a) RESIDENCE NO 4508 Elsrode ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 22/1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shoe Sticher
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

PARENTS

10 NAME OF FATHER Jacob Brezler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown, Md.

12 MAIDEN NAME OF MOTHER Mary Dinsmore,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hagerstown, Md.

14 Informant Iec J. Brezler

(Address) 3004 Westfield Ave

15 Filed 31 1931, 19[illegible] [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

5/31/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	June 1 1931
20 UNDERTAKER Frank V. Lupitone	ADDRESS 718 E. Biddle St.

1-20—M & T—100 B—50L

E 69223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-006 E 69223

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 N. Chester ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry K Willingham

(a) RESIDENCE NO. 737 N. Chester ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of nee Schley Carrie Willingham

6 DATE OF BIRTH (month, day, and year) Aug 20/1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	61	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Produce Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Co., Md. (Hamilton)

PARENTS

10 NAME OF FATHER James Willinhham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Co., Md.

12 MAIDEN NAME OF MOTHER Laura Kidd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs Ward (Address) 708 E. Chase St

15 Filed 3-1 1931 19.. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

5/30/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL June 1 19 31

UNDERTAKER Rita Wiedefeld

ADDRESS 1[illegible] E. Greenmount Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69224

CERTIFICATE OF DEATH

53 E 69224

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1109- E. North Avenue ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James F. Conlon

(a) RESIDENCE NO. 1109- E. North Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Kay E. (Coffay)

6 DATE OF BIRTH (month, day, and year) 12/15/1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	13	XXXX

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Michael Conlon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Kelley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Catherine Conlon

(Address) 1109- E. North Ave.

15 C. HAMPSON JONES, M. D.

31 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-28-31

17

I HEREBY CERTIFY, That I attended deceased from April 1st, 19 31, to May 28th, 19 31

that I last saw h[illegible] alive on May 28th, 19 31

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. D. Dorsman M. D.

(Address) 1710 E 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 6/1/31

20 UNDERTAKER George D. Tull Inc ADDRESS 1735 Harford Ave

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69225

CERTIFICATE OF DEATH

89-0 E 69225

1 PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (Institution) or (Street) 4400 Arabia ave WARD 44

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lillian Abbott

(a) RESIDENCE NO. 4408 Arabia ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/9/1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Gas + Elect Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James Abbott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Heinlein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. Mary Abbott

(Address) 4408 Arabia Ave

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-29-31

17

I HEREBY CERTIFY, That I attended deceased from 5-29-31, 19 , to 5-29-31, 19

that I last saw h alive on 5-29-31, 19

and that death occurred, on the date stated above, at 7-25 P m.

The CAUSE OF DEATH* was as follows: .

Right Mastoiditis

Meningitis (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 5/23/31

Was there an autopsy? No

What test confirmed diagnosis? Spinal

(Signed) W B Hundley M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park. DATE OF BURIAL 6/1/31

20 UNDERTAKER George D. Kelly Inc. ADDRESS 1735 Hoffman

Egerton

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

69226

CERTIFICATE OF DEATH.

13 E 69226

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 E. Eager St. 713 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Celelia Hunt

(a) RESIDENCE NO. 1807 E. Eager ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col	Wid

5a If married, widowed, or divorced HUSBAND of or) WIFE of Widow Bacon Hunt

6 DATE OF BIRTH (month, day, and year) May 7. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Amstead Jeffries

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Julia ann ?

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Va

14 Informant Taylor Hunt

(Address) 1807 E. Eager st

Filed 5-31-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1930. to May 29. 1931.

that I last saw her alive on May 27. 1931.

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial nephritis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chr myocarditis

(duration) 1 yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory physical

(Signed) Calvin B. DeCompte M. D.

5-29 1931 (Address) 1113 N Carrollst

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery — DATE OF BURIAL May 31 1931

20 UNDERTAKER Sam'l N. Chase & Son — ADDRESS 638 N. Gilmor

Spen.—6-9-19—H. P. Co.—1000 Blks.

Marchia E. Crocker

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 69227

E 69227

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No 4416 Reisterstown Rd (WARD) 5

2-FULL NAME, Marchia E. Crocker

(a) RESIDENCE. No 4416, Reisterstown Rd WARD.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Crocker

6 DATE OF BIRTH (month, day, and year) Dec. 29-1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	40	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER George Lent

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Betty Janney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Miss Eleanor Crocker (Address) 4416 Reisterstown Road

15 [illegible] JONES, M. D. (Registrar)

MAY 31 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/30 1931

17 I HEREBY CERTIFY, That I attended deceased from 5/27, 1931, to 5/30, 1931, that I last saw her alive on 5/30, 1931, and that death occurred, on the date stated above, at 8409 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Gracen M. D.

5/30 1931 (Address) 3907 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Narrows, Giles Co. Va.	May 31 1931

20 UNDERTAKER Wm. E. Blacke 927 N. Broadway

1-20—M. & T.—100 B—50L

Gouverneur Hyatt

69228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 69228

1-PLACE OF DEATH

CITY OF BALTIMORE, No. Md Gen Hosp ST. 9-46 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gouverneur Hyatt

(a) RESIDENCE No. 702 Gilmanch Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza N. Hyatt

6 DATE OF BIRTH (month, day, and year): Aug 3-1868

7 AGE: Years 62 | Months 9 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Builder
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: G. Hyatt.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Emma C. Todd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Jas F. Hyatt

(Address): 702 Gilmanch

15 Filed JUL 31 1931 By C. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. few hours, mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Haines, M. D. (Coroner)

(Address) Aug 2nd Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: August 1931

20 UNDERTAKER: John C. Mitchell Sons ADDRESS: 1900 Eastern Ave

Spec.—9-30—A & Co.—250 Blks.

69229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-00 E 69229

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Bon Secours Hospital ST.) WARD

2 FULL NAME Miss Mary McNamara

(a) RESIDENCE No. 15 N. Calhoun St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 9 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	50	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Bernard J McNamara

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Margaret Turner
(Address) 15 N Calhoun St

15 Filed 1931 G. HAMPSON JONES, M. D. Registrar
Ref. File

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 '31

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to May 29, 1931

that I last saw h alive on May 29, 1931

and that death occurred, on the date stated above, at 10 30 P.M.

The CAUSE OF DEATH* was as follows:

(1) Myocard Fis, Chronic

(2) Hon Specific Ulcer Foot

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dil.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Laboratory

(Signed) Chas R Stiles M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	6/1/31

20 UNDERTAKER George & Stanley Tedton ADDRESS Loyola

Spec.—9-30—A & Co.—250 Blks

69230 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69230

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3330 Gwynns Falls Pkwy (WARD) 15-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Schmidt

(a) RESIDENCE NO. 3330 Gwynns Falls Pkwy. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of Louise W. Schmidt

6 DATE OF BIRTH (month, day, and year) May 5, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Harness Maker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (state or country): Germany

PARENTS

10 NAME OF FATHER Wm. Schmidt

11 BIRTHPLACE OF FATHER (city or town) (state or country): Germany

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Germany

14 Informant (Address): George W. Schmidt 3330 Gwynns Falls Pkwy.

15 [illegible] C. HAMPSON JONES, M. D. Registrar

MAY 31 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29/31

17

I HEREBY CERTIFY, That I attended deceased from May 24 19 31 to May — 19 31

that I last saw h— alive on May 28 19 31

and that death occurred, on the date stated above, at 7 P— M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage —

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Coma —

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Hugh A Brown M. D.

(Address) 125 E Biddle —

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery

DATE OF BURIAL June 1 1931

20 UNDERTAKER John Ulrich

ADDRESS 2005 Arlington

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69231

CERTIFICATE OF DEATH

34

REGISTERED NO. E 69231

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. Women's Hosp. (b) md St. 11-7 (Ward)

2 FULL NAME Mary Robbins Dennis

(a) RESIDENCE NO. 611 St Paul St (Usual place of abode) St. Ward (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Dennis

6 DATE OF BIRTH (month, day, and year) Mar 20 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Kingsport Tenn

PARENTS

10 NAME OF FATHER: Abram J Rollins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kingsport Tenn

12 MAIDEN NAME OF MOTHER: Emma B. Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kingsport

14 Interment (Address): Charles Dennis 611 St Paul St

15 Filed May 31 1931 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): May 30 1931

17 I HEREBY CERTIFY, That I attended deceased from April 23 1931 to May 30 1931

that I last saw h[er] alive on May 30 1931

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Lung Cancer

1 mo.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carle P Clemson M. D.

5/31, 19 (Address) Women's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bristol Tenn

DATE OF BURIAL: May 30 1931

ADDRESS: Bristol Tenn

20 UNDERTAKER: Henry H Jenkins & Co

ADDRESS: Bristol Tenn

E. HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

69232 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-0 E 69232

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 625 S. Rappallo St. 26-37 WARD)

2 FULL NAME Stephen Polek

(a) RESIDENCE NO. 625 S. Rappallo St. ST WARD
(Usual place of abode) (If non-resident give City or Town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Sam Polek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Monka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Sam Polek
(Address) 625 S. Rappallo St.

15 Filed 3-31-1931 17 Registered

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29-31

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 19 31 to [illegible] 19 31

that I last saw him alive on [illegible] 19 31

and that death occurred, on the date stated above, at 11.a m.

The CAUSE OF DEATH* was as follows:

One [illegible]

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL [illegible] 1931

20 UNDERTAKER [illegible] ADDRESS [illegible]

1-30—M. & T.—100 B—501.

69233

HEALTH DEPARTMENT—CITY OF BALTIMORE

158 E 69233

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1507 McCulloh ST. 14 WARD

2-FULL NAME Harry Walker

(a) RESIDENCE NO. 1507 McCulloh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24 93

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work 25 mo
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) and

12 MAIDEN NAME OF MOTHER Gwendolyn Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Wm Walker

(Address) 1507 McCulloh

15 Filed May 31 1931 HILLYER JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day) May 30 1931

17 I HEREBY CERTIFY That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above

The CAUSE OF DEATH* was as follows

Malnutrition 2 months

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Insufficient Nourishment

(duration yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Dr Reynolds

What test confirmed diagnosis?

(Signed) Roland, M. D. (Coroner

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL June 1 1931

20 UNDERTAKER Archibald G. Geddes

ADDRESS

Spec.—9-30—A. & Co.—250 Blks

24876 1

E 69234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 69234

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 70-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Andrew - Kern

(a) RESIDENCE NO. 25-29 W. Lombard ST WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. - mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Ellen Kern

6 DATE OF BIRTH (month, day, and year): May 13-1876

7 AGE: Years 55 Months - Days 16 If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lutrer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (state or country): Germany

PARENTS

10 NAME OF FATHER: John Kern

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anthony Kibler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Parents — (Address) [illegible]

15 31 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): May 29-31

17 I HEREBY CERTIFY, That I attended deceased from May 20 '31 to May 29 '31

that I last saw ... alive on May 29 '31

and that death occurred on the date stated above, at 2:30 P. M.

The CAUSE OF DEATH was as follows:

Brain Tumor Right cerebral Glioma malignant

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (secondary): none

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)? not known

Did an operation precede death? yes Date of 5-20-31

What was the operation? Right cranitomy

Was there an autopsy? yes

What test confirmed diagnosis? operation

(Signed) Fred W. Keil M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Ridge. md.

DATE OF BURIAL: 6/1/1931

UNDERTAKER: F. B. Kuppert

ADDRESS: 1330 Eutaw Place

1-30—M. & T.—100 B—50L

E 69235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

REGISTERED NO. E 69235

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1534 E. Madison ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James O'Neill

(a) RESIDENCE NO 1534 E. Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Natural yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unk

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 77			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James O'Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Clara Hammond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant C. F. Evans

(Address) 118 W. Mt. Royal Ave

15 Filed 31 1931 C. HAMILTON JONES, M. D. Registrar

By: MC

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) about May 28/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows

Probably Myocardial Insufficiency

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (Senile)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Price, Coroner, M. D.

19 (Address) 1211 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL June 1 1931

20 UNDERTAKER Chas. B. Maus & Son ADDRESS 1811 W. Mt. Royal Ave

Spec.—9-30—A. & Co.—250 Blks.

E 69236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 161 E 69236

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3420 Leads, St. 70-70 WARD)

2 FULL NAME Karl K. Kuhns

(a) RESIDENCE NO. 3420 Leads St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 29/1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: -

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John C. Kuhns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Effie M. Reese

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mrs. Gertrude A. Kuhns (Address) 3420 Leads St.

15 Filed 1-6-1931 C. HAMPTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30/31

17 I HEREBY CERTIFY, That I attended deceased from May 26 19 31 to May 30 19 31

that I last saw h in alive on May 30 19 31

and that death occurred, on the date stated above at 5P m.

The CAUSE OF DEATH* was as follows:

Acute catarrhal jaundice (duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. & Phy Tests

(Signed) F. T. Kyser M. D.

19 (Address) 3321 Presb Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 6/1 1931

20 UNDERTAKER: Frank A Cole

ADDRESS: Fombard

Spec.—1-30—M. & T.—250 Bks

E 69237

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69237

CERTIFICATE OF DEATH.

REGISTERED NO. 92

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Evesham ave ST. 27-48 WARD)

2-FULL NAME Mary A. Hagerty

(a) RESIDENCE NO. 603 Evesham ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs 10 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced (HUSBAND of or) WIFE of: William Hagerty

6 DATE OF BIRTH (month, day, and year): July 4 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	89	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Richmond

11 BIRTHPLACE OF FATHER (State or country): Strasburg France

12 MAIDEN NAME OF MOTHER: Mary Ann Deems

13 BIRTHPLACE OF MOTHER (State or country): Baltimore Md

14 Informant: Harry R. Hagerty
(Address) 2707 Eutaw Pl

15 Filed June 1 1931 .19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1929, to May 29, 1931

that I last saw he alive on May 29, 1931

and that death occurred, on the date stated above, at 2.15 a.m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) John D. Quinn, M. D.

5/30, 1931 (Address) 1507 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: June 1 1931

20 UNDERTAKER: Chas. G. Black, 742 W. North ave — ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

E69238 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69238

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1088 N Lee. 77-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Enid Merklin

(a) RESIDENCE NO. 1088 N Lee St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Marburg Bros

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Mr Aratta 1088 N Lee St

Filed JUN 1 - 1931 C. HAMPSON JONES, Registrar M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29/31

17

I HEREBY CERTIFY, That I attended deceased from 1/10 1930 to 5/29 1931

that I last saw h[illegible] alive on 5/28 1931

and that death occurred, on the date stated above, at 2a, m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis.

(duration) Chronic

CONTRIBUTORY (Secondary) none —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? none —

What test confirmed diagnosis? none —

(Signed) Dan Draucker M. D.

5/30/31 (Address) 1111 N Lee

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery DATE OF BURIAL June/ 1931

20 UNDERTAKER F. L. Krumrine ADDRESS 103 Hamm

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69239

E 69239

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. University Hospital ST. 21-29 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Raymond Biesi

(a) RESIDENCE NO 817 N West ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		1	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John A Biesi

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Marie Bordi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant John A Biesi

(Address) 817 N West St

Filed JUN 1 - 1931 HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

5/31, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery Brooklyn Balto Md	June 1 1931
20 UNDERTAKER	**ADDRESS**
F H Krause & Son	703 Hanover St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69240

CERTIFICATE OF DEATH

172 E 69240

1 PLACE OF DEATH Sinai Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. Monument and Rutland WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. David Aro

(a) RESIDENCE NO. 5910 Brenbridge Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Lena Aro

6 DATE OF BIRTH (month, day, and year) Aug 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Father

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joseph Aro

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Daisy M. Wagner 5910 Brenbridge Ave

15 FILED: JUN 1 - 1930 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/30/31

17:

I HEREBY CERTIFY, That I attended deceased from 5/27, 19 31, to 5/30, 19 31

that I last saw h/M alive on 5/30, 19 31

and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Chr. myocarditis with Decompensation -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Strangulated Hernea, repaired (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of yes 5/27/31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M L Heine M. D.

5/29/19 31 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: 6/2/31

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—1-12-23—M&T—500 Blks.

E 69241

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69241

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2226 E. Oliver ST. 8-16 (WARD)

2-FULL NAME Annie E. Wilson

(a) RESIDENCE NO. 2226 E. Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of Annie E. Wilson

6 DATE OF BIRTH (month, day, and year) Sept 14 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Martin H. Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margaret Greuber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Washington L Wilson

(Address) 2226 E. Oliver St

15 Filed ~~May~~ 6 1931 J. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1931

17 I HEREBY CERTIFY, That I attended deceased from May 26 1931 to May 30 1931

that I last saw h~~e~~r alive on May 29 1931

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

~~Senility~~ Senile Dementia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Ex

(Signed) J. M. Lamborn, M. D.

(Address) 3409 Gallaway Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 6/2/1931

20 UNDERTAKER Wm Cook 1217 ~~St~~ Paul St

ADDRESS

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69242

E 69242

CERTIFICATE OF DEATH.

V 107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 E. Lafayette Ave 12-19 WARD)

2-FULL NAME Wesley F. Willis

(a) RESIDENCE NO. 318 E. Lafayette Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Martha Elizabeth Willis

6 DATE OF BIRTH (month, day, and year) Apr 25th 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Adam W. Willis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Susanna Parris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Martha Willis 318 E. Lafayette Ave

15 Filed 6-1-1931 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 29th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 29, 1931, that I last saw him alive on May 29, 1931, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(duration) yrs. — mos. 7 ds.

18 Where was disease contracted if not at place of death? Asylum & Infirm

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert Fender, M. D.

6/2 1931 (Address) 3522 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Garber M. P. Church Cemetery

DATE OF BURIAL: 6/1/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

E-69243

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69243

92-001

CERTIFICATE OF DEATH

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 11 Hilton & Caton Aves) (Ward) 90-69

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Edna Tafflinger

(a) RESIDENCE NO. 117 (Usual place of abode) Mc Phail Street WARD

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of John B. Tafflinger

6 DATE OF BIRTH (month, day, and year) 1580

7 AGE: 51 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Conrad Weibbrecht

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Minnie Reuter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Edna Tyney (Address) 117 Mc Phail st

15 Filed 1-1931 C. HAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30th 1931

17

I HEREBY CERTIFY, That I attended deceased from May 6, 1931, to May 30, 1931

That I last saw her alive on May 30, 1931

and that death occurred, on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis & Myocardial Deg and Decompensation - (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulm. Emphysema (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? 117 Mc Phail St.

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Physical

(Signed) L. Liberatore M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 6/3/1931

UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—0 30—A. & Co.—200 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69244

CERTIFICATE OF DEATH.

78 V E 69244

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph's Hospital (St.) 26-42 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wilbur Himmelmann

(a) RESIDENCE No. 4702 (Usual place of abode) Hazelwood Ave. ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 30. 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	20	9	30 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer McCormick & Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Fred. W. Himmelman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Antonia Schaaf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Antonia Himmelman
(Address) 4702 Hazelwood ave

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29/31

17

I HEREBY CERTIFY, That I attended deceased from J-29-31, 19 ___, to J-29-31, 19

that I last saw h alive on J-29-31, 19

and that death occurred, on the date stated above, at 10.45 A. m.

The CAUSE OF DEATH* was as follows:

Brain Abscess

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of —

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Lawrence McKenna M. D.

, 19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	June 1 1931
20 UNDERTAKER	ADDRESS
George W. Zerkler	1737 Eager St

Spec.—8-16-29—L. F. S.—100 Pks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69245

CERTIFICATE OF DEATH

82-061

E 69245

REGISTERED NO. 15-58

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3913 Pork Heights av ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Cimino (CIMINO)

(a) RESIDENCE NO. 3913 Pork Heights av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatore Cimino

7 DATE OF BIRTH (month, day, and year) Jan 1 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Invalid - ~~Housework~~

(b) General nature of industry, business, or establishment in which employed (or employer) Housework

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Emilia Italy.

10 NAME OF FATHER Rosario Tommaselli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Annie Garbo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

Informant Rose Embolger

(Address) 3913 Pork Heights av

Filed ..... 19 ..... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28-1931

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 28, 1931, that I last saw her alive on May 28, 1931 and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Rt.

Cardiac Failure

(duration) yrs. 8 mos. 8 ds.

CONTRIBUTORY (Secondary) Hemiplegia 2 wks Atheroma of Blood Vessels (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm H. Wright, M. D.

5/29, 1931 (Address) 1209 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	6/1/31 19
20 UNDERTAKER	ADDRESS
Herman Lemmon	7611 Park Heights.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69246

CERTIFICATE OF DEATH.

92-001

E 69246

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 620 N. Hamburg St. 21-31 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Frederick H. T. Messz.

(a) RESIDENCE NO. 620 N Hamburg St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna E. Messz

6 DATE OF BIRTH (month, day, and year): March 20 1858

7 AGE: Years 73 | Months 2 | Days 9 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town): Balto

(State or country): Md.

PARENTS

10 NAME OF FATHER: John Messz.

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Germany.

12 MAIDEN NAME OF MOTHER: Schmehl

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany.

14 Informant: Annette Messz.

(Address) 620 N Hamburg St

15 Filed ... 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1930, to May 29, 1931, that I last saw h[illegible] alive on May 29, 1931, and that death occurred, on the date stated above, at 12 45 P m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (Secondary): Chr. Valvular Heart

(duration) 2 yrs. ... mos. ... ds.

18 Where was disease contracted: —

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A Thomas, M. D.

(Address) 1901 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. Date of Burial: 6-1st 1931

20 UNDERTAKER: Mrs Chas J Robb ADDRESS: 2327 Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks.

E 69247 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69247

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Lakewood ave ST. 7-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret M. Cullison

(a) RESIDENCE NO. 707 N. Lakewood ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Vonda L. Cullison

6 DATE OF BIRTH (month, day, and year) Dec. 8 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	27	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Adam Jerochaid

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Caroline Longenecker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs. Vonda L. Cullison 707 N. Lakewood ave

15 Filed [illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1931

17

I HEREBY CERTIFY, That I attended deceased from May 30, 19 31 to May 30, 19 31

that I last saw h[illegible] alive on May 30, 19 31

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

Arteriosclerosis

Chronic Endocarditis

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 31 Address

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cemetery DATE OF BURIAL June 2 19 31

23 UNDERTAKER Harvey Street Sons Inc. ADDRESS 1501 E. Eager St

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69248

CERTIFICATE OF DEATH

23 E 69248

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 70-27

CITY OF BALTIMORE (No. ... St. ... Ward)

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Dorsey

(a) RESIDENCE No. 1915 Lauretta ave. St. ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Dorsey

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Carrie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital records

15 Filed 1-1931 C. HAMPSON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1931

17
I HEREBY CERTIFY, That I attended deceased from May 11 1931 to May 29 1931
that I last saw h in alive on May 29 1931
and that death occurred, on the date stated above, at 12.30 p.m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of ...
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & autopsy

(Signed) David Jones M. D.
5-29 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bloch Park cemetery — DATE OF BURIAL: 6/1/1931

UNDERTAKER: Mrs. Geo. A. Holland — ADDRESS: 1631 Druid Hill Ave.

Spec.—9-30—A. & Co.—250 Blks

Boone

E 69249

E 69249 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph's Hospital (Street) 4-20 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Boone

(a) RESIDENCE NO. 415 Robert St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1871 ?

7 AGE — Years: 60? — Months: — Days: — If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Latin Professor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Shedrit Boone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Earnest Blackwell 415 Robert St

15 Filed JD 1931 Registrar Mrs.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-31-31

17 I HEREBY CERTIFY, That I attended deceased from 1-29 19 31 to 1-30 19 31

that I last saw him alive on 1-30-31 19

and that death occurred, on the date stated above, at 2.00 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? St Louis

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Laboratory Physical

(Signed) Laurence M Sexton

19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hyt. A New Cathedral

DATE OF BURIAL: 6/2/1931

20 UNDERTAKER

ADDRESS

Mrs Lee. E. H. Leard 1631 Druid Hill Ave

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 69250

CERTIFICATE OF DEATH.

E 69250

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1015 Vincent ST. 16-22 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Doran

(a) RESIDENCE NO. 1015 Vincent ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced. (write the word): widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elwood Doran

6 DATE OF BIRTH (month, day, and year): Sept 7 1875

7 AGE: Years 35 | Months — 8 | Days | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Chestertown Md.

PARENTS

10 NAME OF FATHER: John Pritchett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Chestertown Md.

12 MAIDEN NAME OF MOTHER: Mary Stevenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Chestertown Md

14 Informant: Florence Thomas

(Address): 1015 Vincent

15 Filed 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): 5-28-31

17 I HEREBY CERTIFY, That I attended deceased from 5-17 1931 to 5-28 1931, that I last saw him alive on 5-26 1931, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows

Myocarditis

Uremia

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Hypertension unknown (duration) yrs mos ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Lab and Clinical Evidence

(Signed) Thos. J. Kaumeyer, M. D.

5-29 1931 (Address) 1224 N. Fulton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Chester Town Md.

DATE OF BURIAL: June 1931

20 UNDERTAKER: J. Wyatt Brooks

ADDRESS: 1463 Carey

Spec.—9 30—A. & Co.—250 Blks

E 69251

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69251

461

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2874 Harford Rd St 9-46 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emrgunde Feuschmann

(a) RESIDENCE NO 2874 Harford Rd St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs mos ds How long in U. S., if of foreign birth? 46 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, ~~or divorced~~
HUSBAND ~~or~~
(or) WIFE of John Feuschmann

6 DATE OF BIRTH (month, day, and year) April 19, 1845

7 AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	86	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bavaria

PARENTS

10 NAME OF FATHER: ? Feuschmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Michael Feuschmann
(Address): 2011 East Eager St.

15 Filed 1-1931 J.C. HAWK-JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 30/31

17 I HEREBY CERTIFY, That I attended deceased from April 9 1930 to May 30 1931

that I last saw h alive on May 30 1931

and that death occurred on the date stated above at 11 15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Esophagus

(duration) yrs 1 mos 24 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos R A Storms M. D.

5/31 1931 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: June 1 1931

UNDERTAKER: Libby + Geiter Inc

ADDRESS: 403 S Wolfe St

1-30—M & T —100 B—50L

E 69252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

E 69252

REGISTERED NO

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 E. Preston ST. 8-17 WARD)

2-FULL NAME Benjamin H. Needham

(a) RESIDENCE NO 1414 E. Preston ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Needham

6 DATE OF BIRTH (month, day, and year) June 16/1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	41	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Car Washer
(b) General nature of industry, business, or establishment in which employed (or employer): United Railways
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) So. Dakota

PARENTS

10 NAME OF FATHER C.H.Needham

11 BIRTHPLACE OF FATHER (city or town) (State or country) So. Dakota

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Ella Needham

(Address) 1414 E. Preston St

15 Filed 6-1-1931 C. H. JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30/31. 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental drowned in bath tub in residence.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Probably Epilepsy

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

5/31/31 (Address) 308 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	June 2 19 31

20 UNDERTAKER Geo M Smith Son ADDRESS 811 N. Wolfe

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69253

REGISTERED NO E 69253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 E.Lexington St. ST. 4-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E.Carter.(C)

(a) RESIDENCE NO. 10 E.Lexington St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 27, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles E.Carter.Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Nellie M.Forrest.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Nellie M.Carter.(C)mother
(Address) 10 E.Lexington St.

15 Filed 6-1-1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows

Mitral Insufficiency.
congenital.

(duration) yrs mos da.

CONTRIBUTORY (Secondary)
(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.
Coroner

(Address) 1017 E.Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: June 1, 1931

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 3221 Schroeder St.

Spec.—9-30—A. & Co.—250 Blks

Eugene F. Isaac

E 69254

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69254

CERTIFICATE OF DEATH

24-33

1331

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Battery Ave. St. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eugene F. Isaac.

(a) RESIDENCE NO. 127 Battery Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) Jan. 2, 1872.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59,	4,	28.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Secretary for A.S. & Co.

(b) General nature of industry, business, or establishment in which employed (or employer) A. S. & Co. Tobacco.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wilcott City.

PARENTS

10 NAME OF FATHER Andrew J. Isaac.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilcott City.

12 MAIDEN NAME OF MOTHER Annie V. Isaac

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Hannah F. Wicks.

(Address) 127 Battery Ave.

15 Filed 1931, 19 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to May 30 1931

that I last saw h alive on May 30 1931

and that death occurred, on the date stated above, at 9.35 p m.

The CAUSE OF DEATH* was as follows:

Chronic Tubular Disease of Heart

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 6 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Physical signs.

(Signed) Sidney H. Strutt M. D.

6/1 19 31 (Address) 420 E Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lauder Pk 6 cm Jun 2	19 31
20 UNDERTAKER	ADDRESS
A Howard Evans	30 E Fort Ave

Spec.—1-30—M. & T.—250 Bks

E 69255 HEALTH DEPARTMENT—CITY OF BALTIMORE 23 E 69255

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1540 Mc Elderry ST., 7-9 WARD)

2-FULL NAME Nolan Johnson

(a) RESIDENCE NO. 1540 Mc Elderry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

6 If married, widowed, or divorced HUSBAND of or WIFE of Carrie Johnson

7 DATE OF BIRTH (month, day, and year) — 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md

10 NAME OF FATHER Daniel Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Jennie Stepney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Jennie Johnson (mother) 1540 Mc Elderry st

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28/31

17 I HEREBY CERTIFY, That I attended deceased from Feb 7 1931 to March 1931

that I last saw him alive on March 1931

and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. H. Young, M. D.

5/28 1931 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cabary Cemetery

DATE OF BURIAL June 1 1931

UNDERTAKER Hall & Williams

ADDRESS 1117 McElderry st

Spec.—$30—A. & Co.—250 Blks.

69256 / 8 HEALTH DEPARTMENT—CITY OF BALTIMORE 69256

2.496

CERTIFICATE OF DEATH. 13-002

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 2-4 Ward)

2 FULL NAME Eugene Hilinski

(a) RESIDENCE NO. 1809 Gough St- St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Jan 6 1931

7 AGE: Years — Months: 5 mo — Days: 24 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: Frank Hilinski
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Sophie Bozulna
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records

15 Filed 1-1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May-30-31

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1931, to May 30, 1931, that I last saw h[illegible]ive on May 30, 1931, and that death occurred, on the date stated above, at 12 20 A M.

The CAUSE OF DEATH* was as follows:

acute bacillary dysentery

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alan E. Kuttner M. D.

5/30 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holt Rosary Cem. DATE OF BURIAL: June 1 1931

20 UNDERTAKER: John M. Weber ADDRESS: 401 S. Chester

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69257

CERTIFICATE OF DEATH.

95 002

E 69257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Hollen Road ST. 27-44 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Louisa Buckingham,

(a) RESIDENCE NO. 608 Hollen Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6a If married, ~~widowed, or divorced~~ (or) WIFE of: Eugene C. Buckingham,

7 DATE OF BIRTH (month, day, and year): Feb. 11. 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Abington Harford Co Maryland

10 NAME OF FATHER: John D. Lancaster,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co. MD.

12 MAIDEN NAME OF MOTHER: Martha Thorpe,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

PARENTS

14 Informant: Edward A Schaefer (Address) 608 Hollen Road

15 Filed JUN 1 - 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): MAY 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1931, to May 30, 1931, that I last saw h[illegible] alive on May 30, 1931, and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

right sided paralysis Semiplegia.

(duration) yrs. mos 3 ds

CONTRIBUTORY (Secondary) Cardio Nephritis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. F. Lyeth M. D.

5/31 1931 (Address) 350 Fountain Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR REMOVAL: London Park

DATE OF BURIAL JUN 1 - 1931

20 UNDERTAKER: Geo N Settle

ADDRESS 2700 EDMONDSON AVE

Spec.—1-30—M. & T.—250 Blks.

E 69258 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69258

48

CERTIFICATE OF DEATH.

REGISTERED NO. 15-63

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 3920 Kate Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Baker Howard.

(a) RESIDENCE NO. 3920 Kate Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed, or divorced WIFE of (or) HUSBAND of: Wm. Franklin Howard.

7 DATE OF BIRTH (month, day, and year): March 10. 1883

8 AGE: Years 47; Months 2; Days 21; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): North Branch Baltimore Co. Md.

11 NAME OF FATHER: Isaac Randal Baker,

12 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Co. Md.

13 MAIDEN NAME OF MOTHER: Martha Jane Beall

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Maryland.

PARENTS

14 Informant (Address): Mrs. Howard 3920 Kate Ave

15 Filed 6-1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): MAY 31 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1929 to May 31. 1931.

that I last saw h[illegible] alive on May 30. 1931

and that death occurred, on the date stated above, at 1a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus & Rectum

(duration) yrs. 18 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 14 yr.

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

6/1 1931 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

DATE OF BURIAL: JUN 2 – 1931

20 UNDERTAKER: Geo W Sittle

ADDRESS 2700 EDMONDSON AVE.

Spec.—1-30—M. & T.—250 Bks.

E 69259 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69259

CERTIFICATE OF DEATH.

50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 Presbury ST. 16-67 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor C.Mitchell,

(a) RESIDENCE NO. 3021 Presbury ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of John D.Mitchell,

7 DATE OF BIRTH (month, day, and year) July 7.1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Robert E.Cole,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Elizabeth Cornelius,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

PARENTS

14 Informant Edward D.Mitchell

(Address) 3021 Presbury St

15 Filed ... 19 ... HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MAY 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby. 24, 1931 to May 30, 1931, that I last saw her alive on May 29, 1931, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Pancreas with Metastasis to Omentum, Mesentery, Liver and Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Feb 5, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Hayden Cole M. D.

19 (Address) 3021 Presbury Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL JUN 2 1931

20 UNDERTAKER Robert S Sitler

ADDRESS 2700 EDMONDSON AVE.

Cor.—10-10-29—A Co.—100 Blks.

E 69260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69260

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 708 Lennox St. 13-59 Ward)

2-FULL NAME Ida W. Kahn

(a) RESIDENCE NO. 708 Lennox St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Kahn

6 DATE OF BIRTH (month, day, and year) Aug. 23, 1871

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	59	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Martinsburg,
(State or country) W. Va.

PARENTS

10 NAME OF FATHER David Weil

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Hatry

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Miss. T. Kahn
(Address) 708 Lennox St.

1 - 1931 O. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (view, autopsy or inquiry.) thereon and from the evidence obtained by said [illegible] inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia bron. Hangnail
Cyanosis
(Contrib.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What (est confirmed diagnosis)

(Signed) [signature] M. D.

5/31, 1931 (Address) 9632 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oheb Shalom Cem.	6/2/1931
20 UNDERTAKER	ADDRESS
Harry Sonnheim Son	1902 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69261

REGISTERED NO. E 69261

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 447 Orchard St. WARD) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jno Nelson

(a) RESIDENCE NO. 447 Orchard St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | 4 COLOR OR RACE col | 5 Single, Married, Widowed, or Divorced, (write the word) married

6 If married, ~~widowed~~ or ~~divorced~~ HUSBAND of (~~Wife of~~) Leanie Nelson

DATE OF BIRTH (month, day, and year) Aug 14 1893

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	37 38	— 7	— 17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Stone work

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Jno. Gaither

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant (Carl Nelson)

(Address) 447 Orchard St

Filed ___ 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31/31

17 I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1931, to May 31 31

that I last saw him alive on May 31, 1931

and that death occurred, on the date stated above, at 2, 10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Frank E. Wagner M. D.

6/1, 31 (Address) 625 Schroeder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Howard Chapel Cem.

DATE OF BURIAL June 3 1931

20 UNDERTAKER H. M. Snyder

ADDRESS Pat. Ave

Spec.—9-30—A. & Co.—250 Blks.

E 69262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 E 69262

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2397 N. Fulton Ave. (Ward) 16-67

2 FULL NAME John C. Ely

(a) RESIDENCE (Usual place of abode) 733 Brantley St. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace M. Ely

6 DATE OF BIRTH (month, day, and year) Dec 10 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore. Md.

PARENTS

10 NAME OF FATHER John D. Ely

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore. Md.

12 MAIDEN NAME OF MOTHER Leonore Coleman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore. Md.

14 Informant (Address) Mrs Eunice L. Huffington 733 Brantley St

15 Filed JUN 1 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29 31

17 I HEREBY CERTIFY, That I attended deceased from July 11 1930 to May 29 1931

that I last saw him alive on May 29 1931

and that death occurred, on the date stated above, at 12 30 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yr. mos. 1/2 hour

CONTRIBUTORY (Secondary) Aortic Heart Disease

(duration) Intermittent yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. O'Neill M. D.

5/29 1931 (Address) 108 N. Fulton Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL June 1 1931

20 UNDERTAKER Wm Fickus Sons ADDRESS North St

Spec.—9-30—A. & Co.—250 Blks.

E 69263 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69263

CERTIFICATE OF DEATH.

REGISTERED NO. 127

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Union Memorial Hosp. St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Miss Mary Jane Hayes

(a) RESIDENCE NO. 1911 N Fulton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 2 1865

7 AGE: Years 66 | Months 2 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Hayes (D)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Daunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Hospital Records

15 Filed [illegible] 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30-31

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1931, to May 30, 1931

that I last saw her alive on May 30, 1931

and that death occurred, on the date stated above, at 1.20 P. M.

The CAUSE OF DEATH* was as follows:

Gall bladder disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of May 27

Was there an autopsy? No. Waste-Entomy

What test confirmed diagnosis? Operation

(Signed) R. G. Wells M. D.

5-30 1931 (Address) Union Mem. Hos

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery | DATE OF BURIAL: June 2 1931

20 UNDERTAKER: Fred Fernandes | ADDRESS: Baltimore

Spec. 2-29-28—L. & S.—500 Blks.

Benj J Clark.

E 69264 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 E 69264

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland Gen. Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 20-71 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr Benj J. Clark

(a) RESIDENCE NO. 324 Mt. Holly ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 30 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Mr. B. J. Clark

DATE OF BIRTH (month, day, and year) Oct 1 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Augustus Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hanna Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Hosp. Records

(Address)

Filed ..... 19 ..... Registrar

HARPSTER JONES, INC.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from 5-26, 1931, to 5-31, 1931.

that I last saw h~~im~~ alive on 5-31, 1931

and that death occurred, on the date stated above, at 6.05 P.m.

The CAUSE OF DEATH* was as follows:

Pyloric Stenosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 1 yr. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert F. Chenault, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	June 3 1931

20 UNDERTAKER Wm J. Tickner & Sons ADDRESS North & Pa

Spec.—9-30—A. & Co.—250 Blks.

E 69265 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E69265

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals 26-37 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Rose

(a) RESIDENCE NO. none ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. (If of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records of

(Address) Balto. City Hosp.

15 Filed 6-1-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-30-31

17

I HEREBY CERTIFY, That I attended deceased from 2-1-1915, 19..., to 5-30-31, 19...

that I last saw her alive on 5-30-31, 19...

and that death occurred, on the date stated above, at 11:15 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 16 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 16 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed Diagnosis? Clinical exam.

(Signed) Paul Podgt M. D.

6-1, 1931. (Address) Balto. City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md Cemetery Co DATE OF BURIAL 6/1 1931

UNDERTAKER Chas F. Grace & Son 1131 Mt Royal Ave DIRECTOR

Spec.—9-30—A. & Co.—250 Blks

69266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 69266

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 5303 St. Georges Ave. Govans St 27-48 WARD 8

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Margaret Murphy,

(a) RESIDENCE NO 5303 St. Georges Ave. ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs mos ds How long in U. S., if of foreign birth yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 7th. 1910

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	21	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk Office Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas. E: Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth M. Jacob

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Charles E. Murphy.
(Address) 5303 St. Georges Ave.

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30. 1931.

17 I HEREBY CERTIFY, That I attended deceased from Apr 6 1931 to May 30 1931

that I last saw h e alive on May 29 1931.

and that death occurred on the date stated above at 9 A. M.

The CAUSE OF DEATH was as follows

Myocarditis.

(duration) Not definite mos. ds.

CONTRIBUTORY (Secondary) Blue Petroum infection

(duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Benj D Baetjer M. D.

1931 Address 126 W Centre St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery.

DATE OF BURIAL 6/2 19 31.

UNDERTAKER Chas. J. Manss Son

ADDRESS 11 W Mt Royal #547

Spec.—2-29-28—L. P. S.—500 Blks.

E 69267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

E 69267

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 N. Mount ST. 16-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Macer

(a) RESIDENCE NO. 813 N. Mount ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 29-1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment(in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Clifton Macer

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Margaret Ruff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Clifton Macer

(Address) 813 N. Mount St

Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 29, 19 31 to May 31, 19 31

that I last saw him alive on May 31, 19 31

and that death occurred, on the date stated above, at 3-15 p m.

The CAUSE OF DEATH* was as follows:

Congenital Atlectassis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. White, M. D.

19 (Address) 1021 Madison Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL June 1 19 31

20 UNDERTAKER John H. Jenkins

ADDRESS 1027 Saint Paul

I. NOR. HANSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69268

E 69268

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED No. 117-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL St. 1724 WARD)

2 FULL NAME Henry Cummiskey

(a) RESIDENCE No. 1327 Bount St WARD

(Usual place of abode) (If non-resident, give City or Town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

~~Single~~ Married, ~~Widowed~~ or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Edith

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE: Years 31; Months; Days; If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry Cummiskey

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Lee

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Interment Catholic

(Address)

DEC 1 - 1931

H. HARVEY JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 30/31

17 I HEREBY CERTIFY, That I attended deceased from May 24 1931 to May 30, 1931

that I last saw h[illegible] alive on May 30, 1931

and that death occurred on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH was as follows:

Gastric ulcer, perforated

duration: yrs. 2 mos. ds.

CONTRIBUTORY (secondary) Peritonitis

duration: yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray. Gastric analysis and autopsy

(Signed) Ralph D. Jack M. D.

(Address) Johns Hopkins Hospital

(State the Disease causing Death, or in deaths from Violent Causes state: (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 DATE OF BURIAL, CREMATION OR REMOVAL June 1 19 31

ADDRESS 578 McBride

Arrington Lowe

Samuel A. Hemsley

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69269

CERTIFICATE OF DEATH

92 E 69269

1 PLACE OF DEATH Oak Place

CITY OF BALTIMORE: (If not) Charles St. Ave. near 40th St. WARD 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO

2 FULL NAME Clara Robinson

(a) RESIDENCE NO 229 N Bedde St WARD 27

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE Years 54 Months Days If LESS than 1 day hrs. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mrs McMullen

9 BIRTHPLACE (City or town) (State or country) Va

PARENTS

10 NAME OF FATHER Hens Brown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margaret Brown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Va

14 Informant (Address) Samuel Brown 1323 Edmondson Ave

25 JUN 1931 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 27th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 27th 1931 to May 29th 1931

that I last saw h[illegible] alive on May 27th 1931

and that death occurred on the date stated above at 1 a. m.

18a CAUSE OF DEATH was as follows

Acute Hemorrhagic Pancreatitis

b Cardiac Decompensation (Sudden)

Duration yrs mos ds.

CONTRIBUTORY (secondary) Congenital Syphilis

Duration yrs mos 10 ds.

19 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Microscopic

Signed [illegible] M. D.

19 (Address) [illegible]

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL June 2 1931

UNDERTAKER Samuel T Hemsley

ADDRESS 28 N Bedde

Spec.—9 30—A. & Co.—250 Blks

Lewis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69270 ✓

E 69270

CERTIFICATE OF DEATH X 24

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp (Street) 4-30 (Ward)

2 FULL NAME Phillip Lewis

(a) RESIDENCE NO. Marston, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 If Single, Married, Widowed, or Divorced, write the word: Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years: about 47 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O.K.D.

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary Lewis (Address) 3361 Fells Road

15 Filed: 6-1-1931. C. HAMPTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/29/31

17 I HEREBY CERTIFY That I attended deceased from 5/25/31 19.. to 5/29/31 19.. that I last saw h.. alive on 5/29/31 19.. and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows*

Tuberculosis Meningitis

(duration) yrs. mos 1 2 ds.

CONTRIBUTORY (Secondary) Terminal Bronchio-Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Phys. findings, Clinical

(Signed) George J. Stoops M. D.

5/30/31 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hampden DATE OF BURIAL: June 19 31

20 UNDERTAKER: Chenbrook Dolan ADDRESS: 3615 Clinton Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69271

CERTIFICATE OF DEATH

23

E 69271

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 25-32 REGISTERED NO.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Charles Kubjski

(a) RESIDENCE No. 2346 Sidney ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 4, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Chas. Kubjski

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER ? Knabe

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed 1-1-1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1931

17
I HEREBY CERTIFY, That I attended deceased from
Feb. 21, 1931 to May 31, 1931
that I last saw him alive on May 31, 1931
and that death occurred, on the date stated above, at 9.10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & autopsy

(Signed) David Turner M. D.
6-1 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	6/3 1931
UNDERTAKER	ADDRESS
William Cook	1217 Eutaw

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-30 (WARD) 131 E 69272 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

69272

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 8 N. Lee St. ST., WARD

2-FULL NAME Charles H. Gover.

(a) RESIDENCE NO 8 N. Lee St.
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs ---- mos. ---- ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, HUSBAND of (WIFE of) Martha Gover.

6 DATE OF BIRTH (month, day, and year) July 10, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	10	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Samuel Gover.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Catherine ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant Martha Gover. (wife)
(Address) 8 N. Lee St.

15 Filed 1 - 1931, 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart and kidneys.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

5/30 1931 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 6/2/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 N. Paul St

Spec.—9-29—A. & Co.—250 Blks.

24822 Ped.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69273

CERTIFICATE OF DEATH

E 69273

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS Hospital St. 76-37 Ward) 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Thompson

(a) RESIDENCE NO. 917 Baylis St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Dec 31 1930

7 AGE: Years — Months 5 mo. — Days 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: John Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Gladys Pratt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Records

15 Filed 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 27, 19 31, to May 30, 19 31

that I last saw h[illegible] alive on May 30, 19 31

and that death occurred, on the date stated above, at 5-20 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Peritoneum
Pulmonary Tbc.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Autopsy

(Signed) Benj. M. Baltzan M. D.

May 30, 19 31 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL JUN 1 1931

Spec.—9-30—A & Co.—250 Blks

69274 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 69274

CERTIFICATE OF DEATH

70-002

1 PLACE OF DEATH Johns Hopkins Hospital

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 9-46 ST. WARD)

2 FULL NAME Baby Young

(a) RESIDENCE No. 1256 Harget Lane ST. WARD
(Usual place of abode)

length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-13-31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER John Young.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Travelsen

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Johns Hopkins Hospital

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-21-31

17
I HEREBY CERTIFY, That I attended deceased from 4-13, 19 31, to 4-21, 19 31
that I last saw him alive on 4-21, 19 31
and that death occurred, on the date stated above, at ... m.
The CAUSE OF DEATH* was as follows:

Haemorrhagic Disease

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? Yes.
What test confirmed diagnosis? —

(Signed) C. H. Hampson Jr. M. D.
19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

69275 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69275

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 26-37 70-001 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rosie Stingle

(a) RESIDENCE NO. none ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: ? 07.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ?

PARENTS
10 NAME OF FATHER: ?
11 BIRTHPLACE OF FATHER (city or town) (State or country): ?
12 MAIDEN NAME OF MOTHER: ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address): Record's of Balto. City Hosp.

15 [illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-27-31

17 I HEREBY CERTIFY, That I attended deceased from 11-5-28, 19, to 5-27-31, 19, that I last saw her alive on 5-27-31, 19, and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Purpura hemorrhagica

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): None
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podgt. M. D.

5-28 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interred Druid Ridge Cemetery

DATE OF BURIAL: 6/6 1931

20 UNDERTAKER: John C. Miller

ADDRESS: 2433 E. Eliza[illegible]

Spec.—9-30—A. & Co.—250 Blks.

69276

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69276

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 5-8 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Murray

(a) RESIDENCE NO Levering House ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 8, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77		21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER John Murray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 193 G. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-29-31

17
I HEREBY CERTIFY, That I attended deceased from 5-19-31, 19__, to 5-29-31, 19__
that I last saw him alive on 5-29-31, 19__
and that death occurred, on the date stated above, at 7:10 P. M.
The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic
More than (duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis unknown
(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical

(Signed) Jas Sherwood Jr M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19 JUN 1 1931

20 UNDERTAKER Commissioner Health

Spec—9-30—A. & Co.—250 Blks

69277

69277 HEALTH DEPARTMENT—CITY OF BALTIMORE 69277

✓ E 69277

CERTIFICATE OF DEATH

59

1 PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No.) Lanvale & Aisquith (WARD) 8

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary V. Cobb

(a) RESIDENCE NO. 1303 N. Montford St. (WARD) 12
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph G. Cobb.

6 DATE OF BIRTH (month, day, and year): Dec. 19 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Farren

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Vira M. Sloos. 1709 N. Montford Ave

15 Filed 6-1 1931, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5 31 31

17
I HEREBY CERTIFY, That I attended deceased from 5-20, 1931, to 5-31, 1931.

that I last saw h[illegible], alive on 5-31, 1931

and that death occurred, on the date stated above, at 8 45 m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus
Diabetic gangrene of the
Mouth 2 yrs
Ague [illegible] (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Influenza
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W W Sumner M. D.

(Address) 1303 Montford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: 6/3 1931

20 UNDERTAKER: Frank A. Fink

ADDRESS: 915 N. Gay St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 69278

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003-V

E 69278

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2932 St.Paul St. ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Virginia Correll

(a) RESIDENCE NO. 2932 St Paul St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

If ~~married, widowed, or divorced~~ (or) WIFE of Stewart D.Correll

DATE OF BIRTH (month, day, and year) Nov.11.1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER George W.Blair

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna Popp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant L.Innes Correll

(Address) 2932 St.Paul St

Filed C. 19 RAMSAY JONES M. D. Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30.1931

17 I HEREBY CERTIFY, That I attended deceased from May 19 24 to May 30 19 31

that I last saw her alive on May 30 19 31

and that death occurred, on the date stated above, at 11:45 Am.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

(duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edgar P. Sandrock M. D.

19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	June 2 1931

ADDRESS Hughes Jones Inc 1st & Broadway

Spec.—9-30—A. & Co.—250 Bks.

E 69279 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69279

23

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp (Old Hosp) St. 19-27 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Howard Bouze

(a) RESIDENCE NO. 715 N Vincent St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Wm Bouze
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Mary Bouze
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records
(Address)

15 Filed ..., 19... Registrar C. HAMPSON JONES, M. D.

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-30-31

17
I HEREBY CERTIFY, That I attended deceased from May 20, 1931, to May 30, 1931
That I last saw h[illegible] alive on May 30, 1931
and that death occurred, on the date stated above, at 6 40 P. m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of —
Was there an autopsy? Yes
What test confirmed diagnosis? clinical & autopsy

(Signed) David Deane M. D.
, 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery — DATE OF BURIAL 6-2-1931

20 UNDERTAKER Daniel Easton — ADDRESS 916 Fayette

Spec.—9 30—A & Co.—250 Bks

E 69280 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69280

CERTIFICATE OF DEATH

95-002

1 PLACE OF DEATH Baltimore City Hospitals ST. 21-31 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (NO.

2 FULL NAME Anna Key (Glasco)

(a) RESIDENCE NO. 1028 S. Eutaw ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-29-31

17 I HEREBY CERTIFY, That I attended deceased from 5-27-31, 19 , to 5-29-31, 19

that I last saw her alive on 5-29-31, 19

and that death occurred, on the date stated above, at 7:50 A m.

The CAUSE OF DEATH* was as follows:

Heart disease, Rheumatic

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. C. S. Gladden M. D.

19 (Address) Balto. City Hosp.

*State the disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 6/2/31

20 UNDERTAKER Daniel Caton ADDRESS 916

1-30—M. & T.—100 B—50L

E 69281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 E 69281

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., 9-44 WARD)

2-FULL NAME William F.Buchman.

(a) RESIDENCE NO 2713 Boone St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 1 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married HUSBAND of Mrtle A.Buchman.

6 DATE OF BIRTH (month, day, and year) March 31,1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	30 29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer. 10 0
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frederick F.Buchman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Alice E.Hall.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Alice E.Buchman. (mother)

(Address) 421 W.24th St.

15 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 2718 Boone St.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. H. Reinhardt, Coroner, M. D.

6/1, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: June 2, 1931

20 UNDERTAKER: Walter Davis — ADDRESS: 2418 Eastern Ave

Spec.—9-30—A & Co.—250 Blks.

69282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69282

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Balto City Hospitals ST. 20-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anna Bush

(a) RESIDENCE NO. 316 Strickland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Bush

6 DATE OF BIRTH (month, day, and year): Oct 6, 1898

7 AGE — Years: 33 — Months: 9 — Days: 28 — If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Wash. D.C.

PARENTS

10 NAME OF FATHER: John Burgett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wash D.C.

12 MAIDEN NAME OF MOTHER: Minnie Fisher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wash D.C.

14 Informant: James Bush

(Address)

15 [illegible]-1931 [illegible] C. RAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-31-31

17

I HEREBY CERTIFY, That I attended deceased from 5-24, 19 31 to 5-31, 19 31

that I last saw h er alive on 5-31, 19 31

and that death occurred, on the date stated above, at 0-20 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Probably Tuberculous

(duration) yrs. mos. 7 ds.?

CONTRIBUTORY (Secondary) Myocardial Failure

Original (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Luther E. Lipps M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 6/2/31

20 UNDERTAKER: Enoch L Fahey — ADDRESS: Fulton & Fayette

Spec.—9-29—A. & Co.—250 Blks

69283 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69283

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL) 8-16 59 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha Oxman

(a) RESIDENCE NO. 1927 E. Eutaw St. WARD
(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Harry

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE: Years 64 Months Days

If LESS than 1 day ___ hrs. ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ind

PARENTS

10 NAME OF FATHER: Abraham Hart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Records
(Address)

15 Filed - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30/31

17

I HEREBY CERTIFY That I attended deceased from May 27 19 31 to May 30 19 31

that I last saw h[illegible] alive on May 30 19 31

and that death occurred on the date stated above at 12:15 P.M.

The CAUSE OF DEATH* was as follows:

Intussusception Diabetes mellitus

Diabetes insipidus

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted (if not at place of death)? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Path

Signed: Benj. M. Baker, Jr. M. D.

May 10 19 31 Address: Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: June 2 1931

20 UNDERTAKER: Frank Eyler ADDRESS: [illegible]

E 69284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

210-203

210 - 69284

REGISTERED No. C

1-PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE (No. Leeds Ct

ST. 12 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas B Clarkson Jr

(Residence in Baltimore: No. Leeds Ct 3409 Gunway St.) yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Oct (Month) 9 (Day) 1909 (Year)

7-AGE. 21 yrs. 7 mos. 21 ds. If LESS than 1 day. ....hrs. or ....mins.

8-OCCUPATION. (a) Trade, profession, or particular kind of work ..... (b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE. (State or Country) Laurel Md

PARENTS.

10-NAME OF FATHER Thomas Boston Clarkson

11-BIRTHPLACE OF FATHER (State or Country) Hannibal Mo

12-MAIDEN NAME OF MOTHER Mary B Thilen

13-BIRTHPLACE OF MOTHER (State or Country) Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Thomas Clarkson

(Address) Leeds Ct

15- 1931 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH May 31st (Month) (Day), 1931 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above. The CAUSE OF DEATH was as follows: Auto accident in which he was riding ran from road & into telegraph pole

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Signed) C. D. Fraim M. D.

6/1 1931 (Address) 24 39/11 S Eden

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Mountain Bar Road Ellicott

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL Druid Ridge Cem DATE OF BURIAL, June 2, 1931

20-UNDERTAKER Henry Heukins Sons ADDRESS Pulaski

Spec.—9-30—A. & Co.—250 Blks

(Monaco)

69285 HEALTH DEPARTMENT—CITY OF BALTIMORE

45 E 69285

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No Balto. City Hospitals WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Monaco

(a) RESIDENCE NO. 507 Albermarle ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mamie Monaco

6 DATE OF BIRTH (month, day, and year) 3-10-76

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS
10 NAME OF FATHER Peter Monaco.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.
12 MAIDEN NAME OF MOTHER Columbus Sobelli
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Joseph Monaco
(Address) 507 N. Albermarle St.

15 JAN - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-31-31

17
I HEREBY CERTIFY That I attended deceased from 1-16-, 1931 to 5-31, 1931
that I last saw h alive on 5-31, 1931
and that death occurred on the date stated above, at 12 P.M.
The CAUSE OF DEATH* was as follows

Carcinoma of Stomach
Chronic Peritoneal Metastasis
(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 1-20-31
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Arthur F. Fuchs M. D.
19 (Address) Balto. Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL 6/1/31

20 UNDERTAKER Geo. D. Hoffman & Son ADDRESS W. Hampden

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69286

CERTIFICATE OF DEATH

E 69286

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Poplar Grove ST.) (WARD) 5-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Joseph Brady

(a) RESIDENCE NO. 1708 Poplar Grove ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Brady

DATE OF BIRTH (month, day, and year) Feb 22 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager Office Bldg

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hotel Emerson Co

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John Brady

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sarah Prouty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lowville N.Y.

Informant Mrs Mary E. Brady

(Address) 1708 Poplar Grove St

Filed 6-2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30th 1931

17 I HEREBY CERTIFY That I attended deceased from May 16 1931 to May 30 1931

that I last saw him alive on May 29th 1931

and that death occurred on the date stated above at 8 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 2 Wks

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Exam

(Signed) E. C. Jones M. D.

6-1 1931 (Address) 49 W Pat 2nd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL June 2 1931

20 UNDERTAKER Fahnestock Bros. — ADDRESS 703 Hanover St

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓ E 69287

E 69287 REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Bretton Place, ST. 12-49 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John M. Wiesel

(a) RESIDENCE NO. 402 Bretton Place ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Boiseau Wiesel

7 DATE OF BIRTH (month, day, and year) July 22, 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Druggist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Cumberland, Md.

10 NAME OF FATHER Michael L. Wiesel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Roth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant J. B. Wiesel.

(Address) 402 Bretton Place

Filed 2-1931 C. HAMPSON JONES, M. D.

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 2 1931 to May 31 1931,

that I last saw him alive on May 31 1931,

and that death occurred, on the date stated above, at 12:30 A.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Chr Int. Nephritis, Chr Myocarditis.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) D. W. Bishop, M. D.

June 1 1931 (Address) 501 Sheridan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	June 2 1931

20 UNDERTAKER Wm Roman Lemmon. ADDRESS 4611 Park Heights Ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69288 23 E 69288

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 W Hemietta St. 27-31 WARD)

2-FULL NAME Clifton Collins

(a) RESIDENCE NO. 206 W Hemietta ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Collins

DATE OF BIRTH (month, day, and year) Jan 26, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	40	4	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Crisfield, N. C.

10 NAME OF FATHER Moce Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Jane unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant (Address) Sarah Collins 206 W Hemietta St

15 Filed ... 19... Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 20 1931 to May 31 1931, that I last saw h alive on May 30 1931, and that death occurred, on the date stated above, at 2 40 P. m.

The CAUSE OF DEATH* was as follows

Pulmonary Tuberculosis

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab.

(Signed) H Marco Williams M. D.

6/1, 1931 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Nanticoke, Md

DATE OF BURIAL June 3 1931

20 UNDERTAKER John H. Joradine

ADDRESS 1027 Round Hill

Spec.—1-30—M. & T.—250 Blks.

E 69289 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH South Baltimore General Hospital REGISTERED NO. 115 E 69289

CITY OF BALTIMORE, (No.) ____ ST. ____ WARD 22-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard L. Taylor

(a) RESIDENCE NO. 110 Warren Ave ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced (a) HUSBAND of (or) WIFE of Edna C. Taylor

7 DATE OF BIRTH (month, day, and year) Jan 27 1875

8 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	56	4	3	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Packer

(b) General nature of industry, business, or establishment in which employed (or employer) Drugs

(c) Name of employer Jos. Baily & Son

10 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Geo Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Virginia McTyre

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Edna C. Taylor (Address) 110 Warren Ave

15 Filed ____ 19 31 C. MARION JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-30-31

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to May 30, 1931, that I last saw him alive on May 30, 1931, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Acute streptococcus sore throat

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Hosp. records

(Signed) Joseph D. Faulkner, M. D.

19 (Address) 1213 Light

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	June 2 1931
20 UNDERTAKER John F. Denny	ADDRESS 715 Lights

Spec.—1-30—M. & T.—250 Bks.

Pfeffer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69290

CERTIFICATE OF DEATH.

82-001

E 69290

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) #1915 McElderry ave (WARD) 15-21

2-FULL NAME Mary M Pfeffer

(a) RESIDENCE NO. 1915 McElderry Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Philip Pfeffer

7 DATE OF BIRTH (month, day and year) Sept 29 1850

8 AGE Years 80 Months 8 Days 2 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Maryland

11 NAME OF FATHER Unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country) "

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country) "

15 Informant Philip Pfeffer (Address) 1915 McElderry Ave

16 Filed 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1931

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1931, to June 1, 1931, that I last saw her alive on June 1, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 5 yrs. yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E Vickers Wheeler, M. D.

6/2/1931 (Address) 2129 Wendover Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lutheran Cemetery — DATE OF BURIAL June 4 1931

20 UNDERTAKER Pridemore — ADDRESS 1 E Eden Rd Arm Md

Spec.—1-30—M. & T.—250 Bks

E 69291 HEALTH DEPARTMENT—CITY OF BALTIMORE 1-1602 E 69291

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Aisquith ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Addie Taylor

(a) RESIDENCE NO. 1028 Aisquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. dt. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (HUSBAND) of or) WIFE of Patrick Taylor

7 DATE OF BIRTH (month, day, and year) 12. 24. 1877

7 AGE: Years 53; Months 5; Days 5; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Frank Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Isabel Freeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Patrick Taylor

(Address) 1028 Aisquith

15 Filed 2-1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29. 31.

17 I HEREBY CERTIFY, That I attended deceased from May 15. 1931. to May 29. 1931. that I last saw her alive on May 29. 1931. and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows: Acute Interstitial Nephritis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Uremia, Pulmonary oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clin. Exam.

(Signed) Wm. LeRoy Kelly, M. D.

19 (Address) 1420 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery — DATE OF BURIAL: June 3 1931

20 UNDERTAKER: Robert F. Wickham — ADDRESS: 1517 W. Lexington St.

C. HARPER JONES, M. D.

1-30—M. & T.—100 B—50L

E 69292

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69292

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Provident Hosp ST., 7-9 WARD)

2-FULL NAME Isabella Chester

(a) RESIDENCE NO 617 N. Carrollst., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fml

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj. Chester

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): 610
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Bryant

(Address) 522 N. Bond

15 Filed 2-1931 — 193 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

8 hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hattwick (Coroner), M. D.

May 30 19 31 (Address) 1 Courier

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

DATE OF BURIAL: 6-2 1931

20 UNDERTAKER: Byrom Knight 1218 N. Eden

ADDRESS: Eden St

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69293

CERTIFICATE OF DEATH.

X 131 ✓ E 69293

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: NO 1126 Ensor St. 10-12 WARD)

2-FULL NAME Mrs. J. McGuire

(a) RESIDENCE NO 1126 Ensor St. ST., WARD. Timonium Md

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth McGuire

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Ontario

PARENTS

10 NAME OF FATHER [illegible] McFarland.

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y. Harvard

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14 Informant Charles McGuire

(Address) 1126 Ensor St.

15 Filed JUN 2 - 1931 HAMPSON JONES, M. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/1 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 13 1931 to June 6 1931

that I last saw h alive on May 31 1931

and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Chronic Carb. Endocarditis

" Nephritis

Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Jeffrie Buck, M. D.

6/1 1931 (Address) 5 Club Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns R.C. Grave	June 3 1931
20 UNDERTAKER	ADDRESS
J. Bray Burns Sons	Towson

Spec.—9-30—A. & Co.—250 Blks

E69794 — HEALTH DEPARTMENT—CITY OF BALTIMORE — 46 — E69794

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. 2225 E. Baltimore St. 1-3 WARD)

2. FULL NAME Bida Kleiman

(a) RESIDENCE No. 2225 E. Baltimore St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Kleiman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Frank Carson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Sarah —
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) L. Heirs Inc. 1439 E. Baltimore St.

15 Filed ..... 19.. Signature C. HAMPSON JONES, M. D.

7-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31-31

17
I HEREBY CERTIFY, That I attended deceased from May 6, 1931, to May 31, 1931
that I last saw h[e] alive on May 31 1931
and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of the Colon
with intestinal obstruction
Symptoms a few weeks
(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Fibroid Obstruction Gangrene of Leg (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Tumor felt
(Signed) Harold H. Smith M. D.
5/1 1931 (Address) 927 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Levy Hebrew Burying Ground — DATE OF BURIAL: 6-2- 1931

20 UNDERTAKER: Jos. Heirs Inc. — ADDRESS: 1439 E. Balto. St

Spec.—9-28—A. & Co.—250 Blks.

8762

E 69295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82 E 69295

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. 7-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Daisy Chambers

(a) RESIDENCE NO. 1453 Marlboro ST. WARD Wilkinsburg Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of W. P.

6. DATE OF BIRTH (month, day, and year) Oct - 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8.		

8. OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: —

9. BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10. NAME OF FATHER John A Downey

11. BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12. MAIDEN NAME OF MOTHER Mary E Householder

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14. Informant (Address): Records

15. 2-1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June-2-31

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1931, to June 2, 1931

that I last saw her alive on June 2, 1931

and that death occurred, on the date stated above, at 6.15 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Right.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Osteomyelitis skull

(duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death? not known

Did an operation precede death? yes Date of 5-22-31

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) Fred W Geib M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Wilkinsburg Pa

DATE OF BURIAL: June 4 31

20. UNDERTAKER: John Allnick

ADDRESS: 2008 Aiken

Registered

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69296

CERTIFICATE OF DEATH

45 E 69296

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals WARD) 26

2. FULL NAME David F. Slonaker

(a) RESIDENCE NO. 3231 E. Balto. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Wid.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice J. Slonaker

6 DATE OF BIRTH (month, day, and year) Feb 9, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Uniontown Pa

PARENTS

10 NAME OF FATHER Andrew Slonaker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Amanda Stofer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Bessie Belmaine Dr

(Address) 3273 E. Belmaine Dr

15 JUN 2 - 1931 H. M. CAMPBELL JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-31-31

17

I HEREBY CERTIFY, That I attended deceased from 5-15-31, 19 , to 5-31, 19 31

that I last saw h[illegible] alive on 5-31 , 19 31

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face - Rt Cheek.

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Secondary Hemorrhage

(duration) yrs. mos. 2 ds. 2

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-27-31

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & Clinical

(Signed) Luther E. Black M. D.

. 19 (Address) 3231 E. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	June 2 1931
20 UNDERTAKER John Ulrich	ADDRESS Woodbourne

Spec.—9-30—A. & C.—250 Blks.

E46 5-66

E46 69297

Tumorous Sinus Mass

HEALTH DEPARTMENT—CITY OF BALTIMORE 69297

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. 26-2 WARD)

2 FULL NAME Margaret Jamme

(a) RESIDENCE NO. 522 S. Bolden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/10/1909

7 AGE: Years 22 Months 3 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box Factory

(b) General nature of industry, business, or establishment in which employed (or employer) assorter. Oto

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Paul Jamme

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Hankins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 2 - 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30/31

17

I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to May 30, 1931

that I last saw h[illegible] alive on May 30, 1931

and that death occurred, on the date stated above, at 4·40 P m

The CAUSE OF DEATH* was as follows:

Ch. rheumatic endocarditis. Subacute bacterial endocarditis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Emboli

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture + for staph aureus

(Signed) John D. Crawford M. D.

19 (Address) John D. Crawford

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Dennerly Cem

DATE OF BURIAL: June 3 1931

UNDERTAKER: John Ulrich

ADDRESS: 2008 Aliceanna

Spec.—9-30—A. & Co.—250 Blks.

E 69296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

177 E 69293

1 PLACE OF DEATH 2d Grace Hospital

CITY OF BALTIMORE: (No. Edmondson Ave) (Ward) 10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louis Siegmund

(a) RESIDENCE NO. 518 N Milton Ave (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Siegmund

6 DATE OF BIRTH (month, day, and year) Mar 24-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	7 8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Chas Siegmund

11 BIRTHPLACE OF FATHER (city or town) (State or country) German ~~Born~~

12 MAIDEN NAME OF MOTHER Frederika Ortman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment Mrs Annie Siegmund (Address) Same

15 Died 6-2-1931 Registrar HERMAN JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1-31

17

I HEREBY CERTIFY, That I attended deceased from 5-28-31, 19, to 6-1-31 19

that I last saw h alive on 6-1-31 19

and that death occurred, on the date stated above, at 6:20 P m.

The CAUSE OF DEATH* was as follows: (a) Phosphane Poisoning Accidental

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) H B Wheatley M. D.

19 (Address) 2d Grace Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	June 4 1931
20 UNDERTAKER John Ulrich	ADDRESS 2108 Orleans

Spec.—9-30—A. & Co.—250 Blks.

E 69299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52 E 69299

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 2710 Jefferson (St.) 7-10th (Ward)

2. FULL NAME Henrietta H. Menard

(a) RESIDENCE NO. 2710 Jefferson St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long at above address? yrs. mos. ds.

(If non-resident give usual residence)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Widow

6a. If married, widowed, or divorced. HUSBAND of (or) WIFE of: Henry E. H. Menard

6. DATE OF BIRTH (month, day, and year): Apr 17 1847

7. AGE: Years 87; Months 1; Days 19; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): 000

(c) Name of employer: ——

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10. NAME OF FATHER: Louis Montag

11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12. MAIDEN NAME OF MOTHER: Dora Kuns

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant (Address): Mrs. John Wesley 2710 Jefferson St

15. 2 Jun 1931 (Date received) 19 (Registrar) H. LAWRENCE JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year): May 31 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 15 29 to May 31 31

That I last saw ... alive on May 31 31

And that death occurred on the date stated above at 2 00 m.

The CAUSE OF DEATH was as follows:

Hypostatic Pneumonia both lungs at base

Carcinoma of Scalp - R. frontal region 2

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? yes aug 15 29

Was there an autopsy? no

What test confirmed diagnosis? Physical exam & biopsy

(Signed) Wm L. Gragle M. D.

6/1 1931 (Address) 2775 St Paul St

(State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel

DATE OF BURIAL: June 3 1931

20. UNDERTAKER: John Allen's

ADDRESS: 2008 Alliance

A&Co. S-H 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

69300

CERTIFICATE OF DEATH

3rd E 69300

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N Carrollton Ave Ward) 23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett A. Johnson

(a) Residence: No. 711 N Carrollton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 19-1861

7. AGE: Years 69 | Months 9 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 675

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME OF FATHER: Mckenzie

14. BIRTHPLACE OF FATHER (city or town) (State or country): Kentucky

15. MAIDEN NAME OF MOTHER: Hannah Heath

16. BIRTHPLACE OF MOTHER (city or town) (State or country): Md

17. INFORMANT: Arthur Johnson

(Address) 711 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL: National Ent. Date June 2 1931

19. UNDERTAKER: Samuel D. Newby

(Address) 518 N Bridge St

20. FILED JUN 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 30, 1931

I last saw her alive on May 30, 1931 death is said to have occurred on the date stated above, at 4:15 A.m

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation — Date of onset 5-27-31

Other contributory causes of importance

Cardiac Hypertrophy
Senility

Name of operation None — Date of —

What test confirmed diagnosis? Clinical — an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) D. McKinley Keegley, M. D.

(Address) 702-N. Carrollton Ave

Spec.—1-30—M. & T.—250 Blks

E 69301

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69301

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Ashburton ST. 16-69 WARD

2-FULL NAME Bertha E. McHenry

(a) RESIDENCE NO. 602 Ashburton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Dec. 12, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	55	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dress Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 69

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Smithburg Maryland

10 NAME OF FATHER James McHenry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Emma Hildebrandt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Smithburg Maryland

14 Informant Sadie E. McHenry (Address) 602 Ashburton Street

15 Filed ---, 19 C. HAMPSON JONES, M.D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 28. 1931 to May 31. 1931.

that I last saw her alive on May 31. 1931.

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 2 yrs mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Martin W. Sloan M. D.

May 31. 1931 (Address) 806 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Smithburg, Maryland

DATE OF BURIAL 6/3 1931

20 UNDERTAKER Henry W. Myers & Son

ADDRESS 805 N. Calvert

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69302

CERTIFICATE OF DEATH

23 E 69302

1 PLACE OF DEATH Baltimore City Hospitals (T. B.) 14-28

CITY OF BALTIMORE: (No. ... St. ... Ward ...)

REGISTERED No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME August F. Orf

(a) RESIDENCE No. 213 S. Vincent st. St. ... WARD ...
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Orf

6 DATE OF BIRTH (month, day, and year) June 13, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	11	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer ~~Unknown~~ N. R. R. Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS
10 NAME OF FATHER Nicholas Orf
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Kate Dietrich
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed 2-1931. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1931

17
I HEREBY CERTIFY That I attended deceased from Sept. 5 1930 to June 1 1931
that I last saw h im alive on June 1 1931
and that death occurred, on the date stated above at 6 a. m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs 4 mos ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs ... mos ... ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of ...
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & autopsy

(Signed) ... M. D.
6-1 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL June 4 1931
UNDERTAKER Wm Gickner & Sons ADDRESS N. Ave

Spec.—1-12-23—M&T—500 Blks.

E 69303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 69303

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 - No Broadway ST. 8-17 WARD

2-FULL NAME Frank Vernon Bates

(a) RESIDENCE NO. 1807 N. Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Carrie Riddell Bates

6 DATE OF BIRTH (month, day, and year) Dec 7 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	63	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dentist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Springfield Mass

PARENTS

10 NAME OF FATHER Edwin Bates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Springfield Mass

12 MAIDEN NAME OF MOTHER Elizabeth Vernon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

14 Informant Mrs Carrie Riddell Bates

(Address) 1807 N. Broadway

15 Filed June 2 1931 C. HAMBY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from February 2 1931 to June 1, 1931.

that I last saw h alive on June 1, 1931.

and that death occurred, on the date stated above at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms & Tests

(Signed) C. Hamby Jones M. D.

6/2/1931 (Address) 613 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington D C

DATE OF BURIAL June 2 1931

20 UNDERTAKER W. J. Gardner Sons

ADDRESS North Ave

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69304

CERTIFICATE OF DEATH.

113 E 69304

8-12

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2505 E. Preston (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Heil

(a) RESIDENCE NO. 2505 E. Preston ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of J. Henry Heil

7 DATE OF BIRTH (month, day, and year) September 2, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Christian Roeth

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Maria Hesse

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mr. Albert L. Heil
(Address) 2505 E. Preston St.

Filed June 2 1931 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1931 to June 1, 1931.

that I last saw her alive on May 31, 1931.

and that death occurred, on the date stated above, at 2.40 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Emphysema

(duration) yrs. 5 mos. da.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) 5 minutes yrs. mos. da.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. J. Powers, M. D.

19 (Address) 836 Park Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL June 3 1931

20 UNDERTAKER Robt H Cook

ADDRESS 1003 West Baltimore St.

Spar.—9 30—A. & Co.—200 Blks

E 69305 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69305

CERTIFICATE OF DEATH

72-001

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) Union Memorial Hosp. ST. 27-55 WARD

REGISTERED NO. (If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Master Vernon Southwick (Vernon Dean Southwick)

(a) RESIDENCE NO. 5002 Cordelia Ave. Balt. Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11, 1918

7 AGE: Years 13 | Months 1 | Days 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York. N. Y.

PARENTS

10 NAME OF FATHER: Mr. George Dean Southwick

11 BIRTHPLACE OF FATHER (city or town) Homer (State or country) N. Y.

12 MAIDEN NAME OF MOTHER: Louise Beam

13 BIRTHPLACE OF MOTHER (city or town) Homer (State or country) New York.

14 Informant (Address): Mr. George Dean Southwick, 5002 Cordelia Ave.

15 Filed June 2, 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/1/31

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1931 to June 1, 1931

that I last saw him alive on June 1, 1931

and that death occurred, on the date stated above, at 12:42 m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia, Acute

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Frank Glass M. D.

6/1/31 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cem.

DATE OF BURIAL: June 3 1931

20 UNDERTAKER: Jos. B. Cook

ADDRESS: 1003 West Baltimore St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 69306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 J-081 E 69306

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. Exeter St. ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katie Anna Marek

(a) RESIDENCE NO. 411 N. Exeter St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

6 If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Frank James Marek

7 DATE OF BIRTH (month, day, and year) July 25-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	10	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bohemia

10 NAME OF FATHER John Borrows

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant Katie Helen Veit Hayes

(Address) 411 N. Exeter St.

Filed JUN 2 - 1931 H. Bolt, JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31-1931

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1931, to May 31, 1931.

that I last saw her alive on May 31, 1931

and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. Di Stefano M. D.

June 1, 1931 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Gconto Falls Md	June 2, 1931
20 UNDERTAKER	ADDRESS
Edward Cook	1003 N. Eutaw St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69307

CERTIFICATE OF DEATH.

82-2 E 69307

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Linden Ave. St.) 11-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Warner

(a) RESIDENCE NO. 1016 Linden Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Warner

6 DATE OF BIRTH (month, day, and year) 12/7 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Eliza Ellen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary E. Warner

(Address) 1016 Linden ave

Prepared by HAYDOCK JONES, M. D.

JAN 2 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31/31

17

I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to May 31, 1931

that I last saw h[illegible] alive on May 31, 1931

and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema - Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Mary E. Warner M. D.

1, 1931 (Address) 1016 Belvedere

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	June 2, 1931

20 UNDERTAKER Mrs. H. A. Ellis ADDRESS [illegible]

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69308

CERTIFICATE OF DEATH.

107 1001

E 69308

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hosp. St. 1913 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Albert Carter

(a) RESIDENCE NO. 1515 Millman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Carter

6 DATE OF BIRTH (month, day, and year): Sept 5, 1909

7 AGE: 21 — Years: 22 — Months: 8 — Days: 29 — If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Wash. D. C.

PARENTS

10 NAME OF FATHER: George Carter

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Hannah Flemings

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Interment (Address): Hannah Carter 1515 Millman st.

15 Filed ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30/31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobular Pneumonia (Lower Left Lobe)

(Autopsy at Hopkins Hospital)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

(Signed) J. H. Waters M. D.

(Coroner)

June 1/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial: June 2 1931

20 UNDERTAKER: Mark G. Elliott — ADDRESS: 1727 Eastlan[illegible]

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69309

CERTIFICATE OF DEATH.

23

E 69309

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital ST., [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Fairley

(a) RESIDENCE NO. 1028 N. Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	negro	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
26		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER Henry Fairley

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Rebecca Dry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) Wife 1028 N. Wolfe St.

15 Filed [illegible] 19 Registrar

C. HAMILTON JONES, M.

JUN 2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1931, to May 30, 1931.

that I last saw him alive on May 30, 1931,

and that death occurred, on the date stated above, at 8 25 p m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningetis

Tuberculosis pulmonary miliary

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Tuberculosis Pulmonary

(duration) yrs. 15 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ray E. Butler M. D.

19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fayetteville N.C.	June 5, 19 31
20 UNDERTAKER	ADDRESS
M. S. Beard	Fayetteville N.C.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~E~~ 69310

CERTIFICATE OF DEATH.

23 E 69310

1 PLACE OF DEATH Baltimore City Hospitals (T. B.)

CITY OF BALTIMORE: (No ... ST. 4-47 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bowman C. Martin

(a) RESIDENCE NO. 4029 Greenmount ave. ST. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Martin

6 DATE OF BIRTH (month, day, and year) Aug. 2, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Henry Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Bettie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed N 2 - 1931. C. HAMPSON JONES, M. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 18, 19 31, to June 1, 19 31

that I last saw him alive on June 1, 19 31

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hand Jones M. D.

6-1 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet

DATE OF BURIAL June 3 1931

UNDERTAKER Vernon Lechner

ADDRESS 1637 Tolbert St

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69311

CERTIFICATE OF DEATH.

13 V E 69311

E 69311

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 700 N. Fulton Ave St. 20-27 Ward

2-FULL NAME Clara Hunt.

(a) RESIDENCE No. Home for Aged M E Church Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6 DATE OF BIRTH (month, day, and year) Apr 6, 1850.

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	81	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Hickey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Schehorn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Interment Mrs Ethel Maddox

(Address) 700 N. Fulton Ave.

15 Filed JUN 2 1931, 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to June 1, 1931.

that I last saw h[illegible] alive on May 30, 1931,

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows: Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jorge E. Shannon, M. D.

6/1, 1931 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Jumped Date of Burial 1931

20 UNDERTAKER George E. Smith & Co ADDRESS Holbrook

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69312

CERTIFICATE OF DEATH

48 E 69312

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 5325 Liberty Hgts Ave ST. 26-64 WARD 1

2 FULL NAME Esther Katz

(a) RESIDENCE NO. 5325 Liberty Hgts. Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 10 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Nathan Katz

6 DATE OF BIRTH (month, day, and year): March 16-1887

7 AGE — Years: 44 Months: 2 Days: 16 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Louis Montague

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachel -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Wife 5325 Balto St

15 1931 19 Dec. 28 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31-1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 7 1929 to May 31 1931

that I last saw her alive on June 1 1931

and that death occurred, on the date stated above, at 10 32 P. M.

The CAUSE OF DEATH* was as follows:

General Carcinomatosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Carcinoma of Breast

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 8, 1927

Was there an autopsy? No

What test confirmed diagnosis? Path. Section

(Signed) Nathan Friedman M. D.

19 (Address) 23 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Mt. Carmel

DATE OF BURIAL: 6-2- 1931

UNDERTAKER: Jack Reiss, Inc.

ADDRESS: 1439 E Balto

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69313

CERTIFICATE OF DEATH

3-51-001 B 69313

1 PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No. ... St. ... WARD) 3-51

REGISTERED NO. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME: Frances Stankiewicz

(a) RESIDENCE NO. 914 E. Lombard St. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Charles

6 DATE OF BIRTH (month, day, and year): Dec. 25, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ? Poland

PARENTS
10 NAME OF FATHER: Geo. Levin
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Elizabeth ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-30-31

17 I HEREBY CERTIFY, That I attended deceased from 5-28-31, 19 ... to 5-30-31, 19 ...
that I last saw her alive on 5-30-31, 19 ...
And that death occurred, on the date stated above, at 9:30 P. M.
The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(duration) unknown yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? clinical & lab.

(Signed) Paul Padget M. D.
(Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

Received JUN 27 1931
JOHNS HOPKINS HOSPITAL
HEALTH DEPT.

C. HAMPSON JONES, M. D.

Spec.—1-10-21—MAT—1500 Blks.

E 69314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 E 69314

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3440 Mt Pleasant ST. 26-31 WARD)

2-FULL NAME Not named (Infant) Baby Scardina

(a) RESIDENCE NO. 3440 Mt Pleasante ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6/1/31.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs.	min.
		6 mos	[illegible]		

10 Months

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Brentwood

PARENTS

10 NAME OF FATHER Gaspero Scardina

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Carmine Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Gaspero Scardina 3440 Mt Pleasant

15 Filed ..... 19 ..... Registrar

C. HAMPSON JONES, M. D.

JUN 2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/. 19 31

17 I HEREBY CERTIFY, That I attended deceased from 6/1/31, 19 , to 6/1/ , 19 31.

that I last saw him alive on 6/1/ 19 31,

and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Premature (Multiparous) (6 mos.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock & weakness

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C N Meyer Jr., M. D.

6/1/ 1931 (Address) 1580 E. 33rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

C. W. Y. Rohrer Inc. State Board of Health.

Spec.—0-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69315

CERTIFICATE OF DEATH

E 69315

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No) Balto Md ST 1 WARD 3

2 FULL NAME Marie McNew

(a) RESIDENCE NO. 218 Cold Spring Lane ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Peter McNew
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Elizabeth Bosse
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Records
(Address) Balto City Hospitals

15 Filed JUN 2 - 1931 C. HAMPSON JONES M D Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30 31

17
I HEREBY CERTIFY, That I attended deceased from May 22 1931 to May 30 1931
that I last saw h[illegible] alive on May 30 1931
and that death occurred on the date stated above at 7.10 P. m.
The CAUSE OF DEATH* was as follows

Chronic Nephritis

(duration) ... yrs ... mos ... ds.
CONTRIBUTORY (Secondary) ... (duration) ... yrs ... mos ... ds.

18 Where was disease contracted if not at place of death? ...
Did an operation precede death? ... Date of ...
Was there an autopsy? No
What test confirmed diagnosis? ...

(Signed) Wm. H. Thom M. D.
(Address) Balto City Hospitals
JUN 1 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

Where death occurred, NAME OF HOSPITAL OR INSTITUTION / DATE OF BURIAL
JOHNS HOPKINS HOSPITAL JUN 2 - 1931
ADDRESS 1302 E. 20th
Chestnut Av

1-30—M & T—200 B—50L

E 69316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 E 69316

36-40

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. WARD)

2-FULL NAME Dorothy V. Martin

(a) RESIDENCE NO 3441 Dudley Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb 14/1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	18	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seamtress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William J. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alice M. Rogers

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md. (State or country)

14 Informant Wm J. Martin

(Address) 3441 Dudley Ave

15 Filed 1931 By C. HAMPSON JONES, M D Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1/31 19

17 I HEREBY CERTIFY That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows

Bichloried Poisoning

(Suicide)

(duration) yrs mos da

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) [signature], M. D. Coroner

(Address) 508 E. Lorin Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Parkwood

DATE OF BURIAL June 3 1931

20 UNDERTAKER Wm F Mahan

ADDRESS 6000 E. Balto

Spec.—9-30—A & Co.—250 Bks.

69317. # HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 69317

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 512 N Talbot St.) 5-8 WARD

2. FULL NAME Sadie Taylor

(a) RESIDENCE NO. (Usual place of abode) 1218 Edyth St. WARD

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Taylor

6. DATE OF BIRTH (month, day, and year) Nov 8 1869

7. AGE Years 62 Months 2 Days 23

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (state or country) Northumberland Co. Va.

PARENTS

10. NAME OF FATHER Turner Cockell

11. BIRTHPLACE OF FATHER (city or town) (state or country) Va

12. MAIDEN NAME OF MOTHER Fannie Hudnell

13. BIRTHPLACE OF MOTHER (city or town) (state or country) Va.

14. (Informant) Mrs Eva Bayley (Address) 21 S Millvale Ave

MEDICAL CERTIFICATE OF DEATH

10. DATE OF DEATH (month, day and year) June 1 1931

I HEREBY CERTIFY, That I attended deceased from May 29 1931 to June 1 1931

That I last saw h... alive on ... 1931

and that death occurred, to the best of my knowledge, at 7:45 a.m.

The CAUSE OF DEATH was as follows:

Chron. Myocarditis

4 mo. ds.

Contributory Rheumatism

2 wks. ds.

1218 Edyth St

(Signed) C. R. Boykin M. D.

1512 Gilmor St.

(Where the Attorney, Sheriff or Medical Examiner has been notified, state (1) Disease and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (Use reverse side for additional space.)

15. PLACE OF FUNERAL OR REMOVAL Ophelia Va DATE OF BURIAL June 3 1931

UNDERTAKER Clem Johnson & W. Caroline St.

-1931

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT CITY OF BALTIMORE

E 69318

CERTIFICATE OF DEATH

REGISTERED NO. E 69318

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (N) Johns Hopkins Hospital (St) 7-4 (Ward)

2 FULL NAME John F Nolan

(a) RESIDENCE NO. 4134 N Mervine (Street) Philadelphia Pa

(Usual place of abode)

length of residence in city or town where death occurred ... yrs. 18 ... mos. ... ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 If married, widowed, or divorced: Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 23 1871

7 AGE: Years 59 Months 11 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Head Porter

(b) General nature of industry, business, or establishment in which employed (or employer): 10

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Hugh Nolan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Rafferty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Family

(Address): 4134 N Mervine St Phila Pa

15 FILED 6-2 1931 16 Registrar

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH (month, day and year): June 1 31

I HEREBY CERTIFY, That I attended deceased from May 18 31, to June 2 31

that I last saw him alive on June 2 31

and that death occurred, to the best of my knowledge, at 2:10 P.M. on the date stated above.

The CAUSE OF DEATH was as follows: (1)

Cerebral embolism?

Diabetes mellitus

Tuberculosis

Contributory (2) Myocardial insufficiency

Duration: (a) 10 yrs. (b) 4 yrs.

I saw deceased on 5-27-31

Where was disease contracted? Not to my knowledge

Was an operation performed? No

Was there an autopsy? No

What test of diagnosis was made? General Physical Exam

Signed: Geo. G. Lyle M. D.

(Address) Johns Hopkins Hosp

If death was due to External Causes (state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (Use reverse side for additional space.)

17 PLACE OF BURIAL OR REMOVAL: Philadelphia Pa

CREMATION: by

DATE OF BURIAL: June 2 1931

ADDRESS: 4134 N Mervine St

1-30—M & T.—100 B—50L

E 69319

HEALTH DEPARTMENT—CITY OF BALTIMORE

2-002

E 69319

CERTIFICATE OF DEATH

REGISTERED NO

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp ST 13-52 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm J Foster Jr

(a) RESIDENCE NO 3934 Elm Ave ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Foster

6 DATE OF BIRTH (month, day, and year) June 10-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer NRRCo

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm J Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Idah Lanigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ind

14 Informant Ethel Foster

(Address) 3934 Elm Ave

15 Filed 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 5/31 19 31

17 I HEREBY CERTIFY That I took charge of the remains described above held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above

The CAUSE OF DEATH* was as follows Shock due to Wound received while he was a rider together from road & auto collision accidently

(a) duration yrs mos ds.

CONTRIBUTORY (Secondary) Fracture Skull

duration yrs mos ds.

18 Where was disease contracted if not at place of death? near Elkridge Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. H. Frame M. D. Coroner

6 1939 (Address) 3934 Elm Ave Eldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	June 2 1931

20 UNDERTAKER Edmondson Avenue Funeral Home ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

247419 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69320

CERTIFICATE OF DEATH

E 69320

1-PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL St. 2-4 Ward 92-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Tony Contos

(a) RESIDENCE NO. 1711 Alice Anna St St. Ward

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Unknown

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Oct 10-1875

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Peddler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Greece

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Friends

15 Filed 19 U. P. C. Registrar

C. HAMPSON JONES, M. D.

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 31-31

17 I HEREBY CERTIFY that I attended deceased from Apr 11 1931 to May 31 1931

that I last saw h[illegible] alive on May 31 1931

and that death occurred, on the date stated above, at 6 10A m.

The CAUSE OF DEATH was as follows:

Arteriosclerosis

Myocardial insufficiency

Arteriosclerosis

(duration 3 yrs. mos. ds.

CONTRIBUTORY (secondary)

(duration yrs. mos. ds.

18 Where was disease contracted if not at place of death? Maryland

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray

(Signed) Carl Rene Beadle M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL/CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Jun 3 1931

UNDERTAKER Thomson & Love

ADDRESS 2610 Eutaw Pl

Spec.—9-30—A. & Co.—250 Blks.

E 69321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 69321

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Parkdale Ave 12-57 WARD)

2 FULL NAME John W. Boone

(a) RESIDENCE NO. 3602 Parkdale Ave WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Boone

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80 ?				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment (Address) Wm Boone 3602 Parkdale Ave

15 C. HARRISON JONES, M. D. Registrar

- 1931 A.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from 5-27 1931 to May 31 - 31 that I last saw h— alive on May 30 31 and that death occurred, on the date stated above, at 7:29 m.

The CAUSE OF DEATH* was as follows:

Aortic Incompetency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Gen Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. F. C Dyer M. D.

6/1 1931 (Address) 6701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL June 3 1931

20 UNDERTAKER Chenowith Son — ADDRESS 36 S Paca St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69322

CERTIFICATE OF DEATH

59 E 69322

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Eutaw Place) WARD 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Agnes G. Bachmann

(a) RESIDENCE NO. 1606 Eutaw Place WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Bachmann

6 DATE OF BIRTH (month, day, and year) March 7 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Asst. Steno

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER William Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Hermina Parson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Albert Bachmann (Address) 33 E. Lanvale St

15 Filed [illegible] 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1-31

17 I HEREBY CERTIFY That I attended deceased from Feb 15 1931 to June 1 1931

That I last saw her alive on May 31 1931

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardio Renal Vascular disease + diabetes (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? C

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical diagnosis

(Signed) H. B. Thompson M. D.

6/1/31 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn DATE OF BURIAL June 3 1931

20 UNDERTAKER M. H. E. Duppelmeyer ADDRESS 37 Lan[illegible]

Spec.—9-30—A. & Co.—250 Blks.

Abbey

69323 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69323

CERTIFICATE OF DEATH

162

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2223 N. Calvert St 17-50 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Layina Abbey

(a) RESIDENCE No 2223 N. Calvert ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Russell F. Abbey

6 DATE OF BIRTH (month, day, and year) May 19, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	0	13 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Matthew L. Merrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Arethusa J. Kinney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Mrs. Mabel A. Bland
(Address) 2223 N. Calvert St

15 Filed ..., 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from May, 1930 to June 2 1931

that I last saw h[illegible] alive on June 2 1931

and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Senility.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E R Dump M. D.

19 (Address) 1733 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: OWEGO, N.Y. VIA PENNA & ERIE R.R. TIOGA

DATE OF BURIAL: June 3 1931

20 UNDERTAKER: John F. Denny

ADDRESS: 715 Light St

Spec.—9-30—A. & Co.—250 Blks.

E 69324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 69324

79-001

1. PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL S. 16-22 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anna Crowley

(a) RESIDENCE NO. 1410 Marlboro ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If ~~married~~, ~~widowed~~, or divorced
(or) WIFE of John T. Crowley

6 DATE OF BIRTH (month, day, and year): Aug 28 1896

7 AGE: Years 34 | Months 9 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Duncan C. Blakeney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Sara Dare

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Interment (Address): Reside JOHNS HOPKINS HOSPITAL

15 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2-1931

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1931 to June 2, 1931

that I last saw her alive on June 2, 1931

and that death occurred, on the date stated above, at 7 45 m.

The CAUSE OF DEATH* was as follows:

Cardio-respiratory failure
Toxemia

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Meningitis, (Streptococci)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5-23-31

Was there an autopsy? yes

What test confirmed diagnosis? Spinal puncture

(Signed) J. E. Gilroy M. D.

19 (Address) Johns Hopkins Hosp Balto, Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: 6/4 1931

20 UNDERTAKER: Wm. Cook 1217 Park Ave — ADDRESS

(OVER)

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69323

CERTIFICATE OF DEATH.

131 E 69325

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Home Hospital 12-50 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louisa B. Norris

(a) RESIDENCE NO. 2510 Greenmount Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct — 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70 71		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inmate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jacob Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Brocow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs Ida Whaley 2510 Greenmount Ave

15 Filed 6-1, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1930, to June 1- 1931, that I last saw her alive on May 31- 1931, and that death occurred, on the date stated above, at 11.05- A m.

The CAUSE OF DEATH* was as follows: Chron Interstitial Nephritis

(duration) 5 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Norris, M. D.

(Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery — DATE OF BURIAL 6/4/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 Druid Hill Ave

Spar.—9-30—A. & Co.—250 Blks

69326 HEALTH DEPARTMENT—CITY OF BALTIMORE 69326

CERTIFICATE OF DEATH

REGISTERED No. 97

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1747 Hanover ST. 23-32 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Phoebe P. Garrison

(a) RESIDENCE No. 1747 Hanover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

6a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of John C. Garrison

6 DATE OF BIRTH (month, day, and year) Mar 29th 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home 37

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Anthony S. Paul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Phoebe Coyswell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. J.

14 Informant (Address) Vernon L. Garrison 3114 Wylie Ave

Filed ~~2~~ 6-1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1st 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1930 to June 1, 1931

that I last saw her alive on June 1, 1931 7 P.M.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

6/2, 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetary

DATE OF BURIAL 6/4/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

C. HAMPSON JONES, M.

Spec.—9-30—A. & Co.—250 Blks

69327 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

31 E 69327

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 N. Fulton Ave 6-27 WARD

2 FULL NAME Annie R. O'Ferrall

(a) RESIDENCE NO. 617 N. Fulton Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~
~~the husband~~
(or) WIFE of Hugh C. O'Farrell

6 DATE OF BIRTH (month, day, and year) May 13th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co Md

PARENTS

10 NAME OF FATHER John Streett

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Marie McComas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md

14 Informant George B. Shannon
(Address) 700 N. Fulton Ave

15 Filed JUN 2 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2nd 1931

17

I HEREBY CERTIFY, That I attended deceased from May 19, 19 31, to June 1. 19 31

that I last saw her alive on June 1 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) George B Shannon M. D.

(Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	6/3/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Bks.

69328 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

146 E 69328

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 27-46 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mildred Watts

(a) RESIDENCE No. 4339 York Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Banking

(c) Name of employer Balto Trust Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo Watts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant David Cunworth

(Address) 4339 Fremont Ave

15 Filed 1931 C. HAMPSON JONES, M. D., Registrar

No. 8078

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 26, 1931, to June 1, 1931

that I last saw h Lr alive on June 1, 1931

and that death occurred, on the date stated above, at 9:50 p m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jno. T. Hobbs M. D.

, 19 (Address) 114 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 6/5/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

E 69329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

184 E 69329

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lord Stirling Hosp. 4-30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John W. Whaillain.

(a) RESIDENCE NO 1606 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Whaillain

6 DATE OF BIRTH (month, day, and year) Feb 7 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Whaillain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jennie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James W. Whaillain

(Address) 1606 Division

15 Filed - 1931 C. 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Accident) Duration yrs. 2 mos. ds.
CONTRIB. (Secondary) Shot with pistol in pocket discharged went in leg. Duration yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Mar 17 1931

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Kolodkin, M. D.
Coroner
(Address) June 2nd Coroner.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn Cem. DATE OF BURIAL 6-3 1931

20 UNDERTAKER George T. A. Gibson ADDRESS 1733 Druid Hill Ave

Spec.—9-30—A & Co.—250 Bks

69330 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69330

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2011 Eagle ST. 70-28 WARD)

2 FULL NAME Daisy M. Bowen

(a) RESIDENCE NO. 2011 Eagle ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurr Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Warner H. Bowen

6 DATE OF BIRTH (month, day, and year) 10/30/1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER James T. Bailey

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Hellen Temps

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Warner H. Bowen
(Address) 2011 Eagle, St.

15 Filed JUN 1931 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/1/31.

17

I HEREBY CERTIFY, That I attended deceased from 2/2 , 1931 , to 6/1 , 193
that I last saw her alive on 6/1 , 193
and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Clinical findings

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller M. D.

, 19 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 6/3 19 31

20 UNDERTAKER Fredk A. Cole

ADDRESS 230 W Fombard St

Spec.—9-30—A. & Co.—250 Bks.

E 69331

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69331

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 16-67 (Ward) 92

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Frank Kain Spurgel

(a) RESIDENCE No. 2906 Elliott Drive St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or WIFE of) Edith Taylor

6 DATE OF BIRTH (month, day, and year) Dec 3, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	45 ~~46~~	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Machinist

(c) Name of employer: United Railway

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Joseph Spurgel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Christina Katz

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant: Hospital Records
(Address)

15 Filed ____ 19 ____ Registrar

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/31/31

17

I HEREBY CERTIFY, That I attended deceased from 5/30, 1931, to 5/31, 1931

That I last saw h im alive on 5/31, 1931

and that death occurred, on the date stated above, at 11.05 P. M.

The CAUSE OF DEATH* was as follows:

Central Embolus.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Rheumatic Cardiovascular Disease

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) G. Bonno Wanderstock, M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loyola Park — DATE OF BURIAL: June 3 1931

20 UNDERTAKER: Harry H. Witzke — ADDRESS: 418 S. Edmondson Ave.

Spec.—9 30—A. & Co.—250 Bks.

E 69332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-0 E 69332

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 349 Gwynn Ave. ST 30-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E. Winkel

(a) RESIDENCE NO 349 Gwynn Ave. ST WARD

(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred 75 yrs mos 20 ds How long in U. S. (if of foreign birth) yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 If single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Eugene J. Winkel

6 DATE OF BIRTH (month, day, and year): May 12, 1856.

7 AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	75		20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Waltz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary E. Hobbs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs. Mary G. Lloyd

(Address): 349 Gwynn Ave.

15 Filed 6-1-1931 Registrar: G. HAMPSON JONES, M.D. RPN

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from Apr 2 1931 to June 1 1931

that I last saw h alive on June 1, 1931

and that death occurred, on the date stated above, at 4.10 A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs mos ds.

CONTRIBUTORY (Secondary): Hypertension, Myocarditis

(duration) yrs 4 mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) J. Neil Mc Murtry M. D.

19 Address 2170 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	6/3/31 19

20 UNDERTAKER: — ADDRESS: 4101 Edmondson Ave.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69333 69333

CERTIFICATE OF DEATH

REGISTERED NO. 23

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph Hospital St 417 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas

(a) RESIDENCE NO. St WARD

(Usual place of abode) (If non resident give city or town and state)

Length of residence in city or town where death occurred 5 yrs mos ds How long in U. S., if of foreign birth? 5 yrs 7 mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Black

5 If Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 20-1923

7 AGE: Years 7 | Months 7 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Peter Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Elnora Seward

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Elnora Thomas 1314 N. Spring St

15 FILED 6-3-1931 BY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-1-31

17 I HEREBY CERTIFY That I attended deceased from 5-23, 1931, to 6-1, 1931

that I last saw h alive on 6-1-31, 19

and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH* was as follows

Pulmonary Tuberculosis

(duration) yrs mos 8 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs mos 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Charles H. Elson M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Evergreen Cem — DATE OF BURIAL: June 3 1931

20 UNDERTAKER: Lottie Gross — ADDRESS: 1403 Ashland ave

Spec.—9-30—A. & Co.—250 Bks.

E 69334

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69334

CERTIFICATE OF DEATH

159

1 PLACE OF DEATH St Louis Hospital — Prematur Birth

CITY OF BALTIMORE: (No. 25-63 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Richard O. Sutcliffe

(a) RESIDENCE NO. 3005 Ingleside Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7 days		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Richard Sutcliffe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penn

14 Informant (Address): Mr Wm Sutcliffe 3005 Ingleside Ave

15 [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

Fee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 2, 1931

17

I HEREBY CERTIFY That I attended deceased from May 27 1931 to June 2 1931

that I last saw h[illegible] alive on June 2 1931

and that death occurred on the date stated above, at 1 15 a.m.

The CAUSE OF DEATH* was as follows: Premature Infant

7½ mos

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) M. Fiser M. D.

19 (Address) 87 Aisquith St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: June 3, 1931

21 UNDERTAKER: Martin Radzyminski — ADDRESS: 1827 W. Fort Ave

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69335

CERTIFICATE OF DEATH

93-003

E 69335

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 307 E. North Avenue ST. 12-9 (WARD)

2 FULL NAME Sarah Jane Griffen

(a) RESIDENCE NO. 307 E. North Avenue ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 9 mos. 28 ds. How long in U. S., if of foreign birth? 78 yrs. 9 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of John N. Griffen

6 DATE OF BIRTH (month, day, and year) August 3 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None do

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER ? ? Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mr. Clarence M Griffen

(Address) 106 Stevenson Ave

15 Filed JUN 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 24 1930 to June 1- 1931

That I last saw h[illegible] alive on May 22 1931

and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* was as follows: Acute Myocardial Dilatation -

Duration 1 yrs. mos. 35 min. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis and Senility

Arterio-sclerosis - 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No -

Did an operation precede death? No - Date of -

Was there an autopsy? No

What test confirmed diagnosis? Physical examination Clinical findings

(Signed) L. F. Kahlman M. D.

6/3 1931. (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: June 3 1931

20 UNDERTAKER: STEWART & MOWEN COMPANY (WILLIAM F. WOODER, Successor)

ADDRESS: 108 W. NORTH AVE.

Spec—1-12-29—M&I—500 Blks.

Bertha Oelsner

HEALTH DEPARTMENT—CITY OF BALTIMORE

69336

CERTIFICATE OF DEATH

46 E 69336

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2131 Chelsea Terr. ST. 15-61 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2-FULL NAME Mrs Bertha Oelsner

(a) RESIDENCE NO. 2131 Chelsea Terrace ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustav Oelsner

6 DATE OF BIRTH (month, day, and year): Sept 10th 1861

7 AGE: Years 69 Months 8 Days 20 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Bratach

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Hagemeier

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant: Minnie Oelsner

(Address) 2131 Chelsea Ter

15 Filed June 3 1931 19 — PK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 1931

17 I HEREBY CERTIFY, That I attended deceased from May 4 1931 to June 1 1931,

that I last saw h[illegible] alive on June 1 1931,

and that death occurred, on the date stated above, at 12 a m

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

Secondary Anaemia.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cardiac Edema

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

19 (Address) 820 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: June 3rd 1931

20 UNDERTAKER: C. Schloman & Son — ADDRESS 1039 Hanover

L 69537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1130 N. Carrollton ST. 16-23 WARD

2-FULL NAME Edgar V. Matthews

(a) RESIDENCE NO. 1130 N. Carrollton ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Vesta

6 DATE OF BIRTH (month, day, and year) Sept 2 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	46	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Matthias Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Hattie Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Virginia Matthews

(Address) 1130 N. Carrollton

15 Filed ..... 19[32] C. HAMPSON JONES ..... Registrar

R - 1021

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1st 1931

I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald Coroner M. D.

, 19 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star Cemetery	June 4, 1931
20 UNDERTAKER	ADDRESS 3221
Mrs Hattie R. Williams	Schroeder St.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1470 E 69338

E 69338

REGISTERED NO. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Katherine C. Schuette

(a) RESIDENCE NO 1505 N. Bradford ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christian H. Schuette

6 DATE OF BIRTH (month, day, and year) Aug 22/1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Samuel Dare

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Susan Rohe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md

14 Informant Mr. Christian H. Schuette

(Address) 1505 N. Bradford St

15 Filed JUN 3 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Septicemia due to self induced abortion (with alum stick) on May 24/31

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Probably at residence

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jack Dare, M. D. Coroner

June 2 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: June 4 1931

20 UNDERTAKER: Stanley Hocek & Sons, Inc. — ADDRESS: 1301 E. Eager St

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69339 — 184 E 69339

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE (No. City Hospitals St. 26-37 Ward)

2-FULL NAME HERMAN MOROZ

(a) RESIDENCE NO. Stemmers Run St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) September 28, 1921

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	9	8	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS
10 NAME OF FATHER Albert Moroz
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland
12 MAIDEN NAME OF MOTHER Christine Vilkowski
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Mr. Albert Moroz (Father)
(Address) Stemmers Run

Filed 6-3-1931 — C. HANLEY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bullet wound through his R Lung passing through scapular entering through sternum Accident (duration) mos. 2 hrs
CONTRIBUTORY (Secondary) Internal Hemorrhage (duration) yrs. mos. 2 hrs

(Signed) James M Hanley M. D.
(Coroner)
5/31 1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Christ Ev. Luth. Ch. Cem. — Date of Burial: June 3, 31

20 UNDERTAKER: Henry Sandel & Sons, Inc. — ADDRESS: Baltimore St & Broadway.

Spec.—9-30—A. & Co.—250 Blks.

69340 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69340

CERTIFICATE OF DEATH

23

REGISTERED NO. 2756

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3312 Spaulding Ave. WARD

2 FULL NAME CHARLES HARRY PHILLIPS

(a) RESIDENCE NO. 3312 Spaulding Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) April 30, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Architectual-Draftsman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Reinle-Salomon Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Charles H. Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Alma Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs. Alma Phillips (Mother)
(Address) 3312 Spaulding Ave.

15 Filed 3-[illegible]-1931 W. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 26th, 1931, to June 2nd, 1931, that I last saw him alive on June 1st, 1931, and that death occurred, on the date stated above, at 4.35 a.m.

The CAUSE OF DEATH* was as follows:

Exhaustion

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Boulton M. D.

6-2, 1931 (Address) 3909 Gamson Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: June 4 1931

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: Baltimore St. & Broadway.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69341

CERTIFICATE OF DEATH

E 69341

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

St Joseph's Hospital

CITY OF BALTIMORE (No. Caroline & Oliver Sts.) (WARD) 8-17

2 FULL NAME Jacob Eilerman

(a) RESIDENCE NO. 1510 N. Durham ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Eilerman

6 DATE OF BIRTH (month, day, and year) Nov. 3 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mariner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. Christian Mack

(Address) 3508 Elliott St.

15 Filed JUN 2 1931, 19 C. HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 26, 1931, to June 1, 1931

that I last saw h[illegible] alive on June 1, 1931

and that death occurred, on the date stated above, at 7:20 P. M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of, 4/29/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Vincent Mesana M. D.

19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL June 4 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 1737 E. Eager st

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69342

CERTIFICATE OF DEATH

119 E 69342

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1234 Division ST. 17 34 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frances Estelle Gaten

(a) RESIDENCE NO. 1234 Division ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) July 31, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		10		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Gaten

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Frances Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Wm Gaten
(Address) 1234 Division St

15 Filed June 1, 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 1, 1931

that I last saw h[illegible] alive on June 1, 1931

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Gastro enteritis

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY ✓
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) H. Lee [illegible] M. D.

6/2, 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL 6-3 1931

20 UNDERTAKER Dennis Easton

ADDRESS 916 Pa ave

Spec.—1-10-21—M&T—1500 Blks.

E 69343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69343

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 844 W. Baltimore ST. 18-15 WARD)

2-FULL NAME Ellen R Peacock

(a) RESIDENCE NO. 844 W. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm R Peacock

6 DATE OF BIRTH (month, day, and year) 1870.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Don't Know

14 Informant Wm R Peacock

(Address) 844 W Baltimore St

15 Filed 3 1931 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1931

17

I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to June 1, 1931,

that I last saw h alive on June 1, 1931,

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilitation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harry Glatzman, M. D.

June 1 1931 (Address) 2681 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF ~~BURIAL~~ CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	6/3 1931

20 UNDERTAKER Edw Jonson ADDRESS Wash Blvd

Spar.—9-30—A & Co.—250 Blks.

E 69314 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69314

CERTIFICATE OF DEATH

9A-001

REGISTERED NO. 9-17

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1708 N Caroline ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry N. Rodenmayer

(a) RESIDENCE NO. 1708 N Caroline ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Rodenmayer

6 DATE OF BIRTH (month, day, and year) Oct 29 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Book Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Rodenmayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sophia Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ella Rodenmayer

(Address) 1708 N Caroline St

15 Filed 1931 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 29 1931 to May 31 1931

that I last saw him alive on May 31 1931

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(Duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? None

What test confirmed diagnosis? None

(Signed) C. Gill Hall M. D.

1931 (Address) 1631 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL 6-3 1931

20 UNDERTAKER Bernard C Hartz ADDRESS 1000 S

Spec.—1-30—M. & T.—250 Bks.

E 69345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001 E 69345

REGISTERED NO. 27-48

1-PLACE OF DEATH
CITY OF BALTIMORE, No. 5804 York Road ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mary Hinkle

(a) RESIDENCE No. 5804 York Road ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Hinkle

7 DATE OF BIRTH (month, day, and year): Oct. 13-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitress
(b) General nature of industry, business, or establishment in which employed (or employer): Public School
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Albert Krager
(Address): 5804 York Road

15 Filed JUN 3 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31-1931

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to May 31, 1931, that I last saw her alive on May 31, 1931, and that death occurred, on the date stated above, at 4-50 P. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorrhage (duration) yrs. mos. 1 Wk.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H. W. Wheaton, M. D.

, 19 (Address) 4305 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL: June 4, 1931

20 UNDERTAKER: George W. Schwab ADDRESS: 1101 Pulaski Ave.

Spec.—1-30—M. & T.—250 Bks

Quesse.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69346

CERTIFICATE OF DEATH.

93-003

E 69346

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2213 Mura ST., 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ferdinand L. Quesse

(a) RESIDENCE NO. 2213 Mura ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 40 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Anna Quesse

DATE OF BIRTH (month, day, and year) Oct 31 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Anna Quesse

(Address) 2213 Mura St

15 Filed JUN 3 - 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2/31

17 I HEREBY CERTIFY, That I attended deceased from May 1 19 20 to June 2 19 31

that I last saw him alive on June 1 19 31

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows: (a) Myocarditis

Interstitial

(b) Arteriosclerosis

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(c) Cystitis Cardiac Debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Foster Rogers M.D.

(Address) 20 W Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery

DATE OF BURIAL June 5 1931

20 UNDERTAKER August Tarek

ADDRESS 2406 Ashland Ave

Spec.—8-16-29—L. F. S.—100 Bks.

E 69347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 69347

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 W Lafayette Ave ST.) (WARD) 11-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Ferdinand Passano

(a) RESIDENCE NO. 231 St. Lafayette Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Passano

7 DATE OF BIRTH (month, day, and year) Nov. 14, 1842

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
88	88	6	18 17	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Louis Passano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary Anne Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) 231 Court

Informant Louis Passano

(Address) 1613 Park Ave

Filed JUN 3 - 1931 19 HAMILTON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 31

17

I HEREBY CERTIFY, That I attended deceased from June 1st, 1931, to June 1st, 1931, that I last saw h alive on May 31st, 1931 and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Dilatation Heart

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Old Senility

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis B. Hamilton, M. D.

19 (Address) Irvington Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	6-3rd 1931
20 UNDERTAKER	ADDRESS
Henry W. Jenkins & Sons Co	Orchard & Mc Cullough.

Spec—1-12-23—M&T—500 Blks.

E 69348

HEALTH DEPARTMENT—CITY OF BALTIMORE

99 E 69348

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3000 Brendon St. (Ward) 27 E 45

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward G Diven

(a) RESIDENCE NO. 3000 Brendon Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos ds. How long in U. S., if of foreign birth? Life mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Diven

6 DATE OF BIRTH (month, day, and year): Sept 23 1848

7 AGE: Years 82 Months 8 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: — Balling

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Informant (Address): Joseph F Diven 3000 Brendon ave

15 Died 1931 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 st 1931

17

I HEREBY CERTIFY, That I attended deceased from May 2 . 1931 . to June 1 . 1931 .

that I last saw him alive on May 31 . 1931

and that death occurred, on the date stated above, at 10.45 A.m

The CAUSE OF DEATH* was as follows:

Coronary occlusion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Senility.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Occlusion of Cardiac a Arteries W. F. Knudson

(Signed) . M. D.

. 19 (Address) 3300 Hudelyore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: June 3 1931

20 UNDERTAKER: Wm J Stanton

ADDRESS: 126 Eutaw

Spec.—8-16-29—L. F. S.—100 Blks.

E 69349

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-001 E 69349

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2411 Arunah Ave ST. 16-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Albert Johnson

(a) RESIDENCE NO. 2411 Arunah Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Scott Johnson

DATE OF BIRTH (month, day and year) 11-23-1868.

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	62	6	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Letter Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Post Office

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Reiter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

Informant Henrietta Scott Johnson

(Address) 2411 Arunah Ave

1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 31-1931

17

I HEREBY CERTIFY That I attended deceased from May 21 1931 to May 31 1931, that I last saw h alive on May 30 1931 and that death occurred on the date stated above, at 7.05 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(duration) yrs mos. 8 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs mos. 11 ds.

18 Where was disease contracted if not at place of death*

Did an operation precede death no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Chester Leland, M. D.

5-31, 1931 (Address) 2534 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	6/3/1931
20 UNDERTAKER	ADDRESS
Geo. Weber & Son	2500 Edmondson Ave

Co. 5-11 2508

E 69350 **HEALTH DEPARTMENT CITY OF BALTIMORE** 46 E 69350

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 338 E. 20th St. 12-19 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine T. Mulcahy McGann

(a) Residence No. 338 E. 20th St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William T. McGann

6. DATE OF BIRTH (month, day, year) July 4, 1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	57	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 1930
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James Mulcahy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Ann C. McGreevy
(Address) 338 E. 20th St.

18. BURIAL, CREMATION OR REMOVAL
Place St. Peters Cemetery Date June 4 1931

19. UNDERTAKER K. H. Cook
(Address) 1003 West Baltimore St.

20. FILED JUN 3 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1931.

22. I HEREBY CERTIFY, That I attended deceased from May 15 1930 to June 2 1931
I last saw h[illegible] alive on June 2 1931 death is said to have occurred on the date stated above at 3:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	5/30/31
Arteriosclerosis.	5/15/31
Nephrosclerosis	10/15/30.

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide or homicide? X Date of injury X, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

M D (Signed) John A. Scheurich, M. D.
(Address) 337 S Charles St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69351 ✓ 23 E 69351

E 69351

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO 2333 Guilford Ave ST. WARD 17-50

2. FULL NAME James A Pullman

(a) RESIDENCE NO 2333 Guilford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col. | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apl 10 1912

7 AGE: Years 19 | Months 1 | Days 21 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Lucas Co. Va.

PARENTS

10 NAME OF FATHER: W. H. Pullman

11 BIRTHPLACE OF FATHER (City or town) (State or country): Lucas Co. O.

12 MAIDEN NAME OF MOTHER: Fern Williams

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Lucas Co. O.

14 Informant (Address): W. H. Pullman.

15 Filed 3-1931. C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 31 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 22 1931 to May 31 1931,

that I last saw h alive on May 31 1931,

and that death occurred, on the date stated above, at 2 20 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) about 3 yrs 3 mos ds.

CONTRIBUTORY (Secondary) Influenza (duration) 1 yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Hanson, M. D.

19 (Address) 1215 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: June 3, 1931

20 UNDERTAKER: Wm. H. Elliott — ADDRESS: 112 Baltimore

Spec.—2-29-28—L. F. S.—500 Blks.

E 69352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42-001

E 69352

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3801 Hoodline (St.) (1928-53) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Charles Foos

(a) RESIDENCE: (No.) 3701 Hoodline (St.)

WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 6 mos. 1 da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary J. Foos

7 DATE OF BIRTH (month, day and year): Nov 26, 1843

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	6	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Trader Hunter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Wm F. Foos

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Miss Mary Foos

(Address): 3801 Hoodline

Filed: MAY 3 1931, 19 — HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 2nd - 31

17 I HEREBY CERTIFY That I attended deceased from May 21st 1931. to June 2nd. 1931.

that I last saw h alive on June 2nd. 1931

and that death occurred on the date stated above at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary): Old Age

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Symptoms

Signed: C. C. Smith, M. D.

June 2 1931 (Address) 409 Equitable Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	June 5 1931
20 UNDERTAKER: Robert J. Tuttle	ADDRESS: Edmondson Ave

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69353

CERTIFICATE OF DEATH.

46

REGISTERED NO. E 69353

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Sullivan

(a) RESIDENCE NO. Mt Hope Retreat ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

DATE OF BIRTH (month, day, and year) about 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	62	Unknown		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Unknown Ireland

10 NAME OF FATHER Dennis Sullivan

11 BIRTHPLACE OF FATHER (city or town) Cork (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Herlehy

13 BIRTHPLACE OF MOTHER (city or town) Cork (State or country) Ireland

Informant Mt Hope Retreat (Address) Mt Hope Retreat

Filed 3-1931 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1924 to January 3 1931,

that I last saw her alive on January 3 1931,

and that death occurred, on the date stated above, at 3.00 A m.

The CAUSE OF DEATH* was as follows: Carcinoma of Stom.

(Chole-cystitis)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Depression Psychosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P Hill M. D.

19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore DATE OF BURIAL Jan 5 19 31.

20 UNDERTAKER Howard Letterman & Co ADDRESS Catonsville

E69354

Spec—9-30—A. & Co.—250 Blks

E69354

HEALTH DEPARTMENT—CITY OF BALTIMORE [redacted]

CERTIFICATE OF DEATH

161-004

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby Whitesman

(a) RESIDENCE NO. 2866 W. Garrison Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	.....

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) Sept. 11, 1931

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	.....	.....	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Louis Whitesman

11 BIRTHPLACE OF FATHER (city or town) England (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) England (State or country)

14 Informant
(Address)

15 Filed ....., 19 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16, 1931

17 I HEREBY CERTIFY That I attended deceased from Sept. 11, 1931 to Sept. 16, 19 31

that I last saw h im alive on Sept. 15, 19 31

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows

Infratentorial Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological

(Signed) Charles H. Buckbinder M. D.

19 Address Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

C. HAMPTON JONES, M. D.

TION is very important. See instructions on back of certificates.

...ny be properly classified. Exact statement of OCCUPA-

Spec.—1-30—M. & T.—250 Blks

✓ #18

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69355 + 94 E 69355

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (NO. Fayette & Calhoun ST. 14-7 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. John Nowak

(a) RESIDENCE NO. Glyndon, Maryland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE: Years 74 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Unknown (Dead)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown (Dead)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Andrew Wisowy

(Address) Glyndon, Md.

15 Filed JUN 3 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 22 1931 to May 17 1931.

that I last saw him alive on May 17 1931.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Gangrene right foot, endarteritis obliterans

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Gas Gangrene

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of May 14, 1931

Was there an autopsy? No

What test confirmed diagnosis? Microscopic of leg.

(Signed) M. Schreiber, M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL JUN 3 - 1931

20 UNDERTAKER [illegible] of Balto.

ADDRESS

1-30—M & T.—100 B—50L

E 69356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69356

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Fremont ST. WARD)

2-FULL NAME Dorothy Bell Johnson

(a) RESIDENCE NO 123 N. Fremont ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Horace Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliz Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant

(Address)

15 Filed ..... 6 HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) ..... yrs ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Zellers, M. D. Coroner

1931 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL JUN 3 - 1931

20 UNDERTAKER .....

ADDRESS .....

Spec.—2-29-28—L. F. S.—500 Blks.

E 69357 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69357

CERTIFICATE OF DEATH

REGISTERED NO. 82-004

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Frederick Ave ST. 70-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christena Denker

(a) RESIDENCE NO. 2011 Frederick Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Denker

7 DATE OF BIRTH (month, day, and year) apr 3, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Louis Wissner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Muench

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Herman Denker

(Address) 2011 Frederick Ave.

15 FILED 6-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 | 31

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to June 1, 1931

that I last saw her alive on June 1, 1931

and that death ocrurred, on the date stated above, at 6.50 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs mos. 4 ds.

CONTRIBUTORY (Secondary) Artero Sclerosis

(duration) yrs 1 mos. ds.

18 Where was disease contrarted if not at place of drath?

Did an operation preeede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj O. McCeney, M. D.

(Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL June 4 1931

20 UNDERTAKER Mrs. Mrs. John W. Pugh & Son

ADDRESS 601 W. Fayette

1-30—M. & T.—100 B—50L

E 69358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69358

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1541 N. Bruce St. (Ward) 15-21

REGISTERED NO. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lena Buxton

(a) RESIDENCE NO. 1541 N. Bruce WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Ohio
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ky

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Geo. Buxton

(Address) 1201 Baker

15 May 29, 1931 Registrar

MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): May 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Flurh, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	June 3 1931
20 UNDERTAKER	ADDRESS
J. E. Nelson	1303 Brentwood Ave

Spec.—2-29-28—L. P. S.—500 Blks.

E 69359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 50

E 69359

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Asquith ST. 9-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number) Camden, N. J. (Home)

2—FULL NAME Margaret Lillian Martin

(a) RESIDENCE NO. 1308 Asquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) March 30, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

10 NAME OF FATHER James P. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Cauley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Arthur Martin

(Address) 1308 Asquith St.

FILED - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 - 1931

17

I HEREBY CERTIFY, That I attended deceased from May 24 - 1931, to June 1 - 1931,

that I last saw her alive on May 30 - 1931

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right breast

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Camden, N. J.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin H. Fenby, M. D.

6/3/ 1931 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Patricks, Howard Co.

DATE OF BURIAL June 4 1931

20 UNDERTAKER John S. Connelly

ADDRESS Ellicott

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69360

CERTIFICATE OF DEATH

E 69360

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard Kelly Hosp. St. 14-20 (WARD)

2-FULL NAME Wm R Bowers.

(a) RESIDENCE NO Roncevrte W. Va St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Druggist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer W. Va

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Dr. Roncevrte W. Va

(Address)

15 Filed ..... 192..... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 3rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris Sudden

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted, if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) H. Kingsley Hollis M. D. Coroner

June 3rd 1931 (Address) Roncevrte W. Va

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL Roncevrte W. Va

DATE OF BURIAL June 6 1930

20 UNDERTAKER John C. Mitchell

ADDRESS Place

C. HAMPSON JONES, M. D.

6 - 1931

Spec.—9-30—A. & Co.—250 Blks.

69361 # HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. X 108 L 69361

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 12-5-1 ST. WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME [redacted] Gilbert Ware

(a) RESIDENCE NO. 2432 Oak St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Ware

6 DATE OF BIRTH (month, day, and year) June 4 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52 ?	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Elkton Va.

PARENTS

10 NAME OF FATHER Harvey Ware

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Evelyn Beasley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of

(Address) Baltimore City Hospitals

15 Filed JUN 7 1931 ID C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-3-31

17 I HEREBY CERTIFY, That I attended deceased from 5-27-31, 19 , to 6-3-31, 19

that I last saw him alive on 6-3-31, 19

and that death occurred, on the date stated above, at 3:20 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgt. M. D.

6-3-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Woodlawn DATE OF BURIAL 6-5 1931

20 UNDERTAKER D. L. Tipton and Co ADDRESS Elkton Md

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69362

CERTIFICATE OF DEATH

E 69362

REGISTERED NO.

1—PLACE OF DEATH Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-21 ST. WARD)

2—FULL NAME Lorraine Vest

(a) RESIDENCE NO. 1552 McElderry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 5 1921

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	9	11	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER James Vest

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Fabian

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Hospital Records

(Address)

Filed 6-3-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/2/31

I HEREBY CERTIFY, That I attended deceased from 6/1 1931, to 6/2/31, 19

that I last saw h alive on 6-2 1931

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis
peritonitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Peritonitis + Streptococcal Septicemia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 6/1/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Robert F. Clemmitt, M. D.

, 19 (Address) md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery Jersey	19 31
20 UNDERTAKER H. Feund & Sons	ADDRESS E. Fort Ave

Spec.—9 30—A. & Co.—250 Bks

Kroening ✓

69363 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 107 L 69363

1 PLACE OF DEATH

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1744 Hanover St. ST. 23-32 WARD)

2 FULL NAME Howard W. Kroening.

(a) RESIDENCE No. 1744 Hanover. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 10 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Infant.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) July 14, 1930.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10,	18.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant. 0 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George H. Kroening.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Ida L. Cole.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co. Md.

14 Informant Ida L. Kroening.
(Address) 1744 Hanover St.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar
By APH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2-1931

17

I HEREBY CERTIFY. That I attended deceased from May 19, 1931, to June 2, 1931
that I last saw him alive on June 2, 1931
and that death occurred, on the date stated above, at 8 A. m.
The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
(Primary)
(duration) yrs. mos 1X ds.

CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical findings

(Signed) H. H. Campbell M. D.
June 2 1931 (Address) 16XX Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	June 4 1931
20 UNDERTAKER	ADDRESS
A. Hand Evans & Son	

Spec—9-30—A & Co.—250 Blks.

68364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69364 X 59 E 69364

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 4-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Florence Fisher

(a) RESIDENCE NO. Simpsonville Howard Co., Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Bruce

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lizzie Brukett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospital Records
(Address)

Filed 4-1931 H. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3, 1931.

17
I HEREBY CERTIFY, That I attended deceased from June 2, 1931, to June 3, 1931

that I last saw her alive on June 3, 1931

and that death occurred, on the date stated above, at 1:35 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
+ Coma
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Lobar Bronchopneumonia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) J. Geyko M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Locust Lake

DATE OF BURIAL: June 5 1931

20 UNDERTAKER: Easton Boro

ADDRESS: Ellicott City

Xper.—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69365 69365

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 23 W. Lee St. WARD 27-30

2-FULL NAME Anna Cucina

(a) RESIDENCE NO. 23 W. Lee St. WARD

(If usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Samuel Cucina

6 DATE OF BIRTH (month, day, and year) June 9, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	11	22	

8 OCCUPATION OF DECEASED At home

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER John Bagoni

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Samuel Cucina (Address) 23 W. Lee St

15 6-4-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1-1931

17 I HEREBY CERTIFY, That I attended deceased from 5-30-31 to 6-1-31

that I last saw h alive on 6-1-31

and that death occurred, on the date stated above, at 8 30 P.

The CAUSE OF DEATH was as follows:

Rheumatic + chronic arthritis. 5 ds.

CONTRIBUTORY (Secondary) Myocarditis. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Lazarus M. D.

6-2-1931 (Address) Medical Arts Bldg

(State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL June 5 1931

UNDERTAKER John Villani

ADDRESS 208 Albemarle

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69366

CERTIFICATE OF DEATH

95-002 E 69366

1 PLACE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 2868 Harford Rd 6-46 WARD

2 FULL NAME William H / Braue

(a) RESIDENCE NO. 2868 Harford Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Dorothy Braue

6 DATE OF BIRTH (month, day, and year): Dec 1860

7 AGE: Years 70 | Months 72 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: Clothing Mfgr

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mr Mrs H Braue Jr 332 Gorsuch Ave

15 June 3 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 12 31 to June 2 19 31

That I last saw him alive on June 2 19 31

and that death occurred, on the date stated above at 5 17 m.

The CAUSE OF DEATH was as follows:

Hypertension Cardio Vascular Disease

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Apoplexy

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Charles W Edwards M. D.

19 (Address) 2746 Alameda.

"State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Park Cem

UNDERTAKER: John Allen

DATE OF BURIAL: June 5 1931

ADDRESS: 2118 Edmondson

1-30—M. & T.—100 B—50L

69367

HEALTH DEPARTMENT—CITY OF BALTIMORE

69367

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Baker ST. 15-21 WARD)

2-FULL NAME Moses L. Dobbin

(a) RESIDENCE NO. 604 Baker ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 8th 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	40	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chas Co Md

PARENTS

10 NAME OF FATHER Chas H Dobbin

11 BIRTHPLACE OF FATHER (City or town) Chas Co (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Thomas

13 BIRTHPLACE OF MOTHER (City or town) Chas Co. Md (State or country)

14 Informant Pat. H. Dobbin

(Address) Westminster Md

15 Filed JUN 4 1931, 192 .. HARRY JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows

Epilepsy Sudden
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank Leek, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery — DATE OF BURIAL June 5 1931

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Preston St

Spec.—9-29—A & Co.—250 Blks

E 69368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69368

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1505 Bank St. St. B-W Ward)

REGISTERED NO. 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Victor Soarela

(a) RESIDENCE NO. 1505 Bank St St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Soarela

6 DATE OF BIRTH (month, day, and year) June 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook Lumberjack

(b) General nature of industry, business, or establishment in which employed (or employer) Board

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10 NAME OF FATHER Pete Soarela

11 BIRTHPLACE OF FATHER (city or town) (State or country) Finland

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Finland

14 Informant (Address) Katie Soarela 1505 Bank St.

15 Filed 6-1-1931, 19 HARPER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 2/31

17

I HEREBY CERTIFY That I attended deceased from May 19 31 to June 2nd 19 31

that I last saw h[e] alive on June 1st 19 31

and that death occurred on the date stated above at 9 30a. m.

The CAUSE OF DEATH* was as follows

Chronic Parenchymatous Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Chemical Exam. Laboratory

(Signed) A F Kier M. D.

June 2 19 31 (Address) 24 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn DATE OF BURIAL June 5 19 31

20 UNDERTAKER P. T. Cazazentis ADDRESS 130 Fountain Ave

Spec.—9-30—A. & Co.—250 Rks.

E 69369 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23 E 69369

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) REGISTERED NO

CITY OF BALTIMORE: (No 1124 ST WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Bertha Peterson

(a) RESIDENCE NO 1102 Madison st. ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Peterson

6 DATE OF BIRTH (month, day, and year) 3-19-04

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Edw. McNair

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lydie McNeill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records
(Address)

15 Filed 6-1-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1931

17 I HEREBY CERTIFY That I attended deceased from Feb. 27 1931 to May 31 1931

that I last saw her alive on May 31 1931

and that death occurred on the date stated above at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) [illegible] M. D.

6-1-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dairmont N. C. DATE OF BURIAL June 4 1931

20 UNDERTAKER Lottie Gross ADDRESS 145 Rockland ave

Spec— 12-23-21—E.B.P.S.—400 Blks.

69370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69370

CERTIFICATE OF DEATH

1-PLACE OF DEATH St Vincent Infant Asylum

City of BALTIMORE: (No.) 1701 Division St. 9-18 (Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Audrey Graves

(a) Residence No. 1415 Eutaw St. St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX	4-COLOR OR RACE	5-SINGLE, Married, Widowed, or Divorced
Female	White	

3a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) May 20 '31

7-AGE yrs. mos. 14 ds. 13 If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (City or town) (State or Country) Baltimore Md.

PARENTS

10-NAME OF FATHER Hugh Graves

11-BIRTHPLACE OF FATHER (City or town) (State or Country) Balto. Md.

12-MAIDEN NAME OF MOTHER Helen Alexander

13-BIRTHPLACE OF MOTHER (City or town) (State or Country) Balto. Md.

14-(Informant) Helen Graves

(Address) 1415 Eutaw St

15- Filed JUN 4 - 1931 C. HAMPSON JONES Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year) June 3, 1931

17- I HEREBY CERTIFY, That I attended deceased from May 20 1931 to June 3 1931

that I last saw her alive on June 3 1931 and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH was as follows

Pneumonia, 2 days

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary)

Duration yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date

Was there an autopsy? No

What test confirmed diagnosis?

Signed: Marion B. Ballard M. D.

19- Address 104 W. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes state the Means and Nature of Injury, and if whether Accidental Suicidal or Homicidal. See reverse side for additional space.

19-PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 6/4/31

20-UNDERTAKER H. E. Butler

ADDRESS 125 Hayes

Spec—12-23-21—E.B.F.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69371

CERTIFICATE OF DEATH

X 97

E 69371

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 802 E. Pac St. 97-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucie Howard

(a) Residence No. 802 E. Pac St. Ward Loudon Co. Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Howard

6-DATE OF BIRTH (month, day and year): 1865

7-AGE: 66 yrs. mos. ds. If LESS than 1 day, hrs. or. min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Joseph Phipps

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Harriett

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14-

(Informant): Lora Marshall

(Address): 322 S. Dean

15-

Filed ..... 19..... C. HAMPTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year): June 2 1931

17- I HEREBY CERTIFY, That I attended deceased from April 8 1931 to June 2 1931

that I last saw her alive on June 2 1931

and that death occurred on the date stated above at 9 20 p. m.

The CAUSE OF DEATH* was as follows

Mitral Stenosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) L. Montgomery M. D.

June 3 1931. (Address) 729 York Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: St. John's Cath. Cem. DATE OF BURIAL: 6 4 1931

20-UNDERTAKER: Isaiah L. Brown Son ADDRESS: 1609 Montgomery St

Cor.—10-10-29—A Co.—100 Bks.

E 69372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69372

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Bello city Hospital) (Ward) 16-23

2-FULL NAME Mary Roberts

(a) RESIDENCE NO. 15 or Hayes St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Roberts

6 DATE OF BIRTH (month, day, and year) May 1897

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
34	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER James Stansbury

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Bert Roberts
(Address) 1500 Hollins

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Incomplete abortion due to fall from window while working ~~at~~ accident

(duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary) Septic heart

(duration) yrs. 1/4 mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes, by Dr

What test confirmed diagnosis? Autopsy

(Signed) James M Kuhn, M. D.

6-3 1931 (Address) 702 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn DATE OF BURIAL June 6 1931

20 UNDERTAKER Samuel Ulman ADDRESS 1000 Druid Park Dr

Spec.—9-30—A. & Co.—250 Blks.

69373 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69373

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No Dale Ave. ST. WARD)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Annabella Farrar or Fowler

(a) RESIDENCE No. 1307 N. Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Fowler

6 DATE OF BIRTH (month, day, and year) 5-4-[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 37

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa.

PARENTS

10 NAME OF FATHER Joseph Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Crosley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Interment (Address) Record City Hosp.

15 Filed 6-4 1931 C. RAWSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1-31

17

I HEREBY CERTIFY, That I attended deceased from 5-27, 1931, to 6-1 1931

that I last saw h[illegible] alive on 6-1 1931

and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure
Duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholic Psychosis
Depressed type
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

6-1, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Johnson Crem. DATE OF BURIAL 6-4 1931

20 UNDERTAKER Byron Knight 1218 McElderry St ADDRESS

1-30—M. & T.—100 B—50L

E 69374

HEALTH DEPARTMENT--CITY OF BALTIMORE

E 69374

CERTIFICATE OF DEATH

REGISTERED NO. 121

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1206 N. Eden ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Iee

(a) RESIDENCE NO 1206 N. Eden ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11- 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	7		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md.

PARENTS

10 NAME OF FATHER Chapman Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura Lawson

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Chapman Lee
(Address) 1206 N. Eden St

15 Filed 6-1931 Geo. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Probably ruptured Appendix

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [signature] Coroner, M. D.

6/3/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	6-4 1931
20 UNDERTAKER Byron Wright	ADDRESS 218 McElderry St

Spec.—9-30—A. & Co.—250 Blks

E 69375 E 69375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 107 Y001

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 1630 Jackson ST. 24-34 WARD

2. FULL NAME Edwin A. Bopp.

(a) RESIDENCE NO. 1630 Jackson ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Bopp

6 DATE OF BIRTH (month, day, and year) Aug 18 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	14/15	

8 OCCUPATION OF DECEASED.
(a) Trade, profession or particular kind of work Auto Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer) 086
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Philip Bopp.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary C. Flong Mary

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany.

14 Informant Elizabeth Bopp (Address) 1630 Jackson St

15 Filed 6-4-1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2nd 1931

17 I HEREBY CERTIFY, That I attended deceased from May 21 1931 to June 2 1931

That I last saw h in alive on June 2 1931

And that death occurred, on the date stated above, at 8.50 P. M.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Sidney H. Lloyd M. D.

6/3 1931 (Address) 460 E. Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL 6-5 1931

20 UNDERTAKER E. B. Nash — ADDRESS 115 E. West St.

1-30—M & T.—100 B—50L

E 69376

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69376

CERTIFICATE OF DEATH

82

REGISTERED NO. 2331

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 S.Sharp St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Susan Dingle.(C)

(a) RESIDENCE NO. 906 S.Sharp St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced, WIFE of (or) HUSBAND of Hames Dingle (C)

6 DATE OF BIRTH (month, day, and year) Do not know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER John Johnson.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Lucy Dingle.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina.

14 Informant James Dingle.(C) husband. (Address) 906 S.Sharp St.

15 Filed JUN 4 192 C. HAMILTON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, Coroner, M. D.

6/2, 1931 (Address) 1016 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Johnson Town. DATE OF BURIAL 6/4/31 19

20 UNDERTAKER Wooster B Sprigg ADDRESS 1624 W Lanvale

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 69377

107-001

REGISTERED NO. _____

69377

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 11-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Astun

(a) RESIDENCE NO 212 W. Franklin. ST., ... WARD .....
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) — 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Henry Astun

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Berrs —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant Hyman Astun (Brother)

(Address) 202 Forstman St

15 Filed ..... 193 ..... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Broncho-pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Virginia Zeller Coroner, M. D.

6/4, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville

DATE OF BURIAL: 6-4-1931

20 UNDERTAKER: Mrs Lewis, Inc.

ADDRESS: 1439 E. Baltimore

1-1-1021

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69378

CERTIFICATE OF DEATH.

E 69378

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 9-45 WARD)

2-FULL NAME William Henry Fowler

(a) RESIDENCE No. 22 E. Green St. Westminster, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of 1

6 DATE OF BIRTH (month, day, and year) Sept 10, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster Md.

PARENTS

10 NAME OF FATHER Raymond Fowler

11 BIRTHPLACE OF FATHER (city or town) Carroll Co. (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Delaney

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co. (State or country) Md.

14 Interment (Address) Mrs. Emma E. Fowler 22 E. Green St. Westminster

15 Filed _____ 1931 C. HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to June 4, 1931, that I last saw him alive on June 4, 1931, and that death occurred, on the date stated above, at 9:15 A m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 0 mos. 8 da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 7 da.

18 Where was disease contracted if not at place of death? 22 E. Green St. Westminster

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? X ray

(Signed) J. Peter Meranski, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster

DATE OF BURIAL 6/5 1931

20 UNDERTAKER H H Bankard & Son

ADDRESS Westminster

Spec.—9-30—A & Co.—250 Pks

E 69379 ✓ E 69379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3014 Northern Pkwy. (Ward) 27-43

2 FULL NAME August Otter Jr.

(a) RESIDENCE NO. 3014 Northern Pkwy ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anne V. Otter

6 DATE OF BIRTH (month, day, and year) May 7-1889

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	42	—	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sales

(b) General nature of industry, business, or establishment in which employed (or employer) Superintendent

(c) Name of employer United Fruit Co

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER August Otter Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Annie B. Fickenscher.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Elizabeth Otter

(Address) 2206 Montgomery St.

15 Filed JUN 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1931.

17

I HEREBY CERTIFY, That I attended deceased from May 27, 19 31 to June 2 19 31

that I last saw h his alive on June 2 19 31

and that death occurred, on the date stated above, at 11 50 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no

What test confirmed diagnosis? X Ray.

(Signed) Thos P. A Stevens M. D.

6/2, 1931 (Address) 2818 Halford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	JUNE 6 1931
20 UNDERTAKER John F Dennis	ADDRESS 715 Light St

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69380

CERTIFICATE OF DEATH.

E 69380

91-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 669 Pierce ST. 17-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Freeman

(a) RESIDENCE NO. 669 Pierce ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced, HUSBAND of (or WIFE of) Elizabeth Freeman

DATE OF BIRTH (month, day, and year) - - 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48 49	?	?		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Ruby Banks

(Address) 669 Pierce St.

Filed JUN 3 1931, 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to June 2 1931.

that I last saw him alive on June 2 1931,

and that death occurred, on the date stated above, at 11.40 m.

The CAUSE OF DEATH* was as follows:

Sub Acute Bacterial Endocarditis

(duration) yrs. 2 mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? regular

(Signed) W. H. Harrell M. D.

6/4 1931 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL M. J. Auburn Asso

DATE OF BURIAL 6-4 1931

20 UNDERTAKER Dennis Easter

ADDRESS 916 Pine

Spec.—1-30—M. & T.—250 Bks.

E 69381 ✓ E 69381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

79-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyndenham Hospital ST., 7-12 WARD)

2-FULL NAME Rita Frank

(a) RESIDENCE NO. 924 No. Luzerne Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) May 8, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Carl Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pittsburg Pa.

12 MAIDEN NAME OF MOTHER Annetta Davenport

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Mrs. Annetta Davenport 924 No Luzerne Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1931 to June 1, 1931.

that I last saw her alive on June 1, 1931,

and that death occurred, on the date stated above, at 9:30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis (Streptococcic)

(duration) 0 yrs. 0 mos 8 ds.

CONTRIBUTORY (Secondary) /

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 924 No. Luzerne Av.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal Puncture

(Signed) I. Peter Menacker M. D.

, 19 (Address) Lyndenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL The Most Holy Redeemer

DATE OF BURIAL 6/5/1931

20 UNDERTAKER Sam Weber & Son ADDRESS 2503 Edmondson

FILED JUN 4 - 1931 C. HAMPSON JONES, M. D. Registrar

Spec.—9-30—A. & Co.—250 Blks

69382 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 69382

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Ball

(a) RESIDENCE NO. 545 Sanford Place St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	black	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James Ball

6 DATE OF BIRTH (month, day, and year) Nov 5 - 1896

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	35	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N C

PARENTS

10 NAME OF FATHER Mackelvin

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Wilkerson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington

14 Informant (Address) Friends

15 Filed [illegible] 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 - 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1 to June 3, 1931

that I last saw h[illegible] alive on June 3 and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH was as follows:

Uraemia, chronic glomerular nephritis;

(Duration)

CONTRIBUTORY (Secondary) myocardial failure, 2nd anaemia (Duration) 3, 15

18 Where was disease contracted if not at place of death? plaza residence

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? blood chemistry, etc

(Signed) John P Worthington M. D.

19 (Address) Johns Hopkins Hospital

State the Disease Causing Death, or in deaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19a PLACE OF BURIAL, CREMATION OR REMOVAL Cottlandville NC DATE OF BURIAL June 4 31

19b SIGNATURE OF UNDERTAKER Emmett Hensley ADDRESS Mt Airy

Spec.—9-29—A. & Co.—250 Blks.

69383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

H 1 E 69383

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. (St.) 10-57 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Mary S Shauck.

(a) RESIDENCE NO. 3672 Falls Road. St. WARD

(Usual place of abode) (If non-resident give city and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 ~~Single, Married~~, Widowed or ~~Divorced~~, (write the word)

5a If married, widowed, or ~~divorced~~: (or) WIFE of Peter F Shauck

6 DATE OF BIRTH (month, day, and year) June 22, 1859

7 AGE	Years	Months	Days	If LESS than 1 day hrs. min.
	71	72	11	7

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co.

PARENTS

10 NAME OF FATHER: John G. Lutz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Hook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Raymond S Shauck 3622 Falls Road

15 FILED 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 1-1931.

17 I HEREBY CERTIFY, That I attended deceased from May 29 1931 to June 1 1931

That I last saw her alive on June 1 1931

and that death occurred, on the date stated above at 2.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lung, Rt.

duration yrs. mos. ds.

CONTRIBUTORY (secondary)

duration yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: Frances M Gluck M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: June 5 1931

20 UNDERTAKER: Horace F. Burger — ADDRESS: 3631 Falls Rd.

Spec.—9-30—A. A Co.—250 Blks

Kramer / Vernon 4258

69384 HEALTH DEPARTMENT—CITY OF BALTIMORE 97 E 69384

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 1939 Jefferson St. 64 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elaine Frankl

(a) RESIDENCE NO. 1939 Jefferson St. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long at above address? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

Single, Married, Widowed or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Reuben Frankl

6 DATE OF BIRTH (month, day and year): July 14 1854

7 AGE: Years 76 Months 10 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: William Frankl
(Address) 1939 Jefferson St

15 Filed ..., 19..A.S. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 3/1931

I HEREBY CERTIFY, That I attended deceased from June 3 19 31 to June 3 19 31

and that death occurred on the date stated above at 11 P.M.

17 CAUSE OF DEATH (See reverse side)

Intermediate coma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Kramer M. D.

19 Address 1401 Arts Bld

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 6/6 1931

UNDERTAKER: Herman Cook

ADDRESS: 1217 St Paul

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69385

CERTIFICATE OF DEATH

59 E 69385

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital ST. W-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Glover

(a) RESIDENCE NO. 879 N Howard ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. / ds. How long in U. S., if foreign birth yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): m.

5a If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Adelia Glover

6 DATE OF BIRTH (month, day and year): June 2 1864

7 AGE: Years 67 Months Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Annapolis Md

PARENTS

10 NAME OF FATHER: John Glover

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Hursby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospital records. (Address)

15 Filed 4 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month day and year): June 3-1931

17 I HEREBY CERTIFY That I attended deceased from 4-17 1931 to 6-3 1931

that I last saw him alive on June 3 1931

and that death occurred on the date stated above at 2.50 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Diabetic gangrene of left foot

(duration) yrs. 2? mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 1 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 6/2/31 (Tonsils)

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert F. Chenoweth, M. D.

19 Address Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 6/5 1931

20 UNDERTAKER: William Cook

ADDRESS: 1217 St Paul

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69386

CERTIFICATE OF DEATH

V-001 E 69386

210 France

27-56

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) St Agnes Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel H. Bosley

(a) RESIDENCE NO. 3125 Virginia Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian E Bosley

6 DATE OF BIRTH (month, day, and year): March 8- 1900

7 AGE: Years 31 Months 2 Days 3 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Milk Driver
(b) General nature of industry, business, or establishment in which employed (or employer): Cloverland Dairy Co
(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: John G Bosley

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Margaret Bull

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Co Md

14 Informant (Address): John G Bosley 3125 Virginia Ave

15 Filed 6 1931 C. HAMPSON JONES M D Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): 6-3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death the day stated above.

The CAUSE OF DEATH was as follows: Date on which he was riding collided with a truck. catching fire & Fract Skull - Fract Femur R. 3rd degree burns of 4% body 2nd & 3rd degree burns of 4% body

(Duration) yrs. mos. ds.

Signed G. H. Jones M. D.

6/4 1931 Address 2939 W. Eden

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. ds. In this state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge

Date of Burial: 6/6 1931

20 UNDERTAKER: William Cook

ADDRESS 1175 Hanover

Spec.—1-30—M. & T.—250 Bks.

E 69387

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69387

CERTIFICATE OF DEATH.

92

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Patapsco St. 23-33 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Katherine Masinco

(a) RESIDENCE NO. 1014 Patapsco ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced ~~HUSBAND~~ WIFE of John H. Masinco

7 DATE OF BIRTH (month, day, and year) April 12 1872

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	59	1	19	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Henry Rubel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) John H. Masinco 1014 S. Patapsco St

15 Filed 6-1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 2, 1931

17 I HEREBY CERTIFY. That I attended deceased from June 1, 1931 to June 2, 1931.

that I last saw her alive on June 2, 1931.

and that death occurred, on the date stated above, at 9.40 P m.

The CAUSE OF DEATH* was as follows:

Chronicm aortic regurgitation of heart impossible to state (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) acute dilatation of heart Immediate (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? - -at place of deat

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? physical findings

(Signed) Henry Reubel, M. D.

6/4. 1931 (Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	June 5 1931
20 UNDERTAKER Josiah Syfer	ADDRESS 1600 W North Ave

Spec.—9-30—A. & Co.—250 Blks.

E 69388 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-E 69388

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) JOHNS HOPKINS HOSPITAL (St.) 7-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anny Rohrbaugh

(a) RESIDENCE NO. 51 N Summer St- York Pa ST. WARD

(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: W B Rohrbaugh

7 DATE OF BIRTH (month, day, and year): Dec. 12 - 189?

8 AGE — Years: 41 — Months: 42 — Days: 5 — 22 — If LESS than 1 day: hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron W

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: David Deal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Jennie Norberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Interment — (Address): Penna

15 Filed: 1931 — G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 4-1931

17

I HEREBY CERTIFY That I attended deceased from May 20 1931 to June 4 1931

that I last saw h. alive on June 4 1931

and that death occurred, on the date stated above, at 12:5 P M.

The CAUSE OF DEATH* was as follows:

Heart failure resulted with complete heart block and auricular fibrillation.

Arteriosclerosis (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? York Pa

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Electrocardiogram

(Signed) John Broadhurst M. D.

June 7 1931 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hanover Pa.

DATE OF BURIAL: June 6 1931

20 UNDERTAKER: W. A. Fesco

ADDRESS: Hanover Pa.

Spec.—9-30—A. & Co.—250 Blks

69389 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69389

CERTIFICATE OF DEATH

92-001

REGISTERED NO. 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No) 1506 W. Mulberry St. (St) (Ward)

2 FULL NAME Henrietta Powell

(a) RESIDENCE NO 1506 W. Mulberry St. ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Powell

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Harford Co. Md.

PARENTS

10 NAME OF FATHER Harkless Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co. Md.

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

14 Informant Rachel Smith
(Address) 1506 W. Mulberry St.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/2/31

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to June 2, 1931

That I last saw her alive on June 2, 1931

and that death occurred, on the date stated above, at 9:15p m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

Probably (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Mit. Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of deat

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson M. D.

, 19 (Address) 1631 E. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Aberdeen, Md

DATE OF BURIAL June 2, 1931

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 322 S Howard St

Spec.—9-30—A. & Co.—250 Blks

E 69390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 E 69390

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 323 N. Schroeder St. 18th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Amanda Stewart

(a) RESIDENCE NO. 323 N. Schroeder St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George Stewart

6 DATE OF BIRTH (month, day, and year) 2-29-1911

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Duncaster Md

PARENTS

10 NAME OF FATHER Frank Finney

11 BIRTHPLACE OF FATHER (city or town) Charlestown (State or country) Va

12 MAIDEN NAME OF MOTHER Sparcha Burgess

13 BIRTHPLACE OF MOTHER (city or town) Annapolis (State or country) Md

14 Informant Sparcha Finney
(Address) 323 N. Schroeder St.

15 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-1-31

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to June 1, 1931

that I last saw h[illegible] alive on May 31, 1931

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Acute appendicitis

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Lucke M. D.

(Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Annapolis, Md. DATE OF BURIAL June 5, 1931

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 327 N Schroeder St

1-30—M. & T.—100 B—50L

E 69391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69391

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp ST. 44-30 WARD)

2-FULL NAME Albert Bacon

(a) RESIDENCE NO. Ellicott City Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): May 24 /31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ellicott City Md

PARENTS

10 NAME OF FATHER: Walter Bacon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ellicott City Md

12 MAIDEN NAME OF MOTHER: Louise Ebb

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Ellicott City Md

14 Informant: Walter Bacon
(Address): Ellicott City Md

15 Filed 4 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) R. Bruce Clark Coroner, M. D.

(Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star	6-5 1931
20 UNDERTAKER	ADDRESS
J. E. Higginbotham Jr	Ellicott City

Spec.—9-30—A. & Co.—250 Blks

69392 **HEALTH DEPARTMENT—CITY OF BALTIMORE** X 51 E 69392

CERTIFICATE OF DEATH

1 PLACE OF DEATH Caton & Wilkens Ave St Agnes Hospital 25-72
CITY OF BALTIMORE: (No.) (St.) (WARD) — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rev. William Newton

(a) RESIDENCE NO. Fairmont W Va. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Fanny E Newton

6 DATE OF BIRTH (month, day, and year) May 6 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			20

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): R I.

PARENTS

10 NAME OF FATHER Elijah Newton
11 BIRTHPLACE OF FATHER (city or town) (State or country): Conn.
12 MAIDEN NAME OF MOTHER Emma Edwards
13 BIRTHPLACE OF MOTHER (city or town) (State or country): R I

14 Informant (Address): Fanny E Newton Fairmont W. Va

15 1931 — G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-31

17
I HEREBY CERTIFY, That I attended deceased from 5-21, 1931, to 6-4, 1931
that I last saw h[illegible] alive on 6-4, 1931
and that death occurred, on the date stated above, at 3.15 P m.
The CAUSE OF DEATH* was as follows:

Hydronephrosis left Kidney

7 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Embolism
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 6-4-31 nephrectomy
Was there an autopsy? no
What test confirmed diagnosis? Clinical Symptoms

(Signed) H. Almus Skeen M. D.
6-5-31, 19 (Address) St Agnes Hospl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mange, Reed — DATE OF BURIAL: June 5 1931

20 UNDERTAKER: Joe Hill Cook — ADDRESS: 1003 N Bond St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 69393

E 69393

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Bells City Hospital St. 3-4 (Ward)

2-FULL NAME Rachael Dudley

(a) RESIDENCE NO. 10 S Bethel St., Ward

(Usual place of abode) Life

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown Dudley

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60	9	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) General
(c) Name of employer around neighbors

9 BIRTHPLACE (city or town) Bells City
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant Edward Dudley
(Address) 1113 N. Eden St

5 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Carcinoma of Liver

about 6 mos. da.
(duration)

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.

6 4 1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	6-5 1931
20 UNDERTAKER	ADDRESS
Bond Chase C. Bailey	1424 Jefferson St

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69394 — 12-002 — E 69394

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) President Hospital ST. 16-26 (WARD)

2-FULL NAME Jacob Robinson

(a) RESIDENCE—NO. 612 N. Arlington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Aug 20-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	9	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jas Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Elizabeth Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Carrie Brown

(Address): 506 Hanover

15 Filed: 1931 By: HAMILTON JONES, M. D. Registrar

No.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Wm H. McQuirk, M. D. Coroner

June 3rd (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: June 6 19 31

ADDRESS 1027 Druid Hill

20 UNDERTAKER: John W. Toadvine

Spec.—9-30—A. & Co.—250 Blks

69395 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69395

CERTIFICATE OF DEATH

REGISTERED NO. 93003

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2466 Greenmount Ave ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John S Dunn

(a) RESIDENCE NO. 2466 Greenmount Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11-28-1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Man

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer Crown & Cork Seal Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Patrick Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Gannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant James L. Dunn
(Address) 2466 Greenmount Ave

15 Filed JUN 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to June 2, 1931

that I last saw him alive on June 1, 1931

and that death occurred, on the date stated above, at 10:40 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No.

(Signed) Dwight Forsythe, M. D.

6/4, 1931 (Address) 821 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL June 6 1931

20 UNDERTAKER Mary Mc Medford

ADDRESS 501 E 22nd St

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69396

CERTIFICATE OF DEATH

59 E 69396

1. PLACE OF DEATH South Baltimore General Hospital

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 5 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME George A. Cooper

(a) Residence: No. 1415 Jefferson St., ____ Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): M

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Hattie Cooper

6. DATE OF BIRTH (month, day, year) May 13, 1866

7. AGE — Years: 65 | Months: May | Days: 13 | If LESS than 1 day, hrs. or min.: ____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Farmer Bus

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): 1st

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: ____

14. BIRTHPLACE (city or town) (State or country): ____

15. MAIDEN NAME: ____

16. BIRTHPLACE (city or town) (State or country): ____

17. INFORMANT: Hattie Cooper

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place: Pikesville Cem. Date: June 6, 1931

19. UNDERTAKER: Milton Lord

(Address) 413 Edmondson Ave

20. FILED 6-1-31, 19__. ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to June 3, 1931

I last saw h__ alive on June 3, 1931, death is said to have occurred on the date stated above, at 10:30 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1926
Diabetic ulcer of Rt. lower leg	Nov 1930
Other contributory causes of importance:	
Cerebral Thrombosis	6/1/31

Name of operation: Amputation, Rt. leg. Date of: 5/4/31

What test confirmed diagnosis? —— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. ____

(Signed) Joseph Laukaitis, M. D.

(Address) 213 Light St.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69393 — 23 E 69393

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 1321 E. Eager St. 10-14 WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bernard L. Thillmann

(a) RESIDENCE No. 1321 E. Eager ST. WARD
(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 52 yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs. Anna B. Thillmann

6 DATE OF BIRTH (month, day, and year) Jan. 5 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm Thillmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Rosenberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs. Anna B. Thillmann
(Address) 1321 E. Eager St.

15 Filed JUN 5 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1931

17

I HEREBY CERTIFY, That I attended deceased from June, 1926, to June 4, 1931
that I last saw him alive on June 4 1931
and that death occurred, on the date stated above, at 9.57 A.M.

The CAUSE OF DEATH* was as follows:
Cardiac Failure - Toxemia - Exhaustion
Asthma.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Pulmonary Tuber culosis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No Laboratory Tests.

What test confirmed diagnosis? Physical Examination

(Signed) William F. Schwartz M. D.

6-4-1931 (Address) 1200 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cemetery — DATE OF BURIAL June 8 1931

20 UNDERTAKER Henry Hoeck & Sons Inc — ADDRESS 1301 E Eager St.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69398 8 — 54 E 69398 8

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital — 27-43 (St.) — (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Wagner

(a) RESIDENCE NO. 3018 (Usual place of abode) White Line St. — WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. mos. ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: late Wm Wagner

6 DATE OF BIRTH (month, day, and year): June 23/54

7 AGE — Years: 76. Months: 11 Days: 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Housework at Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Christoph Kleinhans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine Frank

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Hospital Records

15 Filed JUN 3 1931 HARRISON JONES M D Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/4/31

17 I HEREBY CERTIFY, That I attended deceased from 5/25, 1931, to 6/4 1931

that I last saw her alive on 6/4 1931

and that death occurred, on the date stated above, at 6 45 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus (duration) 5 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension Arteriosclerosis Cardiovascular disease (duration) yrs ? mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Leyko M. D.

6/4 19 31 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem. — DATE OF BURIAL: June 6 1931

20 UNDERTAKER: Philip Henry — ADDRESS: Athens

Spec.—9-30—A. & Co.—250 Bks

69399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5 1/4 E 69399

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1838 Clifton ave St. 15-54 WARD)

2 FULL NAME Abraham Marks

(a) RESIDENCE NO. 1838 Clifton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wolf Marks

11 BIRTHPLACE OF FATHER (city or town). (State or country) Russia

12 MAIDEN NAME OF MOTHER Jennie Shiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Esther Marks 1838 Elsinore Ave

15 Filed 1931 C. MAR[illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4/31

17

I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1929 to June 4, 1931

that I last saw h[illegible] alive on June 4, 1931.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Kidney (7 yrs)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Nathan Shpritz M. D.

6/5. 1931 (Address) 2318 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	June 5 1931
20 UNDERTAKER	ADDRESS
Sol Kirnon + Bro	E Balto St

Spec.—9-30—A. & Co.—250 Bks.

69400 HEALTH DEPARTMENT—CITY OF BALTIMORE 69400

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 E. Monument St. 7-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George M. Kirby

(a) RESIDENCE NO. 2629 E. Monument St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 40 yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie F. Kirby

6 DATE OF BIRTH (month, day, and year) Aug. 12-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Builder

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

PARENTS

10 NAME OF FATHER Silas Kirby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co. Md.

12 MAIDEN NAME OF MOTHER Louisa Draper.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co. Md.

14 Informant (Address) Annie F. Kirby 2629 E. Monument St.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2-1931

17 I HEREBY CERTIFY That I attended deceased from May 26 1931 to June 2 1931

that I last saw him alive on June 2 1931

and that death occurred, on the date stated above, at 8.25 P. m.

The CAUSE OF DEATH* was as follows

Cerebral apoplexy.

(duration) 7 days mos. 2 ds.

CONTRIBUTORY (Secondary) Edema of lungs.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. McShane M. D.

(Address) 701 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL June 6 1931

20 UNDERTAKER George W. Zirkler ADDRESS 1737 E. Eager St.

Cor.—10-10-29—A Co.—100 Bks.

Boyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69401

CERTIFICATE OF DEATH

8-2 E 69401

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3319 Chestnut Ave St. 13-57 Ward)

2-FULL NAME Barbara A Boyer

(a) RESIDENCE NO. 3319 Chestnut Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	white	widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard B. Boyer

6 DATE OF BIRTH (month, day, and year) Feb 2, 1854

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
77	4	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Va.
(State or country)

PARENTS

10 NAME OF FATHER Virgil Rowe

11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

12 MAIDEN NAME OF MOTHER Lucinda Rowe

13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Wm. Henry Boyer
(Address) 3319 Chestnut Ave

15 Filed JUN 5 1931 H. C. HARRISON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inq (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos Thompson, M. D.

6/4. 1931 (Address) 3632 Boundary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Stumpdale	June 6 1931

20 UNDERTAKER Thompson & Son ADDRESS 3632 Boundary Ave

1-30—M-4 (T-1002)—50L

E 69402 ✓E 69402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1821 W North Ave ST. 15-24 (WARD)

2-FULL NAME Sarah J Bankard

(a) RESIDENCE NO. 1821 W North Ave ST. ..... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Bankard.

6 DATE OF BIRTH (month, day, and year) Aug 10- 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster Md

PARENTS

10 NAME OF FATHER Daniel Myers

11 BIRTHPLACE OF FATHER (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Sarah A Brose

13 BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

14 Informant Minnie Rittle

(Address) 1824 W North Ave

15 Filed ..... 1931 ....., 192 ..... Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H Blunk, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn DATE OF BURIAL June 5 1931

21 UNDERTAKER Wm J Pickerson Sons ADDRESS N Ave

Spec.—9-30—A. & Co.—250 Blks.

E 69403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 69403

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 317 Light St. (St.) (Ward) 24-33

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Emma C. Belt.

(a) RESIDENCE No. 317 Light St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. COLOR OR RACE: W | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, ~~widowed or divorced~~ WIFE of Walter R Belt

6. DATE OF BIRTH (month, day, and year) [illegible] 1869

7. AGE: Years 61. | Months | Days | If LESS than 1 day hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10. NAME OF FATHER [illegible] Brenckman

11. BIRTHPLACE OF FATHER (city or town) (State or country) [illegible]

12. MAIDEN NAME OF MOTHER [illegible] Steiner

13. BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible]

14. Informant (Address) [illegible]

15. [illegible] 19 [illegible] Registrar

JUN 5

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June.4.1931

17. I HEREBY CERTIFY That I attended deceased from Mch.10/31 to June 4/31. that I last saw h[illegible] alive on June 3/31. and that death occurred on the date stated above, at 6.15 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitis.

(duration) 4 yrs. mns. ds.

CONTRIBUTORY (Secondary) Diabetic Coma.

(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Sugar Test. Fehlings.

(Signed) Harry Reed Schmidt

June 4/31. (Address) 933 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] | DATE OF BURIAL 6 6 1931

20. UNDERTAKER [illegible] | ADDRESS 13 Light

Spec.—12-6-25—A Co.—200 Bks.

69404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-02 69404

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Mount & Hollins Sts. St. 14-28 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary of the Sacred Heart (Bridget Canning)

(a) RESIDENCE NO. Convent Good Shepherd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1850

7 AGE: Years 81; Months; Days; IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Kilcholgun, County

(State or country): Galway, Ireland

10 NAME OF FATHER: Peter Canning

11 BIRTHPLACE OF FATHER (city or town):

(State or country):

12 MAIDEN NAME OF MOTHER: Winifred Ryan

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Interment (Address): Mother Superior Mount & Hollins St

Filed JUN 3 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1931 19

17: I HEREBY CERTIFY, That I attended deceased from June 2 1931, to June 3 1931, that I last saw her alive on June 3 1931, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis

Myocardial Degeneration

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(Duration) 2 yrs. mos. ds.

(a) Where was disease contracted

If not at place of death

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) , M. D.

June 4, 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state: (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Date of Burial: 6/6 1931

20 UNDERTAKER: John J Fahey Sons ADDRESS: 1318 Light St

Spec.—9-30—A. & Co.—250 Blks

Ingley

E 69405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E. 69405

23-32

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1730 Hanover St) (WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME J. Alvina Ingley.

(a) RESIDENCE No 1730 Hanover St. ST ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 44 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed.

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William S. Ingley.

6 DATE OF BIRTH (month, day, and year) ... 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62.	1.	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home.

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Theodore deBarber.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dont know.

14 Informant: Lillian Yansin.
(Address): 207 W. Charles St.

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1931

17 I HEREBY CERTIFY, that I attended deceased from June 2, 1929 to June 4, 1931
that I last saw HER alive on June 4, 1931
and that death occurred, on the date stated above, at 5.15 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitis (duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Diabetic Coma (duration) ... yrs. ... mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) R. L. H. Campbell M. D.

6/5. 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glenwood Cem. | DATE OF BURIAL: June 8 1931

20 UNDERTAKER: A Howard Evans | ADDRESS: 38 E. Fort Ave.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69406

CERTIFICATE OF DEATH

23 E 69406

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE (No. 17-24 ST. WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Franklin Thomas

(a) RESIDENCE NO. 1139 Argyle ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 3, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles J. Thomas

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

14 Interment Hospital Records

(Address)

15 Filed 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1930, to June 2, 1931

that I last saw him alive on June 2, 1931

and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) David Jones M. D.

6-2, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 6-5 1931

20 UNDERTAKER Lewis Easton

ADDRESS 916 Pa ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69407

CERTIFICATE OF DEATH

23 E 69407

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1115 E 20th ST. 9-18 WARD)

2—FULL NAME James J Fogarty

(a) RESIDENCE NO. 1115 E 20th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Fogarty

DATE OF BIRTH (month, day, and year) July 11 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pile Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Phila Pa

10 NAME OF FATHER James J Fogarty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Katherine Lennon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Wife Anna Fogarty

(Address) 1115 E 20th St

Filed JUN 5 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-31

17

I HEREBY CERTIFY, That I attended deceased from June 2, 1931, to June 4, 1931, that I last saw him alive on June, 1931, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage

Old Tuberculosis process in lungs

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) F J Kirby, M. D.

June 5, 1931 (Address) 110 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	June 8 1931

20 UNDERTAKER ADDRESS

Elmer W Conklin 924 E Eager St

Spec.—9-30—A. & Co.—250 Blks

E 69408

E 69408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

32-023

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-48 WARD.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles H. King

(a) RESIDENCE No. 357 Rosebank Ave. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~HUSBAND of~~ Cora Miller King

6 DATE OF BIRTH (month, day, and year) March 29/1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Star Tobacco Warehouse

9 BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

PARENTS

10 NAME OF FATHER Thomas King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Luella ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Cora M. King

(Address) 357 Rosebank Ave

15 1931 C. HAROLD JAMES, M. D.

C. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4th 1931

17

I HEREBY CERTIFY, That I attended deceased from May 19, 1931, to June 4, 1931

that I last saw h alive on June 4, 1931

and that death occurred, on the date stated above, at 4 30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

Cirrhosis of Liver

(Non Alcoholic)

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Generalized Tuberculosis

(duration) 6 months to 1 yr. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of ——

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical findings & autopsy

(Signed) G. Byron Macpherson M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Harmony Md Church Cemetery

DATE OF BURIAL 6/6/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9 30—A. & Co.—250 Blks

Williams

148543 HEALTH DEPARTMENT—CITY OF BALTIMORE 69409

E 69409

CERTIFICATE OF DEATH.

REGISTERED NO. 25

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL St. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mamie Williams

(a) RESIDENCE NO. 107 W. Eldery St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Black

5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 4, 1891

7. AGE — Years: 39 | Months: 11 | Days: 26 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Factory worker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country)

PARENTS

10. NAME OF FATHER Daniel Williams

11. BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12. MAIDEN NAME OF MOTHER Jane Moore

13. BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14. Informant (Address) Records JOHNS HOPKINS HOSPITAL, BALTIMORE, MD.

JUN 5 1931 Per ... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) May 30, 1931

17.
I HEREBY CERTIFY, That I attended deceased from May 14, 19 31 to May 30, 19 31
that I last saw h alive on May 30, 19 31
and that death occurred, on the date stated above, at 10 35 m.
The CAUSE OF DEATH* was as follows:

Lannec's cirrhosis

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) secondary anaemia; vom

: tbc (duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death? at place of residence
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis? not confirmed

(Signed) John P. Cunningham M. D.
19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20. UNDERTAKER: Commissioner of Health

ADDRESS JUN 5 - 1931

Spec.—9-30—A. & Co.—250 Blks.

69410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133 L 69410

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No. 17-26 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Sappington

(a) RESIDENCE NO. 720 W. Mulberry ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6 DATE OF BIRTH (month, day, and year) Oct. 15 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35 ?	7	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: L·borer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Frederick Md.

PARENTS
10 NAME OF FATHER: Henry
11 BIRTHPLACE OF FATHER (city or town) (State or country): ?
12 MAIDEN NAME OF MOTHER: Mary Richardson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant
(Address): Records of Balto. City Hosp.

JUN 5 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-2-31

17
I HEREBY CERTIFY, That I attended deceased from 5-23-31, 19, to 6-2-31, 19
That I last saw him alive on 6-2-31, 19
and that death occurred, on the date stated above, at 6:45 A m.

The CAUSE OF DEATH* was as follows: Bilateral Pyelonephritis

(duration) yrs. 6 mos. ? ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical

(Signed) Luther E. Linen M. D.
, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSP.	19
20 UNDERTAKER	ADDRESS
	JUN 5 1931

Spec.—9 30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

59E 69411

59E 69411

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 18-76 ST. (WARD)

2 FULL NAME Rebecca Clarke

(a) RESIDENCE NO. ? ST. Bower's Court WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles

6 DATE OF BIRTH (month, day, and year) June 3, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	54	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic work

(b) General nature of industry, business, or establishment in which employed (or employer): 07D

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Denton Md.

PARENTS

10 NAME OF FATHER: George

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Stacy Fountain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed JUN 5 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-2-31

17

I HEREBY CERTIFY, That I attended deceased from 9-27-30, 19 , to 6-2-31, 19

That I last saw her alive on 6-2-31, 19

and that death occurred, on the date stated above, at 12:30 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) Jas. E. Arnold M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER: C. HAMPSON JONES, M. D. Commissioner of Health

ADDRESS JUN 5 1931

Spec.—9-30—A. & Co.—250 Blks.

249097

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69412

CERTIFICATE OF DEATH

13-002 69412

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO JOHNS HOPKINS HOSPITAL) ST. 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Cecelia Moore

(a) RESIDENCE NO. 1213 Mc Cullough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE Black | 5 Single, Married, Widowed, or Divorced, (write the word) —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — (b) General nature of industry, business, or establishment in which employed (or employer) — (c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Roberta Bitler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant (Address) JOHNS HOPKINS HOSPITAL Records

JUN 5 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31-31

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to May 31, 1931 that I last saw her alive on May 31, 1931 and that death occurred, on the date stated above, at 145A m.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Ac. Rhinopharyngitis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Dan'l. Latham M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health

ADDRESS JUN 5 1931

Per Nicholas C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Pks.

EH7326
E 69413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 135 E 69413

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE (No. 4pd ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Virgil Boone

(a) RESIDENCE NO. Camden, Ark. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lee C. (Sam)

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Arkansas

PARENTS

10 NAME OF FATHER Harry Welch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rosa Simpson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Name illegible JOHNS HOPKINS HOSPITAL Records

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 4 1931

17

I HEREBY CERTIFY, That I attended deceased from April 8, 1931, to June 4, 1931

that I last saw her alive on June 4, 1931

and that death occurred, on the date stated above, at 1.40 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Uterus, Corpus Fibroid

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of 4-14-31

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) Hugh J. Jewett M. D.

(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Little Rock ark

DATE OF BURIAL 6/5/31

20 UNDERTAKER Joseph Abrams

ADDRESS 221 Bway

Spec.—9-30—A. & Co.—250 Bks.

E 69414 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69414

CERTIFICATE OF DEATH 159

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 1-3 WARD)

2 FULL NAME Baby Bunger

(a) RESIDENCE NO. 2216 Eastern Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Bunger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Phillips

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Hospital Records

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-31

17
I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to June 4, 1931
that I last saw h alive on June 4, 1931
and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Prema ture

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY ..... (duration) ..... yrs. ..... mos. ..... ds.
(Secondary)

18 Where was disease contracted if not at place of death? at hospital
Did an operation precede death? no Date of .....
Was there an autopsy? yes
What test confirmed diagnosis? Pathology.

(Signed) H Burton Sardo M. D.
19 (Address) St Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL. DATE OF BURIAL 5-5 1931

20 UNDERTAKER Commissioner Health. ADDRESS

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69415 69415

CERTIFICATE OF DEATH

23 E 69415

1. PLACE OF DEATH Baltimore City Hospitals (T.B.) 23-31 REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

2. FULL NAME Katie Johnson Saul

(a) RESIDENCE No. 1013 Plum Alley St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) May 1, ?

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Annapolis Maryland

PARENTS
10 NAME OF FATHER Jim Johnson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Emily Simms
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Interment Hospital Records
(Address)

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1931

17
I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to June 3, 1931
that I last saw her alive on June 3, 1931
and that death occurred, on the date stated above, at 4.05 a.m.
The CAUSE OF DEATH* was as follows:

Acute pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical and autopsy

(Signed) Ward Sumner M. D.
6-3 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — DATE OF BURIAL: 6/5 1931
UNDERTAKER: John J Fahey Sons — ADDRESS: 1818 Eagle St

Spec.—9-30—A. & Co.—250 Blks.

69416

HEALTH DEPARTMENT—CITY OF BALTIMORE

69416

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No. 21-29 ST. WARD) 46

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward Straney

(a) RESIDENCE NO. (Usual place of abode) 1144 Ridgely ST. WARD

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 11, 1883

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	47	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: George

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): 6-3-31

17 I HEREBY CERTIFY That I attended deceased from 3-28-31 to 6-3-31 19

That I last saw him alive on 6-3-31 19

and that death occurred, on the date stated above, at 2:10 A. m.

The CAUSE OF DEATH* was as follows

Carcinoma of Rectum
& Metastasis (Inguinal)

(duration yrs. 3 mos. ds.)

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration yrs. mos. 12 ds.)

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Lenhart L. Little M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	6/5 1931
20 UNDERTAKER: John J. Tobin Sons	ADDRESS: 1918 Light St

Cor.—10-18-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69417

CERTIFICATE OF DEATH

83 E 69417

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Hampden Reservoir

City of Baltimore: (No. Falls Rd South of 36th St.) 13-57 (Ward)

2-FULL NAME Lynwood E Herrmann

(a) RESIDENCE NO. 3808 Falls Road St.. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 Color or Race: white

5 Single, Married, ~~Widowed~~ or Divorced (write the word): single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): April 22, 1920

7 AGE — Years: 11 — Months: 1 — Days: 12 — IF LESS than 1 day: hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Balto
(State or country): Md

PARENTS

10 NAME OF FATHER: Lynn E Herrmann

11 BIRTHPLACE OF FATHER (city or town): Balto
(State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E Boulden

13 BIRTHPLACE OF MOTHER (city or town): Balto
(State or country): Md

14 Informant (Mother): Mary E Herrmann
(Address): 3808 Falls Rd

15 FILED ... 19 ... JAMES M. ... Registrar

JUN 5 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to death on the day stated above. The CAUSE OF DEATH* was as follows:

Drowning

(duration ... yrs. ... mos. ... ds.)

CONTRIBUTORY (Secondary)

(duration ... yrs. ... mos. ... ds.)

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ... M. D.

(Address) ...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem Hampden — DATE OF BURIAL: June 6 1931

20 UNDERTAKER: Walter Evans 3d — ADDRESS: 1 Courtland Ave.

Spec.—1-30—M. & T.—250 Bks

E 69418 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69418

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2912 E. Baltimore St. ST. 6-11 WARD

If death occurred in a hospital or institution, give its NAME instead of street and number.

2-FULL NAME Mary E Malone

(a) RESIDENCE NO. 2912 E Baltimore ST. ST 6 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: the late Frank Malone.

6 DATE OF BIRTH (month, day, and year): August. 14. 1860

7 AGE: Years 71 | Months 9 | Days 19 | If LESS than 1 day, hrs. or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: James Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs Sol Goldstrum 2912 E Baltimore St.

15 Filed 1931 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 3 1931

17 I HEREBY CERTIFY That I attended deceased from 1/1/31 19 . to 6/2/31 19 . that I last saw h alive on 6/2/31 19 . and that death occurred on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs mos ds.

18 Where was disease contracted (if not at place of death)

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frederick H Herrmann M.D.

6/4/31 (Address) 2413 E Balto St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Harford Road

DATE OF BURIAL: June6 1931

20 UNDERTAKER: Lilly & Zeiler (Inc) Lilly&Zeiler Inc

ADDRESS: 403S Wolfe ST.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69419 — 94-002 — E 69419

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at the Mercy Hospital. ST. 12-19 WARD)

2-FULL NAME John N. Raver.

(a) RESIDENCE NO 425 E. 20th St. ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs ---------- ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married HUSBAND of (or) WIFE of: Lottie I. Raver.

6 DATE OF BIRTH (month, day, and year): November 11, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	56	6	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Milk salesman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Wills Dairy Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

PARENTS

10 NAME OF FATHER: John Raver.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania.

12 MAIDEN NAME OF MOTHER: Sophia ---------

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania.

14 Informant: Lottie I. Raver. (wife)

(Address) 425 E. 20th St.

15 1931, 192 — C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 4, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above held on autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy and inquiry) find that said deceased came to his death on the day stated above

The CAUSE OF DEATH* was as follows

Coronary disease.
Acute dilatation of the heart.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos ds.

18 Where was disease contracted if not at place of death? In front of 14 Lexington June 4, 1931

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) [signature] Coroner, M. D.

6/8, 1931 (Address) 101 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: June 8 1931

20 UNDERTAKER: William Cook — ADDRESS: 1217 St Paul

Spec.—9-30—A. & Co.—250 Blks.

69420 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 139-L 69420

CERTIFICATE OF DEATH

1 PLACE OF DEATH St Joseph's Hospital
CITY OF BALTIMORE (Ward) Catonsville P.O. (Street and number) REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Pearl Shrimp

(a) RESIDENCE NO 3310 Lyndale Ave WARD
(Usual place of abode) (If non resident give city or town and State)

length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 Single, Married, Widowed or Divorced (write the word) Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of Harry Shrimp

6 DATE OF BIRTH (month, day, and year) July 30th 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Frederick Hopfield
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Mary Rollman
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Harry Shrimp 3310 Lyndale Ave

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-31

17
I HEREBY CERTIFY That I attended deceased from 5-18-31 19 to 6-4-31 19
that I last saw h[illegible] alive on 6-4-31 19
and that death occurred on the date stated above at 6 P m.

The CAUSE OF DEATH was as follows

Streptococcic Empyema & Peritonitis
(duration) yrs. mos. 22 ds.
CONTRIBUTORY (Secondary) Lobar Pneumonia
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Hospital
Did an operation precede death? Yes Date of 5-28-31
Was there an autopsy? No
What test confirmed diagnosis? Bacteriological
(Signed) A. M. Wheatley M. D.
6/4 1931 Address St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 6/8/1931

UNDERTAKER William Cook — ADDRESS 1217 St Paul

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

L. 69421 — 46 — L. 69421

CERTIFICATE OF DEATH

1 PLACE OF DEATH Emmanuel Hospital — 20-69 — REGISTERED NO.

CITY OF BALTIMORE } No. — St. — Ward — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hans Gamon

(a) RESIDENCE No. 262 Lehman St — St. — WARD (If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. — How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 27th 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Easton Md

PARENTS

10 NAME OF FATHER: John N. Gamon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Caroline Katrup

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: L. B. Gamon
(Address): 262 Lehman St

15 Filed 1931 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-5-31

17
I HEREBY CERTIFY That I attended deceased from 5-13 31 19 to 6-5 31 19

that I last saw h[illegible] alive on 6-5 31 19

and that death occurred on the date stated above at 10.40 A m.

The CAUSE OF DEATH* was as follows:

Chondrolastic Sarcomatosis
(Generalized)

(duration) infancy yrs. mos. ds.

CONTRIBUTORY (Secondary): Secondary anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) Geo. H. Yeager M. D.

6-5 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Spring Hill Cemetery Easton Md — DATE OF BURIAL: 6/7/1931

UNDERTAKER: Freeman Coale — ADDRESS: 12 W. Saratoga St.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69422

CERTIFICATE OF DEATH

E 69422

REGISTERED NO 209

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital. ST. 19-27 WARD)

2-FULL NAME Caroline Freeland.(C)

(a) RESIDENCE NO 109 N.Mount St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs ---------- ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Charles Freeland.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Arthur Russell (C) nephew.

(Address) 1468 N.Carey St.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Occidentally struck and knocked down
by a street car while crossing street.

(duration) yrs mos ds

CONTRIBUTORY (Secondary) (duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Gilmor & Fayette Sts.

Did an operation precede death? June 3, 1931

Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

Inquiry

(Signed) Geo. M. Reinhardt, M. D. Coroner

6/4. 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL June 6 1931

20 UNDERTAKER Virginia G Brooks ADDRESS 1463 N. Carey

Form—6-8-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69423

CERTIFICATE OF DEATH. 92-001 E 69423

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 674 W Lanvale St. (Hosp.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edw Burke

(a) RESIDENCE. No. 674 W Lanvale St. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Burke

6 DATE OF BIRTH (month, day, and year): Feb 13, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Somerset Co. Md.

PARENTS

10 NAME OF FATHER: Edward G. Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Tobitha Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Maria Burke

(Address): 674 W Lanvale St.

15 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4 June 1931

17 I HEREBY CERTIFY, That I attended deceased from for about 1 year Past, 19 , to June 4, 1931.

that I last saw him alive on June 3, 1931.

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows: Valvular Heart disease

about 1 year (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Do not know (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. P. Gorsuch, M. D.

(Address) 117 W Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	June 6, 1931
20 UNDERTAKER	ADDRESS
Mrs. Katie R. Williams	3225 W. Lanvale St.

Kjac.—9-30—A. A Co.—250 Blks.

69424 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1314/69424

REGISTERED NO.

1. PLACE OF DEATH

(a) RESIDENCE NO. 709 N Bond ST. 6-9 WARD

(If not in City or Town, give City or Town and State)

2. FULL NAME Louis Schafer

(a) RESIDENCE NO. 709 N Bond ST. WARD

(If usual place of abode) (If non-resident, give City or Town and State)

Length of residence in City or Town where death occurred 73 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Matilda Schafer

6. DATE OF BIRTH (month, day, and year): June 7. 1857

7. AGE: Years 73; Months 11; Days 18; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Huckster

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: self.

9. BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10. NAME OF FATHER: Conrad Schafer

11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant (Address): Mrs. Matilda Schafer 709 N Bond St.

15. 1931 — C. HAMPSON JONES, M. D. Attending Physician

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): June 5-1931

17. I HEREBY CERTIFY, That I attended deceased from May 19 im 31. to June 5 - 31.

That I last saw him alive on June 4 - 31.

and that death occurred, on the date stated above, at 10 P a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Arteriosclerosis

(Duration) Not definite yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia (Duration) 8 yrs. mos. ds.

18. Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Benj. F. Jandon M. D.

6/6/1931 (Address) 1216 N. Caroline at

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: June 8 1931

20. UNDERTAKER: John Ullrich

ADDRESS: 2108 Eutaw

Spec.—9-30—A. & Co.—250 Bks.

69425 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. 69425

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2816 Northern Parkway (Hamilton) St. 27-W-3

2 FULL NAME John. L. Kuhber

(a) RESIDENCE NO. 2816 Northern Parkway St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. - mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced. HUSBAND of (or WIFE of) The late Mrs. Emma. J. Kuhber

6 DATE OF BIRTH (month, day, and year) June. 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant (Address): Mr. Andrew. J. Krein No. 2816 Northern Parkway

15 Filed . 19 6 1931 Registrar C. HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June-6-1931

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1931, to June 6, 1931, that I last saw h— alive on June 5, 1931, and that death occurred, on the date stated above, at 1;45 A.M.

The CAUSE OF DEATH* was as follows:

Embolic Embolism Focal (Cerebral softening)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exacerbation of old Endocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. Smith M. D.

6/6, 1931 (Address) 47 Hampstead Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: June-9-1931

20 UNDERTAKER: Henry Breyer Sons Inc. — ADDRESS: 1301 Eager St.

Spec.—9-30—A. & Co.—250 Blks.

69426

HEALTH DEPARTMENT—CITY OF BALTIMORE

69426

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No 7-9 ST WARD)

2 FULL NAME William J. Sharpe

(a) RESIDENCE NO. 513 N. Caroline ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) May 15, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Haroldsville N.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 6 1931 19 Registrar RPA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-31

17 I HEREBY CERTIFY, That I attended deceased from 6-1-31, 19 , to 6-4-31, 19

that I last saw him alive on 6-4-31, 19

and that death occurred, on the date stated above, at 4:10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) infusion yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) infusion yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Padgett M. D.

6-5-, 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 NAME OF BURIAL, CREMATION OR REMOVAL Pikesville Cemetery DATE OF BURIAL 6/8 19 31

20 UNDERTAKER Samuel Stanley ADDRESS Balto.

Spec.—9-30—A. & Co.—250 Bks.

69427 # HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-L 69427

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No. 19-26 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edith Ashcraft

(a) RESIDENCE NO. 312 N. Carey St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sampson

6 DATE OF BIRTH (month, day, and year) Unknown 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Middles Va.

PARENTS
10 NAME OF FATHER Philip Boyd
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Sarah ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of
(Address) Belto. City Hosp.

15 Filed . 19 Registrar

1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-31

17
I HEREBY CERTIFY, That I attended deceased from 6-3-31, 19 , to 6-4-31, 19
that I last saw her alive on 6-4-31, 19
and that death occurred, on the date stated above, at 12:25 P. m.
The CAUSE OF DEATH* was as follows:

Endocarditis, Sub acute bacterial

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (secondary) Endocarditis, chronic, rheumatic (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy.
(Signed) Paul Padgett. M. D.
6-5-1931. (Address) Belto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Remington Md. DATE OF BURIAL 6/7/31

20 UNDERTAKER Emmett L. Stansbury Belto.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69428

CERTIFICATE OF DEATH.

108 E 69428

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2125 D.A. (St.) W. Lanvale (Ward) 14-59

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thos. H. Smith

(a) RESIDENCE No. 2125 (St.) Druid Hill (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Smith.

6 DATE OF BIRTH (month, day and year) Dec, 18-1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boys Sec't. of Y.M.C.A.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Y.M.C.A.

9 BIRTHPLACE (City or town) (State or country) Owensville Md

10 NAME OF FATHER Briggs Smith

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Hodges

13 BIRTHPLACE OF MOTHER (State or country) Md

PARENTS

14 Informant (Address) Mrs. Smith 2125 Druid Hill Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/3 1931

17 I HEREBY CERTIFY, That I attended deceased from 5/26 . 1931 . to 6/3 . 1931 .

that I last saw him alive on 6/3 . 1931

and that death occurred, on the date stated above, at 7:30 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bruce Robertson M. D.

6/4 1931 (Address) 2134 D Hill

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem DATE OF BURIAL 6/7 1931

20 UNDERTAKER Samuel Stansbury McCabe ADDRESS 578

CHAMPION JONES, M. D.

Spec.—9-29—A. & Co.—250 Blks

~~H72367~~ E 69429 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95E 69429

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St.) 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alphonso Crawford

(a) RESIDENCE NO. 1534 Bruce St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): April 11 1926

7 AGE: Years 5 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: LeRoy Crawford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Morrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant (Address): Records

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 5, 19 31, to June 4, 19 31

that I last saw h[illegible] alive on June 4, 19 31

and that death occurred, on the date stated above, at 8:45 A. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Heart Disease (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Findings

(Signed) Asa E. Kotzer M. D.

6/7, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: June 6 19 31

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pennsylvania Ave

E. HANSON JONES, M. D.

Spec.—8-16-29—L. F. S.—100 Bks.

E 69430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4½-001 E 69430

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1353 Woodyear ST. 15-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza J Johnson

(a) RESIDENCE NO. 1353 Woodyear ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Johnson

6 DATE OF BIRTH (month, day, and year) Feb 6 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Eastern Shore Md

10 NAME OF FATHER Richard Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Henrietta Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant Anna G. Carter

(Address) 1353 Woodyear

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1930, to June 4 1931, that I last saw her alive on June 2 1931 and that death occurred, on the date stated above, at 10.10 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm H Wright, M. D.

(Address) 109 Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	June 8 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pearstman St

Spec.—9-30—A. & Co.—250 Blks.

E 69431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 69431

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 12-19 ST WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Jackson

(a) RESIDENCE NO 426 Worsley ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 mos ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Ross Co. Va.

PARENTS

10 NAME OF FATHER Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed JUN 6 1931 H. GRAHAM JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-31

17

I HEREBY CERTIFY That I attended deceased from 6-3-31 19 to 6-4-31 19

that I last saw him alive on 6-4-31 19

and that death occurred on the date stated above at 1:20 A. m.

The CAUSE OF DEATH* was as follows

Nephritis, Chronic

More than (duration) yrs 2 mos ds.

CONTRIBUTORY (Secondary) Uraemia, Chronic

(duration) yrs 1 mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Lab.

(Signed) Paul Podgi M. D.

6-5 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary DATE OF BURIAL Jun 8 19 31

20 UNDERTAKER Marshall Elliott ADDRESS 1745 Aisquith

Spec.—1-30—M. & T.—250 Blks.

69432

E 69432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) Sydenham Hospital ST. 9-46 WARD

2-FULL NAME Juanita Oglesby

(a) RESIDENCE NO. 2611 Boone ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) April 8, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Dexter Oglesby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Georgia

12 MAIDEN NAME OF MOTHER Mozelle Hurd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Georgia

14 Informant: Mrs Mozelle Oglesby (Address) 2611 Boone St.

15 Filed ..... 1931 ..... C. HAMILTON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to June 5, 1931, that I last saw h[illegible] alive on June 5, 1931, and that death occurred, on the date stated above, at 9 55 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 0 yrs. 0 mos. 17 ds.

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2611 Boone St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) J. Peter Meranthe, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
Mt. Calvary	June 6 31
20 UNDERTAKER P. McP. Elliott	ADDRESS 1720 Eutaw

Spec.—9-30—A & Co.—250 Blks

69433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE (No 1512 W Gilmor ST 5-41 WARD 1

REGISTERED NO 69433

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Eliza Sheppard

(a) RESIDENCE NO 1413 E. Fairmount ave ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE colord

5 If single, Married, Widowed, or Divorced, (write the word) widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

66

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. D

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Marian Shepard

(Address) 1418 E. Fairmount ave

Filed 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-31

17

I HEREBY CERTIFY That I attended deceased from 6-1 1931 to 6-4 1931

that I last saw h[illegible] alive on 6-4 1931

said that death occurred, on the date stated above, at 4:30P m.

The CAUSE OF DEATH was as follows*

Chron. Senile Myocarditis 2 mo

CONTRIBUTORY (Secondary) Chron Gastritis 6 mo

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) C W Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, REMOVAL asbury

CREMATION OR REMOVAL cemetery

DATE OF BURIAL June 6 1931

UNDERTAKER Edward Bryan

ADDRESS 1631 orleans st

Spun—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69434

E 69434

CERTIFICATE OF DEATH.

141

REGISTERED NO. E 69434

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers Hospital ST. 17-25 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clara Miller

(a) RESIDENCE NO. 547 W Franklin ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Miller

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 21 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country): Balt Md.

PARENTS

10 NAME OF FATHER: Frank Bannister

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt Md

12 MAIDEN NAME OF MOTHER: Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt Md.

14 Informant (Address): Body released by Miss Ella Engle Fellows Co Exr to Capt D. Swaar

15 Filed JUN 7 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-4 1931

17 I HEREBY CERTIFY, That I attended deceased from 5-2-31 to 5-4-31.

that I last saw h alive on 5-4-31 19

and that death occurred, on the date stated above, at 1300 P m.

The CAUSE OF DEATH* was as follows:

Self induced abortion

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 547 W Franklin

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Bullard M. D.

5-5-1931 (Address) 721 E Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL: Druid Hill Cemetery DATE OF BURIAL 6/8/1931

20 UNDERTAKER: Wm Cook ADDRESS 1217 E Paul St

Spec.—9-30—A. & Co.—250 Blks

Dr Wells Park Nights Hayward Ave.
Carolina J Baumler

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50~E 69435

E 69435

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 3424 Belvedere Ave (STREET OR AVENUE) WARD

2 FULL NAME Carolina J. Baumler

(b) RESIDENCE NO. 3424 Belvedere Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 If single, Married, Widowed, or Divorced, (write the word): Widowed

6a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of George J Baumler

6 DATE OF BIRTH (month, day and year): Mar 24th 1863

7 AGE: Years 68 Months 2 Days 11

If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Osners

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Barbara Baumler

(Address) 3424 Belvedere Ave

15 Filed JUN 7 1931 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1931 to June 4, 1931

That I last saw her alive on June 4, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Hale J. Mills M. D.

19 (Address) 1210 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 6/8/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—2-29-28—L. F. S.—500 Blks.

E 69436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001 E 69436

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 N. Madeira ST. 6-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hester Elizabeth Hale

(a) RESIDENCE NO. 229 N. Madeira ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Mar 4, 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	3	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ranson, W. Va.

10 NAME OF FATHER Lonia O Hale

11 BIRTHPLACE OF FATHER (city Winchester, (State or country) Va.

12 MAIDEN NAME OF MOTHER Nettie Waters

13 BIRTHPLACE OF MOTHER (city Mt. Jackson, (State or country) Va.

Informant Mrs. Pearl Downs

(Address) 1829 Patterson Ave.

Filed C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1931 to June 6, 1931

that I last saw her alive on June 6, 1931

and that death occurred, on the date stated above at 8:20 A m.

The CAUSE OF DEATH* was as follows:

Ac. Endocarditis

(duration) yrs mos 10 ds.

CONTRIBUTORY (Secondary) Chronic Tonsilitis

(duration) unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence.

(Signed) Geo. B. Dyberg, M. D.

6/6/1931 (Address) 2807 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cemetery Charles Town W. Va

DATE OF BURIAL 6/8/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69437

CERTIFICATE OF DEATH

93-603

E 69437

REGISTERED NO

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 515 N. Monroe St. St 19-27 WARD)

2 FULL NAME Mary A. Hogan

(a) RESIDENCE NO 515 N. Monroe St. (Usual place of abode) St WARD

Length of residence in city or town where death occurred Lifetime yrs mos ds. How long in U. S., if of foreign birth yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John E. Hogan

6 DATE OF BIRTH (month, day, and year) Jan. 6th. 1864

7 AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	67	5	29	::::

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michael McHugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Catherine Mooney. (Address) 515 N. Monroe St.

15 Filed 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 5th. 1931.

17 I HEREBY CERTIFY That I attended deceased from May 9 19 31 to June 5 19 31

that I last saw h alive on June 5 19 31

and that death occurred, on the date stated above at 6.55 p m.

The CAUSE OF DEATH* was as follows

Arteriosclerosis cardio-vascular disease

(duration) ? yrs mos ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Thos E Stacy Jr M. D.

19 (Address) 402 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery. DATE OF BURIAL 6/8 19 31.

20 UNDERTAKER Chas F. Braun & Son ADDRESS W. N. Mt. Royal Ave

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69438 — REGISTERED NO. 69438

1 PLACE OF DEATH Baltimore City Hospitals — ST. 90-64 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME Margaret Beurrier

(a) RESIDENCE NO 40 N. Wheeler Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records of Balto. City Hospitals

15 Filed 7 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5-31

17 I HEREBY CERTIFY, That I attended deceased from 5-16-31, 19 to 6-5-31 19

that I last saw her alive on 6-5-31 19

and that death occurred, on the date stated above, at 12:20 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum (duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Starvation due to bulbar paralysis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Balto. City Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam

(Signed) Paul Vogt M. D.

6-5 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem. — DATE OF BURIAL June 8 1931

20 UNDERTAKER Robert L. Little — ADDRESS 700 Edmondson

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69439

CERTIFICATE OF DEATH

1931

E 69439

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1209 Argyle Ave (ST.) 17-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William H. Ruff

(a) RESIDENCE NO. 1209 Argyle Ave (ST.) (WARD)
(Usual place of abode) (If non-resident give city or town and state)

length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Ruff

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 0 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jacob Ruff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment (Address) Sarah Ruff 1209 Argyle Ave.

15 FILED 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 25th 1931 to June 5th 1931

that I last saw him alive on June 5th 1931

and that death occurred, on the date stated above, at 1:55 P.M.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Roland Chandler M. D.

(Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 6-7 1931

20 UNDERTAKER Byron Wright

ADDRESS 128 McCulloh St

Spec.—9-30—A. & Co.—250 Blks.

E 69440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

E 69440

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) Union Memorial Hosp. (St.) 8-45 (Ward)

2 FULL NAME Mrs Emma Evans. Hamilton

(a) RESIDENCE NO. 3005 Christopher Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of John Evans.

6 DATE OF BIRTH (month, day, and year) Oct. 22, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	37	7	11 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Edward Baum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER? Sally.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

Filed 7 1931. H. A. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/7/31

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to June 7, 1931

that I last saw her alive on June 7 1931

and that death occurred, on the date stated above, at 9:30 p.m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Auricular Fibrillation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Not determined

Did an operation precede death? yes Date of 7/4/31

Was there an autopsy? no.

What test confirmed diagnosis? Clin. Exam.

(Signed) Samuel W. Lansburgh M. D.

June 7 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Parkwood Cem. DATE OF BURIAL. June 9 1931

20 UNDERTAKER John Burns Sons ADDRESS Towson

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69441 — 167 — E 69441

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Arthur Goodman

(a) RESIDENCE NO. 2202 Park Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., If of foreign birth?? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Purla H. Goodman

6 DATE OF BIRTH (month, day, and year) Oct. 17, 1878

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	52	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dry Goods
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Raphael Goodman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Arthur Goodman (Address) 2202 Park Ave.

15 Filed [illegible] C. HARRISON JONES, M. D. Registrar

N 7 1931.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Revolver wound of head.
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Feller M. D.

6/6. 1931. (Address) 2729 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem.	6/8/ 1931

20 UNDERTAKER David Sondheimer & Son — ADDRESS 1902 Eutaw Place

Supplement. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 69442 — 50 — 69442

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S. Ellwood Ave WARD 2)

REGISTERED NO.....

(If death occurred in a hospital, or institution, give its NAME instead of street and number.)

2 FULL NAME Theresa E. Gattschalk

(a) RESIDENCE NO. 419 S Ellwood Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 2 1877

7 AGE — Years: 53 — Months: 10 — Days: 2 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Francis X. Gattschalk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna b. Krieglstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Anthony Gattschalk 419 S Ellwood Ave

15 Filed ..... 19..... Registrar .....

JUN 7 1931 HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4 31

17 I HEREBY CERTIFY, That I attended deceased from 3/21/29, 19..... to June 4 1931

that I last saw h[illegible] alive on ..... at 4 ..... 19 31

and that death occurred, on the date stated above, at 3.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma - general Metastasis; Lungs - adenocarcinoma duct

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary): Carcinoma of breast

(duration) 2 yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3/29/29.

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) C. D. Neer M. D.

19 31 (Address) 418 S. Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M. W. E. Cypress Inc

DATE OF BURIAL: June 6 1931

20 UNDERTAKER: Holy Redeemer

ADDRESS: 372 S Arnold

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69443

CERTIFICATE OF DEATH

107-001

E 69443

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) Md. Gen. Hosp. St. 15-58 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Concetta Culotta

(a) RESIDENCE NO. 3409 Reisterstown Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
(or) WIFE of Mr. Frank Culotta.

7 DATE OF BIRTH (month, day, and year) Oct. 26, 1883

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	9	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home-wife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Italy

11 NAME OF FATHER Francesco

12 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

13 MAIDEN NAME OF MOTHER Mariannadiandrea

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

15 Informant Hospital Records

(Address)

16 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to June 5, 1931

that I last saw her alive on June 5, 1931

and that death occurred, on the date stated above, at 11:40 A m.

The CAUSE OF DEATH* was as follows:

Ventral Hernia

(duration) 18 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia & Toxemia

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes. Date of 5/25/31

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings.

(Signed) Robert F. Clemmett, M. D.

19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	June 9 1931

20 UNDERTAKER M. E. Dyer & Son ADDRESS 37 Lamb

Spec.—0-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69444 — 23 E 69444

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St Joseph's Hospital ST. 7-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Annie Rennefelder

(a) RESIDENCE NO. 631 N. Kenwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 17 1876

7 AGE — Years: 54 — Months: 3 — Days: 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Rennefelder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Ruhl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mary Rennefelder 631 N. Kenwood Ave

15 Filed . 19 — H. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 4-31

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to 6-4-, 1931

that I last saw her alive on 6-4, 1931

And that death occurred, on the date stated above, at 10 30 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

Anemia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Cardiac dilatation

(duration) yrs. mos. 6 hrs.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Robert Sardo M. D.

. 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lodge Cedar Hill — DATE OF BURIAL: June 6 1931

20 UNDERTAKER: M. H. E. Dilpkamp — ADDRESS: 37 Alm

Spec.—12-9-25—A Co.—200 Blks.

E 69445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51 E 69445

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary 25-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Michael Kolchen

(a) RESIDENCE NO. 5109 Pennington Ave. Curtis Bay Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 38 yrs. mos. ds. How long in U. S., if of foreign birth? about 38 yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: White

5 ~~Single~~, (Married, Widowed, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Kolchen

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: about 67 Years | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Europe

PARENTS

10 NAME OF FATHER: Michael Kolchen

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Europe

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant (Address): Joseph Kolchen 5107 Pennington Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1931 to June 4, 1931, that I last saw he/she alive on June 4, 1931, and that death occurred, on the date stated above, at 7-05 P m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis of Upper Left Lobe Contracted

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? Yes Date of (Tonsils) May 16, 1931

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..... M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery G.G.Co. Date of Burial 4/8 1931

UNDERTAKER: Margaret E. Flynn ADDRESS: 1422 Light St.

Very Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

69446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 107-001 C 69446

1 PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE (No. H-7 St.) (WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John C Flynn

(a) RESIDENCE NO Marriottsville Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 21 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Marriottsville Md.

PARENTS

10 NAME OF FATHER Patrick Flynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Mulvey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Hospital Records.

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1931 to June 7 1931

That I last saw him alive on June 7 1931

and that death occurred, on the date stated above, at 5 35 A. M.

The CAUSE OF DEATH* was as follows:

Senile gangrene

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Post operative pneumonia

(duration) yrs. mos. 2 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/5/31

Was there an autopsy? No Amputation of Leg

What test confirmed diagnosis? Clinical

(Signed) Eldred Roberts M. D.

6/7 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Alphonsus Baltimore

DATE OF BURIAL 6/9/31

20 UNDERTAKER Easton Sons

ADDRESS Ellicott City

FILL IN ALL ITEMS—ALL ARE IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69447

CERTIFICATE OF DEATH

2-10-001

REGISTERED NO. E 69447

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Perry Wright

(a) RESIDENCE NO 1014 N. Payson ST. Sr WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 9 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sour Kraut

6 DATE OF BIRTH (month, day, and year) 8/6/75 may

7 AGE Years 55 Months 9 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Perry Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Del

12 MAIDEN NAME OF MOTHER Susan Carmine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Fannie T Pickering

(Address) 1014 N Payson St

15 Filed 6 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by a moving auto @

DURATION: Last Time yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Fayette nr St Paul

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) C. Frank Elder, Coroner, M. D.

6/6, 1931 (Address) 2739 W. Eldery

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery Cedar Hill DATE OF BURIAL June 8 1931

20 UNDERTAKER John F Denny ADDRESS 1052 W Fayette St

1-30—M. & T.—100 B—50L

E 69448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69448

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Weaver Ave ST. 27-H-4 WARD)

2-FULL NAME Catherine M. Hubers

(a) RESIDENCE NO 3015 Weaver Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Weaver

6 DATE OF BIRTH (month, day, and year) Feb 29/1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Connolly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John Moran

(Address) 3000 E. Balto. t

15 Filed JUN 7 1931, 192 [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to he death on the day stated above.

The CAUSE OF DEATH* was as follows

Probably cardiovascular Accident

(Diabetes Mellitus for several yrs)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], Coroner, M. D.

6/5/31 19 (Address) [illegible] E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL June 8, 31

20 UNDERTAKER John F. Moran ADDRESS 3000 E. Balto

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69449
1-PLACE OF DEATH

E 69449
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of Baltimore: (No. Balt City Hospital St. 13-54 Ward)

2-FULL NAME Fannie A Flanigan

(a) RESIDENCE NO. 2626 Woodbrook ave. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Norman A Flanigan

6 DATE OF BIRTH (month, day, and year) Jan 29 about 1890

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	41	4	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer at home

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER William Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs Norman A Flanigan
(Address) 2626 Woodbrook ave

15 Filed 1931 [illegible] 19[illegible]
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 6 1931

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry)
thereon and (from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Lymphatic Leucaemia

(duration) yrs mos 7 da.

CONTRIBUTORY (Secondary)

(duration) yrs mos da.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.

6/6/1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery Baltimore Md	June 9 1931
20 UNDERTAKER	ADDRESS
Southern Co	Eutaw

Important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks.

E 69450

HEALTH DEPARTMENT—CITY OF BALTIMORE

1461 69450

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6304 Belair Rd. St.) 27-42 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred. Walmsley

(a) RESIDENCE NO. Cumberland Md. St. WARD
(Usual place of abode) Unknown (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Walmsley

6 DATE OF BIRTH (month, day, and year) Oct. 10 1877

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	53	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): R. R.

(c) Name of employer: B & O.

9 BIRTHPLACE (city or town) (State or country): England.

PARENTS

10 NAME OF FATHER: James Walmsley

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Susanna Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England.

14 Informant: J. William Walmsley
(Address) 6304 Belair Rd.

15 Filed ..., 19... HAMP. X. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 7, 31

17

I HEREBY CERTIFY, That I attended deceased from Feb 24 19 31 to June 7 19 31.

that I last saw h alive on June 7 19 31

and that death occurred, on the date stated above at 5.45 P. m.

The CAUSE OF DEATH* was as follows:

Anasarca
Oedema of Lungs
duration ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach
duration 1 yr. 6 mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? no Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert E. Helm M. D.

Date June 7 19 31 Address 6304 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cumberland Md — DATE OF BURIAL: June 8 1931

UNDERTAKER: Frederick Lassahn & Sons — ADDRESS: 7101 Belair Rd.

Spec.—9-30—A. & Co.—250 Blks.

E 69451

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69451

CERTIFICATE OF DEATH

15-61 93-003

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Elgin Ave. St. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Olivia Pearson

(a) RESIDENCE NO. 3308 Elgin Ave. St. WARD
(Usual place of abode) life
(If non-resident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced. (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Summerfield Pearson

6 DATE OF BIRTH (month, day, and year) Nov. 6, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer) housewife

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.,
(State or country) Md.

PARENTS

10 NAME OF FATHER John Bangs

11 BIRTHPLACE OF FATHER (city or town) Wash. D.C.
(State or country)

12 MAIDEN NAME OF MOTHER Malvina Myers

13 BIRTHPLACE OF MOTHER (city or town) Balto.,
(State or country) Md.

14 Informant Malvina Pearson
(Address) 3308 Elgin Ave.

15 Filed 6 1931, 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 4, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 1928 to June 4 1931.

That I last saw her alive on June 4 1931

and that death occurred, on the date stated above at 4 30 P.M.

The CAUSE OF DEATH was as follows

Myocarditis
Hypertension

duration 3 yr. 6 mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

duration yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed [illegible] M. D.

19 Address 1403 Park Ave.

(State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	June 8, 1931

20 UNDERTAKER John C. Mitchell & Sons, ADDRESS 1900 Eutaw Pl.

Mitchell

Spec.—9-30—A. & Co.—250 Bks.

E 69452

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69452

CERTIFICATE OF DEATH

93-003

15-61

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3308 Elgin Ave. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Malvina B. Pearson

(a) RESIDENCE NO. 3308 Elgin Ave. ST. WARD

(Usual place of abode) life

(If non-resident give City or Town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. , 1871

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	8 9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Summerfield Pearson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Olivia Bangs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Arthur E. Pearson

(Address) 4107 Springdale Ave.

15 Filed 1931 HARRISON JONES, M D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 6 1931

17 I HEREBY CERTIFY that I attended deceased from June 1931 to June 6 1931

that I last saw h[illegible] alive on June 6 1931

and that death occurred, to the date stated above, at 8 P m.

The CAUSE OF DEATH was as follows

Hypertension.
Arterio sclerosis.
Myocarditis.

(duration) 3 yrs. or more ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

Signed W H Woody M D

19 (Address) 1403 Park Ave.

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL June 8, 31

UNDERTAKER John O. Mitchell & Sons, ADDRESS 1900 Eutaw Pl

Relation to deceased

Cor.—2-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69453

E 69453

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3106 Brentwood Ave. St. 12-50 Ward)

2-FULL NAME Roland Randall

(a) RESIDENCE NO. 3106 Brentwood Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) April 22nd, 1931.

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) City.
(State or country)

PARENTS

10 NAME OF FATHER Joseph L. Randall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norfolk, Va.,

12 MAIDEN NAME OF MOTHER Sarah Goode

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltomore, Md.,

14 Informant Joseph Randall
(Address) 3106 Brentwood Ave.

Filed 8 1931 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1931

17 I HEREBY CERTIFY That I took charge of the remains described above held an Inquire (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquire (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above. The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Whooping Cough (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Otho F. Sparrow M. D.

19 (Address) 361 Reformed Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. L. Brown DATE OF BURIAL June 8 1931

20 UNDERTAKER Clarence E. Wright ADDRESS 700 N Carrollton ave

Important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 E 69454

E 69454

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 641 W Fayette St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Martin

(a) RESIDENCE NO. 641 W Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 1877

7 AGE: 53 Years 9 Months Days — IF LESS than 1 day hrs. or min.

54

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (City or town) not known

(State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) Not known

(State or country)

14 Informant: Joseph Shapiro

(Address) 641 W. Fayette St.

15 Filed [illegible] 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1931 to June 6, 1931.

that I last saw h[illegible] alive on June 6, 1931.

and that death occurred, on the date stated above, at 8-0 m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

(duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John Chesnutt, M. D.

6/8, 1931 (Address) 641 W Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

Date of Burial: June 8 1931

20 UNDERTAKER: John Rutkauskas

ADDRESS 423 S. Paca St.

very important. See instructions on back of certificates.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69455

CERTIFICATE OF DEATH.

79-001

E 69455

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Hospital St. or WARD)

REGISTERED NO. C.....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Dorsey

(Residence in Baltimore: No. 1245 Cleveland St. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH. March 4, 1917
(Month) (Day) (Year)

7-AGE. 14 yrs. 3 mos. 2 ds.

If LESS than 1 day, ...hrs. or.....mins.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work..... Student
(b) General nature of industry, business, or establishment in which employed (or employer).....

9-BIRTHPLACE. (State or Country). Balto. Md

PARENTS.

10-NAME OF FATHER. Lawrence Dorsey

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Sue Hallside

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Lawrence Dorsey

(Address) 1245 Cleveland St.

15- JUN 8 1931. 191.. CLAYTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 6, 1931.
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from June 1 1931, to June 6 1931, that I saw him alive on June 6 1931, and that death occurred, on the date stated above, at 11:10 a.m.

The CAUSE OF DEATH* was as follows:

Meningitis - Staphylococcus

(Duration)..... yrs. mos. 9 ds.

CONTRIBUTORY (Secondary).....

(Duration)..... yrs. mos. ds.

(Signed) M Sampson M. D.

June 6, 1931. (Address) Presbyterian Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death 14 yrs. mos. ds. In the State 14 yrs mos. ds.

Where was disease contracted, if not at place of death? Home

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cathedral Cem.	6/9/31 191...
20-UNDERTAKER	ADDRESS
John Conny Sons	922 E Preston

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

69456 E 69456

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

69456

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 N. Washington St. ST. 8-17 WARD)

2 FULL NAME Samuel V. Elliott Sr.

(a) RESIDENCE NO. 1310 N. Washington St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mary J. Elliott 1851

6 DATE OF BIRTH (month, day, and year) Nov. 1st.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6 7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter 0 1/2

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of company: Everard Bennett Co.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Joseph Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Clayton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Interment (Address): Samuell V. Elliott Jr. 3432 Elmley Ave.

15 June 6 1931 19 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1930 to June 5 1931

that I last saw h[illegible] alive on June 4 1931

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

from Cardiac (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Buchanan M. D.

June 6 1931 (Address) 3100 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 6-8-31 19

20 UNDERTAKER: Wendell E. Humphreys ADDRESS 501 N. Broadway

Spec.—1-30—M. & T.—250 Blks.

E 69457 HEALTH DEPARTMENT—CITY OF BALTIMORE 46 E 69457

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (NO. 2-4 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Eklund

(a) RESIDENCE NO. 715 S. Broadway, Baltimore, Md. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 29, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work A.B.Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S. Jane Christenson

9 BIRTHPLACE (city or town) (State or country) Finland

PARENTS

10 NAME OF FATHER Wilhelm Eklund

11 BIRTHPLACE OF FATHER (city or town) (State or country) Finland

12 MAIDEN NAME OF MOTHER Katarina Hockstrom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Finland

14 Informant Records, U.S. Marine Hospital (Address) Baltimore, Md.

15 Filed 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June.5.1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1930, to June 5, 1931, that I last saw him alive on June 5, 1931, and that death occurred, on the date stated above, at 10:55 A. m.

The CAUSE OF DEATH* was as follows:

Syphilis, tertiary (duration) unknown yrs. mos ds.

CONTRIBUTORY (Secondary) Carcinoma of Oesophagus (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 4-14-31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gordon A. Abbott, M. D.

6/6, 1931 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's, Hampden — DATE OF BURIAL June 8, 1931

20 UNDERTAKER E. Leroy Stiffler, Inc. — ADDRESS 125 E. North ave.

Spec—9-30—A. & Co.—250 Bks.

E 69458 HEALTH DEPARTMENT—CITY OF BALTIMORE 69458

E69458

CERTIFICATE OF DEATH. 2-L 122-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1604 Shakespeare street 2-L WARD)

2 FULL NAME Leokadyja Brzozowski

(a) RESIDENCE NO 1604 Shakespeare street ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Wladyslaw Brzozowski

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Michael Paponski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Victoria Waltkowiak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Wladyslaw Brzozowski
(Address) 1604 Shakespeare

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6/1931

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to June 6, 1931

that I last saw h... alive on ....., 19.....

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Strangulated Ventral Hernia

(duration) yrs. mos. 0 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.S. & Symptoms

(Signed) John V. Bozentkiewicz M. D.

19 (Address) 1738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetery — DATE OF BURIAL: June 10 1931

20 UNDERTAKER: George a Weber — ADDRESS: 705 S. Conkling St.

JUN 8 -1931

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 69459 — X 92-001 — E 69459

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St. 6-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Walter O Callahan

(a) RESIDENCE: (No. Edgemere St. Harrows Point, Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Dora E Callahan

6 DATE OF BIRTH (month, day, and year): March 31 1876

7 AGE — Years: 55 — Months: 3 — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Patton & Cox

9 BIRTHPLACE (City or town) (State or country): South Lovel Va

PARENTS

10 NAME OF FATHER: Tho. Callahan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Lucy Stevens

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Accomac Va

14 Informant (Address): Mrs Dora E Callahan Edgemere Md

15 Filed ... 19... Registrar: G. HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 1931

17 I HEREBY CERTIFY, That I attended deceased from 5/27/31, 19.. to 6/6/31, 1931.

that I last saw h alive on 6/6/31, 1931.

and that death occurred, on the date stated above, at 7.17 P m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis (Rheumatic

(Heart Disease)

Chr Degenerative Myocarditis

Auricular Fibrillation (duration) Unknown mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Cashman, M. D.

19.. (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. DATE OF BURIAL: June 9 1931

20 UNDERTAKER: Jos. T Denny ADDRESS: 1515 W Lafayette

Spec.—1-30—M. & T.—250 Bks.

E 69460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69460

CERTIFICATE OF DEATH.

131 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 N Lakewood St. 12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph G. Shimanek

(a) RESIDENCE NO. 704 N Lakewood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna Shimanek

6 DATE OF BIRTH (month, day, and year) Nov. 24 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Joseph Shimanek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Teodora

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Mrs. Shimanek

(Address) 704 N Lakewood

Filed JUN 8 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6/31

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1931 to June 6, 1931

that I last saw him alive on June 6, 1931

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchymonia Nephritis

4 mos. ds.

(duration) yrs.

CONTRIBUTORY (Secondary) Chronic Paralysis 1 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Roamer M. D.

(Address) 1 of 4 Lakewood Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL June 9 1931

20 UNDERTAKER Chas. M. Ehrlich

ADDRESS 511 W. Lafayette

Spec.—12-9-25—A Co.—200 Blks.

E 69461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69461

CERTIFICATE OF DEATH. X 59

1-PLACE OF DEATH Church Home & Infirmary — REGISTERED NO.

City of BALTIMORE: (No. 6-9 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary Jung

(a) RESIDENCE NO. German Hill Rd - Colgate, Md. Ward County

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Mr Conrad Jung

6 DATE OF BIRTH (month, day, and year) June 19 1879

7 AGE: 52 yrs | Years: 5 | Months: 11 | Days: 17 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER Loui Faber

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Raffel

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant Conrad Jung

(Address) Colgate, Md.

15 Filed JUN 8 1931

C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from April 21, 1931, to June 6, 1931, that I last saw her alive on June 6, 1931, and that death occurred, on the date stated above, at 12:15A m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Nephritis

Diabetes Mellitus

Uremia

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Richard C. Cumming, M. D.

June 5, 1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — Date of Burial: June 9 1931

20 UNDERTAKER: George W. Zickler — ADDRESS: 1737 E. Eager St

very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69462

CERTIFICATE OF DEATH.

131 E 69462

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1936 Eq Ave ST., 15-21 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Eisenman
(a) RESIDENCE NO. 1936 Eq Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 77 yrs. 11 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 9-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER John Eisenman
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Mary Eisenman
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Chas F. Rodgers 611 Baker St

15 Filed 8 1931 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 31

17 I HEREBY CERTIFY, That I attended deceased from June 3 1931, to June 7 1931.
that I last saw her alive on June 3 1931
and that death occurred, on the date stated above, at 7 00 m.
The CAUSE OF DEATH* was as follows: Chronic Nephritis.

(duration) 2 yrs. 6 mos. da.
CONTRIBUTORY (Secondary) Cardiac Arteriosclerosis
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? ✓ Date of ✓
Was there an autopsy? ✓
What test confirmed diagnosis? ✓
(Signed) H. C. Stout M. D.
(Address) 1924 W Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem
DATE OF BURIAL June 10 1931
20 UNDERTAKER Harry W Fehlen
ADDRESS 1944 W. North Ave

Spec.—9 30—A. & Co.—250 Blks.

E 69463 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 31 E 69463
REGISTERED NO.

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) 1914 N. Pulaski St. 15-21 (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME James H. Robinson

(a) RESIDENCE NO. 1914 N. Pulaski ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 30-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	9	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS
10 NAME OF FATHER: James H. Robinson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.
12 MAIDEN NAME OF MOTHER: Minnie Fontz
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant (Address): Emma E. Robinson 1914 N. Pulaski St.

15 Filed JUN 8 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5/31

17 I HEREBY CERTIFY, That I attended deceased from May 28 1930 to June 5 1931
that I last saw him alive on June 4 1931
and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:

Endocarditis
Chronic nephritis
(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Physical diagnosis
(Signed) C. S. Culbreth Jones M. D.
6/7 1931 (Address) 1901 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Hill Cemetery
DATE OF BURIAL: 6/8/31
20 UNDERTAKER: E. R. Hufnut
ADDRESS: 330 Eutaw Place

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69464 23 ✓ E 69464

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 69464

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 834 Sarah Ann ST. 18-W (WARD)

2-FULL NAME Charles Spencer

(a) RESIDENCE NO 834 Sarah Ann ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colord	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Geo. Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ida Moon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Geo. Spencer

(Address) 834 Sarah Ann St.

15 Filed 6-8 1931 16 N. SENSI NOSCITUR

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows Hemoptysis - probably due to Pulmonary tuberculosis

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

6/8 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem.

DATE OF BURIAL 6-8 1931

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pa. Ave

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69465

CERTIFICATE OF DEATH.

106 E 69465

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 709 E. Fremont 1930 ST. (WARD)

2-FULL NAME Eugene Thompson

(a) RESIDENCE NO 709 E. Fremont ST WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Thompson

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 27 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Rock Hall Md

PARENTS

10 NAME OF FATHER: Eugene Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ida Weeks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Goldie Thompson 709 Fremont Ave

15 Filed 8 1931 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5 1931

17 I HEREBY CERTIFY, That I attended deceased from June 3 1931 to June 5 1931.

that I last saw him alive on June 5 1931.

and that death occurred, on the date stated above, at 5-10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) John D. Jamison, M. D.

. 19 (Address) 615 S. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemetery

DATE OF BURIAL 6/8 1931

20 UNDERTAKER: Walter B. Sprigg

ADDRESS 1899 W Hamburg St.

Spec.—1-12-23—M&T—500 Blks.

69466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69466

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No 4-5 Marine Hospital ST 17-51 WARD)

2-FULL NAME Robert B Balderson

(a) RESIDENCE NO Harrybagan Virginia ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 45 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carlita Smith

6 DATE OF BIRTH (month, day and year) Oct 14 - 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	67	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fisherman

(b) General nature of industry business, or establishment in which employed (or employer) Odc

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Rahmell Balderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mimi Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant U.S. Marine Hospital (Address)

15 Filed JUN 8 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1931

17

I HEREBY CERTIFY, That I attended deceased from April 17 .1931. to June 6 .1931.

that I last saw h[illegible] alive on June 6 .1931

and that death occurred, on the date stated above, at 6:20 P.m

The CAUSE OF DEATH* was as follows:

Malignancy Right Lung

(duration) yrs 5 mos ds.

CONTRIBUTORY (Secondary) Pleurisy Suppurative

(duration) yrs 11 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 21, 1931

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Ray E. Butler, M. D.

19 (Address) U S Marine Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gibson Cemetery Virginia | DATE OF BURIAL: June 8 1931

20 UNDERTAKER: Jas E. Miller Jr | ADDRESS: 2334 Jefferson

Spec.—9-30—A. & Co.—250 Blks.

E 69467 HEALTH DEPARTMENT—CITY OF BALTIMORE B 69467

CERTIFICATE OF DEATH

Pid. 79-001

1 PLACE OF DEATH [redacted] HOSPITAL — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 7-10 ST. WARD)

2 FULL NAME Naomi Wilson

(a) RESIDENCE NO. 621 N. Montford ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 9 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ruth Hummus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant [redacted] Records

(Address) [redacted] HOSPITAL

15 Filed 8 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 4, 19 31, to June 7, 19 31

that I last saw h[illegible] alive on June 7, 19 31

and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Paroxysmal menorrhagia

Hemorrhagica

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) R O Y. Wilson M. D.

19 , 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem[illegible] — DATE OF BURIAL: June 9 1931

20 UNDERTAKER: Mrs. C. Maher & Son — ADDRESS: 2334 Jefferson Ave

Spec. 1-30—M. & T.—250 Bks.

E 69468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

E 69468

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., 7-12 Ward)

2-FULL NAME Beatrice Haviland

(a) RESIDENCE No. 2122 E Biddle St. 7 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE colored

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) April 26 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	12 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 0 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Courtney Haviland

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Helen Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant (Address) Courtney Haviland 2122 E. Biddle St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to June 6, 1931, that I last saw h[illegible] alive on June 6, 1931, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Primary Bronchopneumonia

(duration) 0 yrs. 0 mos 2 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2122 E. Biddle St.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Peter Smerantsky M. D.

, 19 (Address) Lyndenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hill Memorial Harford Road	June 8 1931

20 UNDERTAKER Fillyo Veltri ADDRESS 1500 W. Balt. St.

Spec.—9-30—A. A Co.—250 Blks

E 69469 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69469

CERTIFICATE OF DEATH

X 53

1 PLACE OF DEATH (a) Hospital

CITY OF BALTIMORE (No 9-9 St Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Alture

(a) RESIDENCE NO Richwood W Va St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 5 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Va -

PARENTS
10 NAME OF FATHER Howard Alture
11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va -
12 MAIDEN NAME OF MOTHER Fay Thorpe
13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va -

14 Informant (Address) Richwood

15 Filed 8 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June - 7 - 1931

17
I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to June 7, 1931
that I last saw him alive on June 7, 1931
and that death occurred, on the date stated above, at 8 20 P m.

The CAUSE OF DEATH* was as follows:
Brain Tumor - Brain Stem
Probably malignant
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchial
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? not known
Did an operation precede death? yes Date of 6-6-31
Was there an autopsy? no exploration
What test confirmed diagnosis? operation
(Signed) Fred W Veit M. D.
19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richwood W Va — DATE OF BURIAL: 6/8/31 19

20 UNDERTAKER: Joseph Ahern — ADDRESS: 221 Ruxy

Spec.—9-30—A. & Co.—250 Blks

E 69470 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69470

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 126 W. Preston (St.) 11-19 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bridget Banaghan

(a) RESIDENCE NO. 126 W. Preston St. (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael F. Banaghan

6 DATE OF BIRTH (month, day, and year) Unknown 1870

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
About.	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Bridget Drudry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant (Address) Michael F. Banaghan 126 W. Preston St.

15 Filed 8 1931 19 at

C. HAWSON JONES, M. B.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7th. 1931.

17

I HEREBY CERTIFY, That I attended deceased from April 20th. 1931 to June 7th 1931

that I last saw h[illegible] alive on June 6th 1931

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Probably (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) George G. Cross M. D.

19 (Address) 78 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery.

DATE OF BURIAL: 6/ 10 1931.

UNDERTAKER: Chas. P. Maus Co. 111 W. Mt. Royal Ave

ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

69471

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 69471

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-22 ST. WARD)

REGISTERED No.

2 FULL NAME Arthur James Parker

(a) RESIDENCE No. 734 N. Gilmor st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 24, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	25	1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer do
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS
10 NAME OF FATHER: Severn Parker
11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia
12 MAIDEN NAME OF MOTHER: Virginia Upshur
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Interment: Hospital Records
(Address)

15 Filed G. HAMPSON JONES, M. D. Registrar
JUN 8 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5, 1931

17:
I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1930 to June 5, 1931
that I last saw him alive on June 5, 1931
and that death occurred, on the date stated above, at 8.50 A. M.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Howard Jones M. D.
6-5 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL
DATE OF BURIAL 19
20 UNDERTAKER
ADDRESS JUN 8 - 1931

Spec.—9-30—A. & Co.—250 Bks

E 69472 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 69472

93-0

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH BALTIMORE CITY HOSPITALS 16-23 (WARD)

CITY OF BALTIMORE: (No ..... ST. .....

2 FULL NAME Joseph T. Lamb.

(a) RESIDENCE NO 803 N. Calhoun ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	widowed.

5a If married, widowed, or divorced
HUSBAND of
~~WIFE~~ of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81 (?)			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer odd
(b) General nature of industry, business, or establishment in which employed (or employer) Coal yard
(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Crestertown Md.

PARENTS
10 NAME OF FATHER Mathew Lamb
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Martha ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) BALTIMORE CITY HOSPITALS

15 FILED 6 1931, 19.. H. A. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1931.

17
I HEREBY CERTIFY, That I attended deceased from
Jan. 29 . 19 31 . to June 7 . 19 31
that I last saw h[illegible] alive on June 7 . 19 31
and that death occurred, on the date stated above, at 11:50 P. m.
The CAUSE OF DEATH* was as follows:

Myocarditis. Chronic
unknown
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical Exam.
(Signed) Paul Padget. M. D.
6-7. 19 31. (Address) BALTIMORE CITY HOSPITALS

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Crestertown Md
DATE OF BURIAL 6/8 19 31
20 UNDERTAKER William Cook
ADDRESS 1213 S. Paul

BALTIMORE CITY HOSPITALS
H. HANSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69473

CERTIFICATE OF DEATH

B 69473

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) University Hospital (St.) 19-27 (WARD)

2 FULL NAME Harriet Butler

(a) RESIDENCE NO. 1513 Linn St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced
(b) HUSBAND of
(or) WIFE of James Butler

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James Butler
(Address) 1513 Linn St

15 Filed June 8 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 5 1931

17 I HEREBY CERTIFY, That I attended deceased from April 30 1931 to June 5 1931

that I last saw h[illegible] alive on June 5 1931

and that death occurred, on the date stated above, at 3.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

Toxic psychosis

antemortem

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

Myocardial insufficiency (duration) 7 yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of May 6

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & autopsy

(Signed) J. H. Holmbaker M. D.

6/6 1931 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL June 9th 1931

ADDRESS W. J. Gibson

20 UNDERTAKER A Jones

Spec.—9 30—A. & Co.—250 Bks.

E 69474

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69474

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH Baltimore City Hospital (Tb.) REGISTERED NO.

CITY OF BALTIMORE (No. S 14-28 WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Meyers

(a) RESIDENCE NO. 327-S. Gilmor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/22-77

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	54	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 31

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. K. Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Buch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Hospital Records

15 [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1931

17

I HEREBY CERTIFY, That I attended deceased from Mar. 5 . 1931 . to June 6 . 1931

that I last saw h[illegible] alive on June 6 . 1931

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulm. Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerotic + myocardial disease.

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Jenner M. D.

. 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Augustine Cem Elkridge

DATE OF BURIAL June 9th 1931

20 UNDERTAKER A. Jones

ADDRESS 1[illegible] S. Gilmor

1-30—M. & T.—100 B—50L

E 69475

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 69475

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at the Mercy Hospital. ST. 11-15 (WARD)

2-FULL NAME Louis R. Reuling.

(a) RESIDENCE NO 1036 N. Calvert St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? 47 yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or WIFE of) Elizabeth H. Reuling.

6 DATE OF BIRTH (month, day, and year) February 24, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Barber.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Austria.

PARENTS

10 NAME OF FATHER Albert Reuling.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Marie ---

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria.

14 Informant Elizabeth H. Reuling. (wife)
(Address) 1036 N. Calvert St.

15 Filed 6 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Myocardial insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pedroni & Licht Sts. June 6, 1931

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

6/8, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: June 9, 1931

20 UNDERTAKER: J. F. B. McSpedon — ADDRESS: 130 Eutaw Pl.

TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 69475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

E 69476

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1720 N. Fulton Ave ST. 15-21 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elvira Minnie Sheckells

(a) RESIDENCE NO. 1720 N. Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 17 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles R. Sheckells

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Jane Minnie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Mary Sheckells

(Address) 1722 N. Fulton Ave

15 Filed ..... 19 .....

8 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1931

17

I HEREBY CERTIFY, That I attended deceased from April 12 1931 to June 8 1931,

that I last saw h alive on June 7 1931,

and that death occurred, on the date stated above, at 5 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Don't Know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

April 12 (duration) 2 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. N. Duvall, M. D.

6/8, 1931 (Address) 1817 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem.	June 10 1931

20 UNDERTAKER ADDRESS

Wm. J. Tickner & Son 1711 Pulton

C. HANSON JONES, M. D.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69477

CERTIFICATE OF DEATH

82-001

E 69477

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Maryland General Hosp. (Str.) 15-65 (Ward)

2-FULL NAME Bessie M. Bennett

(a) RESIDENCE NO. 2706 Chelsea Terrace Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elton Bennett

6 DATE OF BIRTH (month, day, and year) April 21, 1891

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40	1	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Arthur Bedell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Alice Page

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.Y.

14 Informant (Address) Chas. Bedell Salamanca N.Y.

15 Filed ... 19 ... Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:* Acute Dilatation of heart. Congestion of Brain, Lungs, Kidneys Acute Bronchitis (duration) hrs. CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. L. Gilchrist, M. D.

June 8, 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Salamanca N.Y.	June 8 1931

20 UNDERTAKER Wm. Flickner & Son ADDRESS Norfolk

IMPORTANT. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69478

CERTIFICATE OF DEATH.

E 69478

REGISTERED NO. 97

1-PLACE OF DEATH

City of BALTIMORE: (No. 2881 Woodbrook Ave 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Della F. Ruppel

(a) RESIDENCE NO. 2881 Woodbrook Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced DIVORCED of (or) WIFE of: Wm F. Ruppel

6 DATE OF BIRTH (month, day and year): Jan - 19 - 1874

7 AGE: Years 57 Months 4 Days 14 IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Frederick Co Md

PARENTS

10 NAME OF FATHER Wm Sechrist

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Elizabeth Bahn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania

14 Informant (Address) Charles E. Fowler 2013 St Paul

15 Filed C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 31 192

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Signed: C. E. Blades M. D.

(Coroner)

, 19 (Address) 1436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Date of Burial 6/10 1931

20 UNDERTAKER: Wm Cook ADDRESS 1217 St Paul

very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 69479 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69479

CERTIFICATE OF DEATH

1 PLACE OF DEATH West Baltimore General Hosp 157-003 REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 15-68 ST WARD)

2 FULL NAME Robert Earl Lafferty Jr.

(a) RESIDENCE NO 2010 Braddish Ave ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6th 1931

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER R Earle Lafferty
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Lilly M. Weisel
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) R. Earl Lafferty 2010 Braddish Ave

15 Filed Aug 19 NRR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/7/31

17
I HEREBY CERTIFY, That I attended deceased from June 6 1931 to June 7 1931
that I last saw h.m alive on June 7 1931
and that death occurred, on the date stated above, at 7:05P.M.

The CAUSE OF DEATH* was as follows:

Congenital weakness.

(Born asphyxia livida) (duration) yrs mos 1 ds.

CONTRIBUTORY (Secondary) Asphyxia (duration) yrs mos 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H. Asthma M. D.
6/8/31 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetary	6/9/1931
20 UNDERTAKER Wm Cook	ADDRESS 1217 St Paul St

ATION is very important. See instructions on Back of Certificate.

C. HAMPSON JONES, M. D.

Cor.—12-9-25—A Co.—200 Bks.

Coroner Francis

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69480

CERTIFICATE OF DEATH.

210-cor

E 69480

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Sou Balto Gneral 4-14-28 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME M. Viola Rothrock

(a) RESIDENCE NO. 1537 Cola St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 10th 1913

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	18	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Gnager

(b) General nature of industry, business, or establishment in which employed (or employer) Auto Part Mfg

(c) Name of employer American Piston Ring Co

9 BIRTHPLACE (city or town)

(State or country) Balto Md

PARENTS

10 NAME OF FATHER Robert

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna Varth

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto Md

14 Informant (Address) Robt Rothrock 1537 Cola st

15 Filed 8 1931 C. HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun. 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cut. arm with knife was a sober suicidal act - Verdict

(a) Duration yrs. mos. ds.

CONTRIBUTORY (secondary)

Duration yrs. mos. ds.

(Signed) M. D.

6 / 31 Address

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death? Furnace Branch P. S. & P. Co.

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

Date of Burial 6/ 1931

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul

Duplicate if plural deaths. Number of certificate. See instructions on back of certificate. very important.

Spec.—9-30—A. & Co.—250 Blks

E 69481 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 69481

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1308 N. Charles ST 11-19 WARD

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bessie Heinemann

(a) RESIDENCE No 1308 N. Charles ST WARD
(Usual place of abode) (If non-resident give City and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 29th 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Louis Heinemann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Osse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Chas P. Heinemann
(Address) Hollister Mass

15 Filed JUN 8 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH month day and year: June 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 31 to June 6 19 31
that I last saw h[illegible] alive on June 6 19 31
and that death occurred, to the date stated above at 11 45 m.
The CAUSE OF DEATH was as follows:

Myocarditis Acute

duration — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary): Bronchial Asthma

duration 20 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Edgar J. Sandrock M. D.
19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 6/4/1931

20 UNDERTAKER: Wm Cook 1217 St Paul St — ADDRESS

Spec.—8-30—A. & Co.—250 Blks.

69482

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 69482

122-062

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Mc Cabe Ave) (WARD) 27-48

2-FULL NAME Elsie Uehr

(a) RESIDENCE NO. 629 Mc Cabe Aven WARD

(Usual place of abode) (If non-resident, give City and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

6a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Wm Uehr

6 DATE OF BIRTH (month, day, and year) February 22nd 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Elsie Uehr 629 Mc Cabe Ave

15 [illegible] C. HAMPSON JONES, M.D. [illegible] Registrar

8 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 31 1931 to June 7 1931

that I last saw h[illegible] alive on June 7 1931

and that death occurred, on the date stated above, at 3:25 p m

The CAUSE OF DEATH was as follows:

Myocardial failure

Duration yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bilateral Obstruction

Duration yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

Signed [illegible] M. D.

19 Address [illegible]

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cemetery

DATE OF BURIAL 6/9/1931

ADDRESS

20 UNDERTAKER [illegible] 1207 St Paul St

FOR A VERY important: See [illegible]

Spec.—9-30—A. & Co.—250 Blks.

E 69483 HEALTH DEPARTMENT—CITY OF BALTIMORE 93 E 69483

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. St.) 17 ... 4

2. FULL NAME Mrs Anna Off (Ward) St. Howell, Md.

(a) RESIDENCE NO. (Usual place of abode) St.

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. if of foreign birth ... yrs ... mos ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 If Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Frederick Off

6 DATE OF BIRTH (month, day, and year): Dec 17 1863

7 AGE: Years 67 Months 5 Days 2 If LESS than 1 day: hrs ... min ...

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 03

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va. Fairfax County

PARENTS

10 NAME OF FATHER: Mrs Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address): Daughter Miss Mary Coy. Lutherville

15 Filed 8 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: month, day, and year: 6/8/31

17 I HEREBY CERTIFY, That I attended deceased from June 1 1931 to June 8 1931

that I last saw ... alive on June 8 1931 and that death occurred on the date stated above, at 7:50 P M

The CAUSE OF DEATH was as follows:

Myocarditis, chronic

Duration 2 yrs ... mos ... ds.

CONTRIBUTORY (Secondary): Coronary thrombosis

Duration ... yrs ... mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Chas. H. McLaughlin M. D.

June 7 1931 Address Union Mem. Hosp.

(State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: June 11 1931

20 UNDERTAKER: Foley Bros Sons

ADDRESS: Towson

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69484

CERTIFICATE OF DEATH

23

E 69484

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No 5-8 ST (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rose Barkley

(a) RESIDENCE No. 525 East st. ST WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theo Barkley

6 DATE OF BIRTH (month, day, and year) June 5, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER William Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Anna Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 Filed 6 9 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 5, 1931

17 I HEREBY CERTIFY That I attended deceased from June 4 1931 to June 5 1931

that I last saw h[illegible] alive on June 5 1931

and that death occurred on the date stated above at 10.30 A. M.

The CAUSE OF DEATH* was as follows

Caseous pneumonia

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) David Long M. D.

6-5-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem DATE OF BURIAL 6-9 1931

20 UNDERTAKER Jas. M. Skinner ADDRESS 1623 E. Mad st

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 69485

E 69485

REGISTERED NO. 107

1-PLACE OF DEATH

CITY OF BALTIMORE. No. 1143 Stockton St. H-23 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cuttie Williams Lancaster

(a) RESIDENCE. No. 1143 Stockton ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Feb 28, 1930

7 AGE: Years 1 | Months 3 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Jerimah Lancaster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Cuttie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Cuttie Williams 1143 Stockton St.

15 Filed June 8 1931 H. HANDY JONES, M. D. Registrar

Ref. 1031

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 6 — 1931

17 I HEREBY CERTIFY, That I attended deceased from May 30 — 31 to June 6 — 1931.

that I last saw her alive on June 6 — 1931.

and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. F. Coleman, M. D.

Address 2037 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: June 9 1931

20 UNDERTAKER: Thomas E Kelson. 1303 [illegible]

THIS is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Eds.

E 69486

E 69486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

124-002

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 1837 Wiehelm St., 19-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Rothman

(a) Residence No. 1837 Wilhelm St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 7 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Female	White	Married

5a-If married, widowed, or divorced HUSBAND (or) WIFE of Charles Rothman

6-DATE OF BIRTH (month, day and year) Oct. 13, 1889

7-AGE.	If LESS than 1 day
41 yrs. 7 mos. 25 ds.	....hrs. or....min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Balto. Md.

PARENTS

10-NAME OF FATHER Louis Keil

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Md.

12-MAIDEN NAME OF MOTHER Sophia Kumicker

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md.

14- (Informant) Charles Rothman

(Address) 1837 Wilhelm St.

15- Filed ....., 193.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 7th. 1931

17- I HEREBY CERTIFY, That I attended deceased from May 10 1931 to June 7 1931

that I last saw h[illegible] alive on June 7 1931

and that death occurred, on the date stated above, at 7.20 p m

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

Hypertrophic cirhosis of Liver (non alcoholic)

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute nephritis

(Duration) yrs. mos 7 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Chas Rothman M. D.

June 8. 1931 (Address) Maplewood & Belair Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL.
Loudon Pk.	6/10/31 19..

20-UNDERTAKER J. C. Hawkins Jones M. [illegible] ADDRESS 4101 Edmondson Ave.

Instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 69487 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69487

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp ST. 15 58 WARD

2. FULL NAME Mary Belkin

(a) RESIDENCE NO. 2909 Springfield Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sam Belkin

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) 1439 E. Baltimore St.

15 Filed ... 19... Registrar

NOV 9 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/7/31

17 I HEREBY CERTIFY, That I attended deceased from May 27, 19 31, to June 7, 19 31

that I last saw h e alive on June 7, 19 31

and that death occurred, on the date stated above, at 8.15 m.

The CAUSE OF DEATH* was as follows:

Chronic Hypertrophy
Myocarditis
Arteriosclerosis (duration) ds.

CONTRIBUTORY (Secondary) Hemiplegia — due to Thrombosis (duration) 1 yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Ashman M. D.

19 (Address) West Balto Gen'l Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greene Washington Road DATE OF BURIAL 6-9- 1931

20 UNDERTAKER Jos. Lewis, Inc. ADDRESS 1439 E. Balto

Spec.—I-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69488

E 69488

CERTIFICATE OF DEATH.

66-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat (St.) 2-d (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Fischer

(a) RESIDENCE NO. 1940 E Lombard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George Fischer.

6 DATE OF BIRTH (month, day, and year) Feb 20. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Household
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Chas. F. Verleger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Germany

12 MAIDEN NAME OF MOTHER M. A. Creis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown Germany

14 Informant Mrs. Hope Friends
(Address) Mt Hope Retreat.

15 Filed ..., 19... F. E. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7. 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1924, to June 7, 1931,
that I last saw her alive on June 7, 1931,
and that death occurred, on the date stated above, at 2.30 P. m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
Senile Psychosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical

(Signed) Milton Poole M. D.
, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL June 10 1931

20 UNDERTAKER Jos. J. Kerr — ADDRESS 156 N. Luzerne

Spec.—9-30—A & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69139

E 69139

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. 7-10 ST. ..WARD)

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Ellen Moser

(a) RESIDENCE NO. 305 Gorsuch Ave ST. WARD St Josephs Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Fem	wh	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) June 7th 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	11	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10. NAME OF FATHER Oscar Moser

11. BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12. MAIDEN NAME OF MOTHER Mildred Faucett

13. BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14. Informant: Mrs Oscar L. Moser (Address) 305 Gorsuch Ave

15. 1931 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6/8/1931

17. I HEREBY CERTIFY, That I attended deceased from 5/6, 1931, to 6/8, 1931, that I last saw h[illegible] alive on 6/8, 1931, and that death occurred, on the date stated above, at 8.00 P m.

The CAUSE OF D[illegible] was as follows:

(1) Acute Myocarditis.
(2) Lobar Pneumonia
Bilateral.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 305 Gorsuch Ave.

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Physical Findings

(Signed) Hy Palmer S. Anderson M. D.

6-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Bur

UNDERTAKER: Geo. J. Cowan & Son

DATE OF BURIAL: 6/11/1931

ADDRESS: Guilford Ave

Spec.—9-30—A. & Co.—250 Blks.

Delashmutt

E 69190 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69190

CERTIFICATE OF DEATH.

REGISTERED NO. 118

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Harvey St. 24-33 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William K. Delashmutt.

(a) RESIDENCE NO. 715 Harvey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 1 yrs. 11 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Infant.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

6 DATE OF BIRTH (month, day, and year) June 25, 1929.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1.	11.	13 22.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Robert Delashmutt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick, Md.

12 MAIDEN NAME OF MOTHER Maud Tenney.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Maud Delashmutt.
(Address) 715 Harvey St.

15 Filed June 9 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-8-31

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1931, to June 8, 1931

that I last saw him alive on June 8, 1931

and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Pleuro-Pneumonia

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) E. S. Parr M. D.

6-9 1931 (Address) 576 Caldwell Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem.	June 9, 1931

20 UNDERTAKER C. H. Maud Evans & Son

ADDRESS

Spec.—9-30—A & Co.—250 Bks.

Parlett

E 6949 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 53 E 6949

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1277 Battery Ave. ST. 24-33 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William K. Parlett.

(a) RESIDENCE NO. 1277 Battery Ave. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie R. Parlett.

6 DATE OF BIRTH (month, day, and year) July 24, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67.	10.	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work C. & C. Engineer.

(b) General nature of industry, business, or establishment in which employed (or employer) C. & C.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William H. Parlett.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ann Martin.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Annie R. Parlett.
(Address) 1277 Battery Ave.

15 Filed JUN 9 1931, 19. H. HANSEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to June 7th, 1931

that I last saw h in alive on June 7th, 1931

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervical Glands.

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Sidney H. Straus M. D.

6/8, 1931 (Address) 450 E. Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cem. DATE OF BURIAL June 9, 1931

20 UNDERTAKER J. Hand Evans & Son ADDRESS Fort Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69492

CERTIFICATE OF DEATH

43-003

E 69492

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 2647 Edmondson ave. ST. 70-64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jamie M. Buck

(a) RESIDENCE NO. 2647 Edmondson ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widowed

a ~~Married~~, Widowed, ~~or Divorced~~

~~HUSBAND~~ of (or) WIFE of Perry S. Buck

6 DATE OF BIRTH (month, day, and year) July 4-1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James C Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Annie Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Mrs. Lillian Claggett

(Address) 2647 Edmondson Ave.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7-1931

17 I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1931, to June 7, 1931

that I last saw h er alive on June 7, 1931

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Bronchitis

(duration) yrs 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Jane Brown M. D.

6/7, 1931 (Address) 1663 W North Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wesley Cemetery	6-10 1931
20 UNDERTAKER Daniel Easton	ADDRESS 916 Eye ave.

1931 C. HAMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

E 69493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69493

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Brunt ST. 14-20 WARD)

2-FULL NAME Percy Turner

(a) RESIDENCE NO. 1702 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Elizabeth Turner

6 DATE OF BIRTH (month, day, and year) Sept 23 1906

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	8	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Turner

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Lincoln

13 BIRTHPLACE OF MOTHER (city or town) Montgomery Co (State or country) Md

14 Informant Sarah Turner (Address) 1702 Brunt

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-30-31

17 I HEREBY CERTIFY, That I attended deceased from 5-22-1931, to 6-7-1931, that I last saw him alive on 5-30-1931, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Phthisis

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) Exposure & low resistance (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. and Microscopical diag.

(Signed) Wm. H. Saunders M. D.

6-8-1931 (Address) 1128 N. Fairfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 6-9-1931

20 UNDERTAKER Daniel Easton

ADDRESS 916 Pa Ave

PROFESSOR JONES, M. D.

1-30—M. & T.—100 B—50L

E 69494

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69494

CERTIFICATE OF DEATH

REGISTERED NO. 181

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 27-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Paul Tewes.

(a) RESIDENCE NO. 3302 Echodale Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Siggle.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) June 22, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Linton P. Tewes.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Annie A. Burke.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Linton P. Tewes. (Father)

(Address) 3302 Echodale Ave.

Filed 1931 J. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows

2nd degree burns about face and body. due to pulling percolator of coffee over self.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3302 Echodale Ave. June 1, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D. Coroner

6/3 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL June 10 19 31

20 UNDERTAKER [illegible] ADDRESS [illegible]

TION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 69495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-6 out

E 69495

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 E. Gittings St. St. 23-33 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edgar A. Norfolk. Sr.

(a) RESIDENCE NO 14 E. Gittings St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ and Wife of Agnes C. Norfolk.

6 DATE OF BIRTH (month, day, and year) February 7, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49	4	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer): 0-30
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John F. Norfolk.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Sarah Crouch.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Agnes C. Norfolk. (wife)

(Address) 14 E. Gittings St.

15 1931 C. HAMDEN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature], Coroner, M. D.

6/8, 19 31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery

DATE OF BURIAL: June 10 1931

20 UNDERTAKER: J. Frew McCully

ADDRESS: 1306 E. Fortcbor.

TION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L.

69496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69496

183

REGISTERED NO. .....

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (NO. East Falls Ave. ST. 1-3 WARD)

2-FULL NAME John Edward Funk,

(a) RESIDENCE NO 2313 Eastern Ave. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married XXXXXXXXXXXX (or) WIFE of XXXXXXXXXX HUSBAND of Mary L. Funk.

6 DATE OF BIRTH (month, day, and year) October 17, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John W. Funk.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Virginia Jarvis.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Walter R. Funk. (brother)
(Address) 2313 Eastern Ave.

15 Filed JUN 9 1931 [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
Fall from East Falls coping.
~~while intoxicated.~~ E.M.R.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

6/8 1931 (Address) 817 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL June 10 1931

20 UNDERTAKER M. E. Kupplen ADDRESS 37 Hanover

THION is very important! See instructions on back of certificate.

Sym.—1-12-23—1&T—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69497

CERTIFICATE OF DEATH.

82-E 69497

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 N. Dallas St. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora E. Fallin

(a) RESIDENCE NO. 1703 N. Dallas ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis Fallin

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: Years 67; Months; Days; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Edenton N. C.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (City or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Dora Badgett

13 BIRTHPLACE OF MOTHER (City or town) (State or country): N. C.

14 Informant (Address): Son 1703 N. Dallas

15 Filed JUN 9 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 7 1931

17 I HEREBY CERTIFY, That I attended deceased from June 6 1931 to June 7 1931.

that I last saw her alive on June 7 1931.

and that death occurred, on the date stated above, at 8:15 P m.

THE CAUSE OF DEATH* was as follows:

Cortical Hemiplegia

(Duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary) Embolism

(duration) yrs mos. 4 ds.

18 Where was disease contracted if not at place of death? yes Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Ext

(Signed) J. H. Walters, M. D.

19 (Address) 1445 Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 6/10/31

20 UNDERTAKER: Wm. Lee. H. Holland

ADDRESS: 1631 Druid Hill

THION is very important. See instructions on back of

HANFORD JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69498

CERTIFICATE OF DEATH

23 E 69498

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 18-16 REGISTERED NO.

CITY OF BALTIMORE (No. S[illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Ruffin

(a) RESIDENCE NO. 916 Bennett Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 9, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER George Ruffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Amy Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to June 6, 1931

that I last saw him alive on June 6, 1931

and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) [illegible] M. D.

6-6-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 6/9/1931

UNDERTAKER: Mrs. Lee H. Holland

ADDRESS: 1631 Druid Hill Ave

FOR INFORMATION OF HEALTH OFFICIALS ONLY

Cause of death is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 69499 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 69499

1 PLACE OF DEATH Baltimore City Hospitals (14-20 WARD)

REGISTERED NO. E 69499

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No

2 FULL NAME William Allen

(a) RESIDENCE NO. 515 McMechen ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer) O.H.

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucy Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hospitals

15 Filed ..... 19 ..... C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-4-31

17 I HEREBY CERTIFY That I attended deceased from 5-21-30 19 to 6-4-31 19

that I last saw him alive on 6-4-31 19

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

duration 2 1/2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency

duration 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Paul Peter, M. D.

6-6 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JUN 5 - 1931

20 UNDERTAKER Commissioner Health

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 69500 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001 E 69500

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 7-13 ST. WARD)

2. FULL NAME Henry Dixon

(a) RESIDENCE NO. 1616 E. Monument St. ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Dixon

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) ?

(State or country) Colorado

PARENTS

10 NAME OF FATHER Albert Dixon

11 BIRTHPLACE OF FATHER (city or town) ?

(State or country) Col.

12 MAIDEN NAME OF MOTHER Minerva Druneright ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Col.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed JUN 3 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-6-31

17 I HEREBY CERTIFY, That I attended deceased from 9-7-29, 19 to 6-6-31, 19

that I last saw him alive on 6-6-31, 19

and that death occurred, on the date stated above, at 7:35 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgett. M. D.

6-8-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL JUN 3 - 1931

20 UNDERTAKER Commissioner of Health ADDRESS

Spec—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69501

E 69501

CERTIFICATE OF DEATH

35

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Balt. City Hospitals 97-20 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Parnley

(a) RESIDENCE NO 537 Conway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 7 mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Wid.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 10 07

(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) N. C.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town)
(State or country) ? Barnley

12 MAIDEN NAME OF MOTHER Mary J. Sanders

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N. C.

14 Informant
(Address)

15 Filed 6 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-7-31

17

I HEREBY CERTIFY, That I attended deceased from 5-20, 19 31, to 6-7-31, 19

that I last saw h alive on 6-7-31, 19

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Salpingitis and Peritoneal Adhesions. 3 mos

(duration) yrs mos 7 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs mos 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-25 31

Was there an autopsy? No operation performed

What test confirmed diagnosis?

(Signed) Luther E. Rice M. D.

, 19 (Address) Balt. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUN 5 1931

Spec.—9-30—A. & Co.—250 Pks.

E 69502 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-6 E 69502

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1519 Fremont St. 16-67 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ella H. Baker

(a) RESIDENCE NO. 1519 Fremont ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 23-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm. F. Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S. A.

12 MAIDEN NAME OF MOTHER Mary Sue Grant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S. A.

14 Informant (Address) Mrs. A. Jones 320 E. Brighton St.

15 Filed JUN 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7-1931

17

I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to June 7th, 1931

that I last saw her alive on June 7th, 1931

and that death occurred, on the date stated above, at 9.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac C. Dickson M. D.

June 8 1931. (Address) 3005 W. Franklin Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pres. Cathedral Cem.	6-10 1931

20 UNDERTAKER L. J. Brooks ADDRESS 6405 Eastern Ave

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69503

CERTIFICATE OF DEATH

129 E 69503

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin F. Kunkel

(a) RESIDENCE No 135 Rochester Pl. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7/12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar 3/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Rony A. Kunkel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna M. George

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Rony A. Kunkel

(Address) 135 Rochester Pl.

15 Filed JUN 9 1931

16 [illegible] C. HAMPSON JONES, M. D. Registrar

Mar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes at hopkins Hospital

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

(Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL June 9 1931

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans

Spec.—1-30—M. & T.—250 Blks.

E 69504 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

83 E 69504

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat ST. 28-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank Fischer

(a) RESIDENCE NO. Mt Hope Retreat ST., 28th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 25 - 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt	47	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?) Germany

12 MAIDEN NAME OF MOTHER Margaret Walle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (?) Germany

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md.

15 Filed JUN 9 1931 C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr 24-1908. 19 .. to June 7 .. 1931.

that I last saw him alive on June 7 .. 1931.

and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Paresis -

abt 20 yrs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Paretic Dementia abt 20 yrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) 4212 Patterson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	June 10 1931
20 UNDERTAKER James W. Conklin	ADDRESS 3246 Eager St.

Spec.—9-30—A. & Co.—250 Blks.

E 69505 HEALTH DEPARTMENT—CITY OF BALTIMORE 69505

CERTIFICATE OF DEATH.

82-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 S Macon St.) (No. 26-37 WARD)

2. FULL NAME Emma E Hagenbuch

(a) RESIDENCE NO. 404 S Macon St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 30 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Allen S Hagenbuch

6 DATE OF BIRTH (month, day, and year) Aug 6 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Thomas Heiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant (Address) Allen S Hagenbuch 404 S Macon St

15 Filed 1931, 19 H A [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 31

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to June 8, 1931

that I last saw h[illegible] alive on June 8, 1931

and that death occurred, on the date stated above, at 6 15 P. M.

The CAUSE OF DEATH* was as follows:

Hypertension - 7 yrs

Hemiplegia 2 days -

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Appleg of Death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Toomey M. D.

19 (Address) 808 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cem — DATE OF BURIAL: 6/11 1931

20 UNDERTAKER: Fenge & Kirby — ADDRESS: Fulton & Fayette

Spec.—9-30—A. & Co.—250 Blks

E 69506 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69506

CERTIFICATE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 743 S. Potomac St. ST. 1-1 WARD)

2-FULL NAME Salomea Lechert

(a) RESIDENCE NO 743 S. Potomac St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9 1928

7 AGE: Years 3 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS
10 NAME OF FATHER Joseph Lechert
11 BIRTHPLACE OF FATHER (city or (town) (State or country) Poland
12 MAIDEN NAME OF MOTHER Helen Wisolek
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Joseph Lechert
(Address) 743 S. Potomac St.

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

50 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 1931

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1931, to June 9, 1931
that I last saw h[illegible] alive on June 9, 1931
and that death occurred, on the date stated above, at 10:50 a.m.
The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
(post-measle)
(duration) yrs. 1 mos. 2 ds.
CONTRIBUTORY (Secondary) Pneumococcus Meningitis
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Residence
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Israel J. Feinglos M. D.
6/9 1931 (Address) 1401 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. June 11 19 31 DATE OF BURIAL
ADDRESS

20 UNDERTAKER John W. Weber 4101 Chester Ave

Spec.—9-30—A. & Co.—250 Blks

69507 HEALTH DEPARTMENT—CITY OF BALTIMORE 97 L 69507

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1778 W. Calvert St 12-19 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Felix R. Sullivan

(a) RESIDENCE NO. 1778 W. Calvert ST. 12 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 6 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elizabeth Sullivan

6 DATE OF BIRTH (month, day, and year): Nov. 30th 1846

7 AGE: Years 84 | Months 6 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Notary Public
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Frank Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Mary Corcoran

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Felix R. Sullivan 1778 W. Calvert St.

15 6 9 1931 C. HAMPSON JONES, M. D. Registrar
No. A.C. 14

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8th 1931

17
I HEREBY CERTIFY, That I attended deceased from June 2nd, 1931, to June 8th, 1931
that I last saw h[e] alive on June 7th, 1931
and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis
(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. B. Gosman M. D.

19 (Address) Washington Apts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	June 10 1931
21 UNDERTAKER: Henry H. Jenkins Son Co	ADDRESS: Calvert & Mt. Colbert St.

1-30—M. & T.—100 B—50L

E 69508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69508

CERTIFICATE OF DEATH

159

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 Harford Ave ST. 10-11th WARD)

2-FULL NAME Girl Prisock

(a) RESIDENCE NO 931 Harford Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 9/31

7 AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt., Md.

PARENTS

10 NAME OF FATHER James Prisock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Union, S.C.

12 MAIDEN NAME OF MOTHER Macy Peter-

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Union, S.C.

14 Informant James Prisock

(Address) 931 Harford Ave

15 Filed June 9, 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prematurity

7 mons gestation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Weiss Coroner, M. D.

6/9/31 (Address) 106 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JUN 10 1931

UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL
Commissioner Health

Spec—12-23-21—E.B.F.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69509

CERTIFICATE OF DEATH.

108 E 69509

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 804 N. Bond St. St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Clark

(a) Residence No. 804 N. Bond (St. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE Colored

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Dec 7-1930

7-AGE yrs. 6 mos. 2 ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Not any

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Baltimore Md

PARENTS

10-NAME OF FATHER William Clark

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER Gertrude Cager

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Md

14- (Informant) Gertrude Clark

(Address) 804 N. Bond St.

15- Filed 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year) June 9-1931

17- I HEREBY CERTIFY, That I attended deceased from June 7 1931 to June 9 1931

that I last saw him alive on June 8 1931

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Thomas M. D.

June 9 1931 (Address) 822 N. Bond St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Fisher Glen — DATE OF BURIAL 6-10-28 1931

20-UNDERTAKER Jas. H. Skinner — ADDRESS 1620 E. Madison St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69510

CERTIFICATE OF DEATH

6-22-31

E 69510

1 PLACE OF DEATH

CITY OF BALTIMORE: (No West Balto Gen Hosp ST 16-22 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John H Welsh

(a) RESIDENCE NO 1104 N Fulton Ave ST WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs 9 mos 20 ds How long in U. S., if of foreign birth yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary A Welsh

6 DATE OF BIRTH (month, day, and year) Aug 19 1865

7 AGE Years 65 Months 9 Days 20 If LESS than 1 day ___ hrs ___ min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) Interior Decorator

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Ferd Welsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Buck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Mary A Welsh

(Address) 1104 N Fulton Ave

15 Filed JUN 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/7/31

17

I HEREBY CERTIFY, That I attended deceased from 6/3 19 31, to 6/7 19 31

that I last saw h alive on 6/7 19 31

and that death occurred, on the date stated above, at 6.55 p. m.

The CAUSE OF DEATH* was as follows:

1 Benign Hypertrophy of Prostate 2 Generalized Uremia

(Duration) unknown mos ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(Duration) Uremia unknown mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Cushman M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bethlehem

DATE OF BURIAL June 11 1931

20 UNDERTAKER W H D Tittle

ADDRESS 700 Edmondson Ave

Cor.—11-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69511

CERTIFICATE OF DEATH

3 4 E 69511

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1614 Ashland ave. St.) 7-13 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Percy Crafton

(a) RESIDENCE NO. 1614 Ashland ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: C.

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Emma Crafton

6 DATE OF BIRTH (month, day, and year): Sept 5 1888

7 AGE — Years: 42 — Months: 9 — Days: 4 — If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Bethelhem Steel Company
(c) Name of employer: Richmond Va

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Hanibal Crafton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Emma Jeffries

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant (Address): Emma Crafton (Wife) 1614 Ashland ave.

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:
Aortic Insufficiency
Hopkins Records)
duration yrs. mos. ds.
CONTRIBUTORY (Secondary) Syphilis Cardiovascular disease.
duration yrs. mos. ds.
(Signed) John Walton M. D.
19 (Address) 503 E. 5th Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va — Date of Burial: June 10 1931

20 UNDERTAKER: Mrs. R. V. Elliott — ADDRESS: 1225 Ashland ave

very important. See instructions on back of certificate.

UNT

Spec.—9-30—A. & Co.—250 Blks

25925-3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69512

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

107-02 E 69512

15-21

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. WARD)

2. FULL NAME Emma Rider

(a) RESIDENCE NO. 2015 Ridgehill Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 1 yr. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 3/20/30

7 AGE: 1 Years 2 Months 17 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Raymond Rider

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md. Baltimore

12 MAIDEN NAME OF MOTHER: Isabel Hunter

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md. Baltimore

14 Informant: Friends
(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 9-31

17

I HEREBY CERTIFY, That I attended deceased from June 3 1931 to June 9, 1931

That I last saw her alive on June 9, 1931

and that death occurred on the date stated above, at 2 40 P. m.

The CAUSE OF DEATH* was as follows

Pneumonia - Broncho

duration yrs. mos. 7 ds.

CONTRIBUTORY
Secondary
duration yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A C Y Warren M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster

DATE OF BURIAL: June 11 1931

20 UNDERTAKER: Geo. J. Geisse Inc.

ADDRESS: 1005 Fayette St

1-30—M. & T.—100 B—50L

E 69513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69513

CERTIFICATE OF DEATH

REGISTERED NO. 46-45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Loneys Lane - Nr. ST. Cliftmont Av. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John C. Williams

(a) RESIDENCE NO Loneys Lane - Nr ST. Cliftmont Av. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day and year) 6/30/1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	45	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Teamster
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Mrs. Catherine Hoehn

(Address) Loneys Lane nr Cliftmont Av.

15 Filed 10 1931 By H. HAUBERT JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 6/31

17 I HEREBY CERTIFY That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows

Probably Cardiac Insufficiency

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Reported Rheumatism

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. A. Pallen, Coroner, M. D.

6/6, 1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 7/11/31

20 UNDERTAKER George Boyle & Son

ADDRESS 1731 Hanover

Spec.—1-30—M. & T.—250 Blks

E 69514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69514

CERTIFICATE OF DEATH.

82

REGISTERED NO. 69514

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2508 Madison Ave ST. 1354 (WARD)

2-FULL NAME William Henry Jenkins

(a) RESIDENCE NO. 2508 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed or divorced HUSBAND of or) WIFE of Maria Jenkins

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	W			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Tinkerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Nathan Jenkins (Address) 2508 Madison Ave

15 Filed ..... 19 ..... Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6. 1931.

17 I HEREBY CERTIFY, That I attended deceased from May 28 1931 to June 6 1931

that I last saw h— alive on June 6 1931

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Garland Schmidt M. D.

Jan 8, 1931 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alf. Cemetery DATE OF BURIAL 6/10 1931

20 UNDERTAKER Samuel Hawsley ADDRESS 576 Biddle

HAWSLEY-JONES, U. D.

Spec.—9-30—A. & Co.—250 Blks

69515 HEALTH DEPARTMENT—CITY OF BALTIMORE 69515

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 251 Carroll St. 11-24 WARD)

2-FULL NAME Cora A. Smith

(a) RESIDENCE NO. 251 Carroll St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of WIFE of Wm. J. Smith

6 DATE OF BIRTH (month, day, and year) Feb 25 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic Gl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maria Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm. J. Smith
(Address) 251 Carroll St

15 Filed ... 19 ... JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from March, 1929 to June 8, 1931

that I last saw her alive on June 5, 1931

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Indigestion

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. Lee Ellis M. D.

6/9, 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 6/11 1931

20 UNDERTAKER Samuel Hemsley ADDRESS Balto

Spec—1-10-21—MAT—1500 Blks.

69516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69516

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2826 Helmlocklane ST. 27-43 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ines Estelle Isenburg

(a) RESIDENCE NO. 2826 Helmlock ave ST. WARD

Lifetime (Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 24 mos 6 ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 9 1884

7 AGE Years 49 Months 11 Days 18 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles E Isenburg

11 BIRTHPLACE OF FATHER (city or town) Hamburg (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Gastrow

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Naomi Isenburg (Address) 2826 Helmlock ave

15 Filed . 19 . C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 1931

17 I HEREBY CERTIFY, That I attended deceased from May 27. 1931 to June 8 1931.

that I last saw h alive on June 8 1931.

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

several months (duration) yrs mos ds.

CONTRIBUTORY (Secondary) ascites

6 weeks (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Gerhardt Test, ascites

(Signed) George E. Pogler, M. D.

19 (Address) 5518 Harford Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL June 10 1931

ADDRESS

20 UNDERTAKER Thomas H Monnelle & Bro

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69517

CERTIFICATE OF DEATH

87-001 E 69517

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Carrollton Ave) (Sub-Station) 48-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Tunson

(a) RESIDENCE NO. 524 Carrollton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Married

6 If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Sarah Tunson

7 DATE OF BIRTH (month, day, and year) Dec 9 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Sarah Tunson

(Address) 524 Carrollton Ave.

15 JUN 10 1931 19 HAROLD JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8 '31

17 I HEREBY CERTIFY, That I attended deceased from May 2 1931 to June 8 1931

that I last saw him alive on June 8 1931

and that death occurred, on the date stated above, at 7.20 P.M.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank E. Hamm M. D.

6/9/31 19 (Address) 625 Schroeder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	June 11 1931
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 Schroeder St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 VE 69518

E 69518

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) ST. (or WARD) 1st

2 FULL NAME Joseph Morgereth

(a) RESIDENCE NO. 911 S. Curley st. ST. 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Morgereth

6 DATE OF BIRTH (month, day, and year) Jan. 28, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Night watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Frederick Morgereth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eva Nueslein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Hospital Records

15 Filed ..... 19 ..... Registrar

HANSEN JONES, M. D.

JUN 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 29, 1931, to June 9, 1931

that I last saw h im alive on June 9, 1931

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and autopsy

(Signed) Ward Tarner M. D.

6-9-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: June 11 1931

20 UNDERTAKER: Lilly & Zeiler Inc. ADDRESS: 403 S. Wolfe St

1-30—M. & T.—100 B—50L

E 69519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169 E 69519

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (NO. Under Pennsylvania Bridge at W. End of Baltimore ST. 26-11 WARD)

2-FULL NAME Arthur Wesley Schultz

(a) RESIDENCE NO 504 W. Clinton ST., 26 WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine C. Schultz

6 DATE OF BIRTH (month, day, and year) Nov. 26, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Wire Fence Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 666
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John T. Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Kent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Katherine C. Schultz

(Address) 504 W. Clinton St.

15 Filed, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide by jumping from railroad Bridge.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractures of right femur

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Guy N. Cromwell, M. D.
6/10, 1931 (Address) 203 Pelapsco Ave., Brooklyn Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	June 11th 1931
20 UNDERTAKER Lilly & Zeiler Inc.	ADDRESS 403 S. Wolfe St.

Spec.—1-30—M. & T.—250 Bks

E 69520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69520

23 Mr. Tourbert

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 S. Curley ST. 12 WARD)

2-FULL NAME Frank J. Donnelly

(a) RESIDENCE NO. 504 S. Curley ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Catherine E. Donnelly

6 DATE OF BIRTH (month, day, and year) Feb. 24th 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	11 13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector for Off

(b) General nature of industry, business, or establishment in which employed (or employer) Installment Handle

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James A. Donnelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co.

12 MAIDEN NAME OF MOTHER Annie Sable

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Catherine E. Donnelly
(Address) 504 S. Curley St

15 Filed JUN 10 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7th 31

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to June 7, 1931,

that I last saw h/m alive on June 7, 1931,

and that death occurred, on the date stated above, at 9.07 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Impacted Teeth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C

(Signed) Joseph Fowler M. D.

, 19 (Address) 800 N. Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	June 11th 1931
20 UNDERTAKER Lilly & Zeiler	ADDRESS 403 S. Wolfe St

Spec.—9-29—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69521.

CERTIFICATE OF DEATH.

131 E 69521.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1223 Cleveland. (WARD) 21-29

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John. Edw. Measline

(a) RESIDENCE NO. 1223 Cleveland. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 3 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Margaret Measline

6 DATE OF BIRTH (month, day, and year): March 6 1854

7 AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	77	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Mason

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John E. Measline

11 BIRTHPLACE OF FATHER (city or town) (State or country): German

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mrs Thompson
(Address) 1223 Cleveland St

15 10 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8 1931

17 I HEREBY CERTIFY, That I attended deceased from 5-24- 1931 to June 8- 1931

that I last saw him alive on June 7 1931

and that death occurred, on the date stated above, at 9 40 A M

The CAUSE OF DEATH* was as follows:

Chronic nephritis.
Uremia arteriosclerosis
Cerebral hemorrhage

(Duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary): Pneumonia -

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jerry Elmer Bowden M. D.

6/1 1931 (Address) 1517 E Lorth A

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem Co

DATE OF BURIAL: 6-11 1931

UNDERTAKER: Bernard C Hart

ADDRESS: 1000 S Paca St

1-30—M. & T.—100 B—50L

69522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 69522

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 W. Mulberry ST. 19-27 WARD)

2-FULL NAME Sarah Taylor

(a) RESIDENCE NO 1527 W. Mulberry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 31, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	[illegible]	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Laundry
(b) General nature of industry, business, or establishment in which employed (or employer) — Ow
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holly Springs N. C.

PARENTS

10 NAME OF FATHER John Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holly Springs N. C.

12 MAIDEN NAME OF MOTHER Hester Hollins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Raleigh N. Car.

14 Informant Mary E. Harris

(Address) 712 S. 15th St. Phila. Pa.

15 Date Received 10 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Apoplexy (cerebral)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Guy N. Cromwell, M. D. (Coroner)

6/8. 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem.

DATE OF BURIAL 6-11 1931

20 UNDERTAKER Chas. G. Cooper

ADDRESS Baltimore St.

Spec.—1-15-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69523

CERTIFICATE OF DEATH.

34 E 69523

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 514 Carrollton Ave ST. 18-7th (WARD)

2-FULL NAME Clara B. Watson.

(a) RESIDENCE NO. 514 Carrollton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Watson.

6 DATE OF BIRTH (month, day, and year) April 22 1906

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
25	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic.

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Isaac Byrd.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Julia Wbet.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Nellie Byrd. (Address) 1122 Hartman Ave.

15 Filed June 3 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4 1931

17 I HEREBY CERTIFY, That I attended deceased from 5-15 1931 to 6/4 1931

that I last saw her alive on 6/4 1931

and that death occurred, on the date stated above, at 5 40 A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

x Paralysis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Bruce Roberts, M. D.

June 3 1931 (Address) 1122 Hartman Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	June 7 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Pressman St

U 1931 C. HAMPSON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69524

CERTIFICATE OF DEATH

66-002

E 69524

1—PLACE OF DEATH

REGISTERED NO. 15-64

CITY OF BALTIMORE: (No.) Md. Gen. Hospital (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Florence Chelton

(a) RESIDENCE NO. 2136 W. North Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced (or) WIFE of Ernest W. Chelton (D)

7 DATE OF BIRTH (month, day, and year): Aug. 14, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Smithfield, Md.

10 NAME OF FATHER: John A. Chelton.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Frances Haines

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Hospital Records.
(Address)

15 JUN 10 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 9. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to June 9, 1931, that I last saw h[illegible] alive on June 9, 1931 and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Exophthalmic Goitre

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure & Pulmonary Embolism (duration) yrs. mos. 15 Min. ds.

18 Where was disease contracted if not at place of death? Home. Date of 6/9/31 (over)

Did an operation precede death? No.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Findings

(Signed) Robert K. Chenault, M. D.

(Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury Md

DATE OF BURIAL: 6/11 1931

20 UNDERTAKER: William Cook

ADDRESS: 1217 S. Paul

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69525

CERTIFICATE OF DEATH

92-001

E 69525

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 4 W. 25th St. St. 12-5 Ward)

2-FULL NAME Wilhelmina Roberts Whiteford

(a) RESIDENCE NO. 4 W. 25th St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Whiteford

6 DATE OF BIRTH (month, day, and year) May 13, 1878

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	53		2725	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home duties
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Harford County, (State or country) Md.

PARENTS

10 NAME OF FATHER William G. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER M. Frances Butler

13 BIRTHPLACE OF MOTHER (city or town) Harford County, Md. (State or country)

14 Informant Mrs. George Roberts (Address) 309 E. 31st St.

Filed JUN 10 1931 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by sworn Jury (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Coronary Thrombosis of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Mossman M. D.

6/9 1931 (Address) 3632 Roland

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harford Co., Holy Cross Cem'ty, Md.

DATE OF BURIAL June 12 31

20 UNDERTAKER John O. Mitchell & Sons, ADDRESS 1900 Eutaw Place

Walton B. Mitchell

Important. See instructions on BACK of certificate.

Spec.—9-30—A. & Co.—250 Blks.

69526

HEALTH DEPARTMENT—CITY OF BALTIMORE

69526

CERTIFICATE OF DEATH

98

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (2 ward) 49

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. John Howard Gavan

(a) RESIDENCE NO. 2716 Oakley Ave., Arlington, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced (or) WIFE of Mrs. Margaret Gavan

6 DATE OF BIRTH (month, day, and year) June 12, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Mr. Wm. S. Gavan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Savannah, Ga.

12 MAIDEN NAME OF MOTHER: Ida Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Savannah, Ga.

14 Informant (Address): Hospital records

15 Filed ... 19... Registrar: C. HAMPSON JONES, M. D. 1931 Apr 27

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 9th, 1931.

17

I HEREBY CERTIFY, That I attended deceased from May 16th, 1931, to June 9th, 1931

That I last saw him alive on June 9th, 1931

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): fibrosis of left leg.

(duration) yrs. 1 mos. 21 ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Francis W. Clark M. D.

19... (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemy

DATE OF BURIAL: June 11 19 31

20 UNDERTAKER: John O. Mitchell & Sons

ADDRESS: Jos Eulas Place

Spec—9-30—A. & Co.—250 Blks.

E 69527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69527

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE (No. 7-4 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Claire Bortner

(a) RESIDENCE NO. 1st Ave & Elmwood ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the Word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Cleary

6 DATE OF BIRTH (month, day, and year) Oct 6 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Dimpfel Bortner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Goodenough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant (Address) JOHNS HOPKINS HOSP. Records

15 Filed 1 1 1931. 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11-31

17

I HEREBY CERTIFY, That I attended deceased from May 22, 1931, to June 10, 1931

that I last saw h[illegible] alive on June 10, 1931

and that death occurred, on the date stated above, at 11 [illegible] m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach.

(duration) ? yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction.

(duration) ? yrs. 3 mos. 7 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of May 24, 1931.

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) David P. Barr M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	6/11 1931
20 UNDERTAKER	ADDRESS
H. H. Cook	1512 Druid Pk

Spec.—1-30—M. & T.—250 Bks.

E 69528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69528

CERTIFICATE OF DEATH.

X 46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 531 E. 21st ST. 4-18 (WARD)

2-FULL NAME Harriet E. Dean

(a) RESIDENCE NO. Conemaugh Pas ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 wks ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE: Female White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (HUSBAND of or) WIFE of: John E Dean

6 DATE OF BIRTH (month, day, and year): Sept 7, 1859

7 AGE — Years: 71 — Months: 9 — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Switzerland Co Ind

PARENTS

10 NAME OF FATHER: Elias B. McCartney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ind

12 MAIDEN NAME OF MOTHER: Elizabeth Carney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind

14 Informant (Address): John E Dean 531 E 21st

15 Filed ... 19 ... C. MAURICE JONES, M.D. Registrar

JUN 11 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to June 10, 1931, that I last saw h[illegible] alive on June 9, 1931, and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of May 31 June 4

Was there an autopsy? Yes

What test confirmed diagnosis? Exam of section

(Signed) Forrest Ford, M. D.

6/11, 1931 (Address) 1435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnstown Pa.

DATE OF BURIAL: June 11 1931

20 UNDERTAKER: P. Paul & Sons

ADDRESS: 2700 Edmondson Av

Spec.—9-30—A. & Cu.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69529

CERTIFICATE OF DEATH.

46 E 59529

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. St. Joseph's Hospital St. 15-16 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anton Meind

(a) RESIDENCE NO. 4010 Clifton Ave. ST. WARD

(Usual place of abode.) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Anna Meind

6 DATE OF BIRTH (month, day, and year) March 31, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mrs Anna Meind

(Address) 4010 Clifton Ave.

15 Filed . 19 C. HARRISON JONES, M. D. Registrar

JUN 11 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10-31

17

I HEREBY CERTIFY, That I attended deceased from J- 31-31, 19 . to 6-10-, 19 31

that I last saw h[illegible] alive on 6-10-31, 19

and that death occurred, on the date stated above, at 9.15 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? yes Date of 6-1-31

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Lawrence M Sina M. D.

, 19 (Address) St. Joseph's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL June 12 19 31

20 UNDERTAKER Wat J. Little

ADDRESS 3700 Edmondson Ave

Rev.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69530

CERTIFICATE OF DEATH

E 69530

REGISTERED NO. 1952

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospital (St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Daisy McCauley.

(a) RESIDENCE NO. 3504 Elm Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (or) WIFE of: Wallace McCauley.

7 DATE OF BIRTH (month, day and year): Dec 23, 1883.

8 AGE: Years 47 Months 5 Days 17 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home-wife

(b) General nature of industry, business, or establishment (in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (City or Town) (State or country): Carroll Co, Md

11 NAME OF FATHER: Robt Bannon

12 BIRTHPLACE OF FATHER (City or town) (State or country): Md

13 MAIDEN NAME OF MOTHER: Anna Lambar

14 BIRTHPLACE OF MOTHER (City or town) (State or country): Md.

15 Informant: Hospital Records.

(Address)

Filed JUN 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 27 1931 to June 10, 1931.

that I last saw her alive on June 10, 1931

and that death occurred on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall-Bladder.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Metastasis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes. Date of 5/29/31

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) Albert R. Wilkinson, M. D.

19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Hanover Co Pa

DATE OF BURIAL: June 12-31

UNDERTAKER: H. S. Marshall

ADDRESS: 3539 Eutaw Pl

Spec.—9-30—A. & Co.—250 Blks

69531 HEALTH DEPARTMENT—CITY OF BALTIMORE 69531

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 03-31 34 REGISTERED NO.

CITY OF BALTIMORE (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Wade

(a) RESIDENCE No. 163 W. Henrietta St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leah Wade

6 DATE OF BIRTH (month, day, and year) Dec. 15, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	41 42	5	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Martinsville Va.

PARENTS
10 NAME OF FATHER: Hanibal Wade
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.
12 MAIDEN NAME OF MOTHER: Mahalle ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed: C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-9-31

17
I HEREBY CERTIFY, That I attended deceased from 4-8-31, 19__, to 6-9-31, 19__
that I last saw him alive on 6-9-31, 19__
and that death occurred, on the date stated above, at 5:40A m.
The CAUSE OF DEATH* was as follows:

Aortic Insufficiency

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lumber
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) Jas. Glennie Jr. M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem
DATE OF BURIAL: 6/11/31
20 UNDERTAKER: Isaiah L Brown Sons
ADDRESS: 108 Montgomery

1931

Spec.—9-30—A & Co.—250 Blks

E 69532

E 69532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

43-59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 2557 Madison ST. ... WARD ...

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Alonzo Slaughter

(a) RESIDENCE NO. 2557 Madison Ave ST. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
~~late WIFE of~~ Clara Slaughter

6 DATE OF BIRTH (month, day, and year) — — 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Clifford Md

PARENTS

10 NAME OF FATHER Garrison Slaughter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Clifford Md

12 MAIDEN NAME OF MOTHER Emily Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Clifford Md

14 Informant Lillian Kirsch
(Address) 2512 Madison Ave

15 Filed ... 19 C. HAMPSON JONES, M. D. Registrar
JUN 11 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1931

17

I HEREBY CERTIFY, That I attended deceased from 6/8, 1931, to June 9, 1931

that I last saw h living alive on June 8, 1931

and that death occurred, on the date stated above, at 6 30 PM

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & the entire Lung & Pleurisy thereof Edema

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ... yrs. 3 mos ... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. Lee Chi M. D.

6/9, 1931 (Address) 2424 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 6/11 1931

20 UNDERTAKER Edmund Hemsley ADDRESS 1128 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks.

E 69533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69533

CERTIFICATE OF DEATH

59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 So Curley ST. 1 WARD)

2 FULL NAME Mamie C. Groff

(a) RESIDENCE NO. 111 So Curley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Groff

6 DATE OF BIRTH (month, day, and year) Nov 25- 1865

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
59 ~~65~~	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Peter Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kathrine Bold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Harry E. Grant (Address) 111 S. Curley St

15 Date received JUN 11 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9 - 31.

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 9, 1931

That I last saw her alive on June 9, 1931, 3.45 P. m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cardio Respiratory Paralysis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes - Myocarditis 1 mos (duration) 3 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) L. E. Clift M. D.

6/9. 1931 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem DATE OF BURIAL June 11 1931

UNDERTAKER Philip Herring ADDRESS 2016 Aliceanna St

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69534 X 72400 E 69534

CERTIFICATE OF DEATH

1 PLACE OF DEATH University Hospital 4-30 REGISTERED NO. 69534
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ST WARD)

2 FULL NAME Arthur Mason

(a) RESIDENCE No. Deal, Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ena C Mason

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Hospital Records.

15 Filed JUN 13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/11/31

17
I HEREBY CERTIFY, That I attended deceased from 4-26-31, 19, to 6-11-31, 19
that I last saw him alive on 6-11-31, 19
and that death occurred, on the date stated above, at 3 45 A m.
The CAUSE OF DEATH* was as follows:

Myelogenous Leukemia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical Course
(Signed) George H. Yeager M. D.
, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md. DATE OF BURIAL 6/11 1931

20 UNDERTAKER George M Forbes & Son ADDRESS 5 N Wolfe St

Spec.—9-30—A. & Co.—250 Blks.

69535 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

8-17 131 E 69535

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506½ N. Gay St. Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry L. Hoffman

(a) RESIDENCE No. 1506½ N. Gay St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Hoffman

6 DATE OF BIRTH (month, day, and year) July 24/1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stock clerk

(b) General nature of industry, business, or establishment in which employed (or employer) 009

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Otto Hoffman

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elnora -- June 9 1931

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Katherine Hoffman (Address) 1506½ N Gay St

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9/31

17

I HEREBY CERTIFY, That I attended deceased from May 9, 1931, to June 9, 1931

that I last saw h alive on June 9, 1931

and that death occurred, on the date stated above, at 8:25 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Renal Disease 2 yrs.

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) 1 yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Peter M. L. Hamp M. D.

(Address) 1201 N Ralph

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem DATE OF BURIAL June 12/31

20 UNDERTAKER Phelps Henrig ADDRESS 2016 Edmondson

Spec.—9-30—A. & Co.—250 Blks

69536 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69536

CERTIFICATE OF DEATH. 93007

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 13 N. Bradford St 6-10 (WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm H. Davis

(a) RESIDENCE No. 13 N. Bradford ST. WARD
(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Kate Davis

6 DATE OF BIRTH (month, day, and year): July 17/62

7 AGE — Years: 68 | Months: 10 | Days: 22 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer): 074
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS
10 NAME OF FATHER: James Davis
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Susie Mattingly
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Kate Davis 13 N. Bradford St

15 JUN 11 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 9/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to June 9, 1931, that I last saw h[illegible] alive on June 9, 1931, and that death occurred, on the date stated above, at 12 45 A.M.

The CAUSE OF DEATH* was as follows:
Myocarditis
Arteriosclerosis

1 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis
1 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) B. Kelly M. D.

19 (Address) 1057 Lombard

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: June 12 1931

20 UNDERTAKER: Philip Herring — ADDRESS: 2016 Orleans St.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69537

E 69537

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Sinia Hospital (St.) 15-58 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ida Siegel

(a) RESIDENCE NO. 3507 Reisterstown Rd (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Joseph Siegel

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 60 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Aaron A. Chazanoff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Gertrude —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: M. Hadger & Siegel, Son

(Address): 720 Eutaw Place

15 Filed: [illegible] 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10/31

17

I HEREBY CERTIFY, That I attended deceased (from) June 5, 1931, to June 10, 1931

that I last saw h[illegible] alive on June 10, 1931

and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical obs

(Signed) [illegible] M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Sinai

DATE OF BURIAL: 6-12-31

20 UNDERTAKER: Poe Levin, Inc, 1439 E

ADDRESS: Bala 20

Spec.—9-30—A & Co.—250 Blks

Charles H. McGee, Jr.

69538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 E 69538

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N. Linwood Ave. St. 6-11 WARD)

2-FULL NAME Charles H. McGee, Jr.

(a) RESIDENCE NO. 208 N. Linwood Ave. ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian M. McGee

6 DATE OF BIRTH (month, day, and year) Dec. 15 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) G.E.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sparrows Point Md.

PARENTS

10 NAME OF FATHER Charles H. McGee, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Caroline Co. Md.

12 MAIDEN NAME OF MOTHER Theodosia McKenny

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cecil Co. Md.

14 Informant Lillian M. McGee
(Address) 208 N. Linwood Ave

15 Filed JUN 11 1931 HAMILTON P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9-1931

17 I HEREBY CERTIFY, That I attended deceased from April 6, 1931 to June 9, 1931

that I last saw h[illegible] alive on June 9, 1931

and that death occurred, on the date stated above, at 8.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of lung.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) 1810 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — DATE OF BURIAL: 6/12/31, 19

20 UNDERTAKER: George W. Zinkan — ADDRESS: 1337 E. Eager St

Spec.—9-30—A. A. Co.—250 Blks

E 69539 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

97 E 69539

CERTIFICATE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 934 N. Charles St 11-24 WARD)

2 FULL NAME Marie Josephine McCay

(a) RESIDENCE NO 934 N Charles ST. WARD

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 29th 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83-		1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Athens Ga

PARENTS

10 NAME OF FATHER Chas. Francis McCay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Danville Pa.

12 MAIDEN NAME OF MOTHER Narcissa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Athens Ga

14 Informant (Address) Henry Hunt McKay 2 E. Mt Royal ave

15 [illegible] G. HANSON JONES, M. D. Registrar

11 7 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 6-10-31

17

I HEREBY CERTIFY That I attended deceased from May 20 19 30 to June 10 19 31

that I last saw h alive on June 9 19 31

and that death occurred, on the date stated above, at 4 A M

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

19 (Signed) C B Burdick M. D.

(Address) 1111 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	6/11/31 19

21 UNDERTAKER Jenkins & Lucke McCollum & Leland ADDRESS

1-30—M. & T.—100 B—60L

E 69540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

142-00 E 69540

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 27-48 WARD 8

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Young

(a) RESIDENCE NO 312 E Rossiter Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert E. Young

6 DATE OF BIRTH (month, day, and year) May 12/1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	39	0	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles L. Hawthorne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Anna J. Stevenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Albert E. Young
(Address) 312 E. Rossiter Ave

15 Filed JUN 11 1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 10/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Ectopic Gestation
(Probable)

(duration) ..... yrs ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) ..... M. D.
Coroner

6/11/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Frederick Rd	June 13 1931
20 UNDERTAKER	ADDRESS
H M Coulson	2238 W Balto

Spec.—9-30—A. & Co.—250 Bks.

9541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54 L 69541

REGISTERED NO.

•1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Universal Hosp ST. 4-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Thurman

(a) RESIDENCE NO. Bowie Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bowie Md

PARENTS

10 NAME OF FATHER Jose Thurman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Hosp Record.
(Address)

15 Date Received JUN 11 1931 Registrar C. HAMPTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 6-10-31

17

•I HEREBY CERTIFY That I attended deceased from 6-10 19 31 to 6-10 19 31

that I last saw h alive on 6-10 19 31

and that death occurred on the date stated above at 5 P m.

The CAUSE OF DEATH* was as follows

Diabetes Mellitus

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs mos 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Sugar in urine & blood

(Signed) [illegible] M. D.

6/10, 19 31 (Address) Universal Hosp

•State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bowie Md.

DATE OF BURIAL June 13th 1931

ADDRESS 1000 N. Paca

UNDERTAKER B. C. Forle

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69542

CERTIFICATE OF DEATH

154 E 69542

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 W. Saratoga ST. 4-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Broccolina

(a) RESIDENCE NO. 632 W. Saratoga ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) June, 9, 1931

AGE	Years	Months	Days	If LESS than 1 day 3½ hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Louis Broccolina

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Minnie Valenza

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Louis Broccolina

(Address) 632 W. Saratoga St.

Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June, 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from June, 9 19 31 to June 10. 19 31.

that I last saw h er alive on June, 10, . 19 31

and that death occurred on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows

Premature birth.

(duration) yrs mos. da.

CONTRIBUTORY (Secondary) (duration) yrs mos. da.

18 Where was disease contracted if not at place of death*

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. D. Tummillo, M. D.

, 19 (Address) 306 N Greene St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Spec.—1-10-21—M&T—1500 Blks.

E 69543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-004

E 69543

REGISTERED NO.

1. PLACE OF DEATH 1230 S. Sharp St.

CITY OF BALTIMORE: (NO. 23-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.

2.-FULL NAME Baby boy Urquhart

(a) RESIDENCE NO. 1230 S. Sharp St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26 (31)

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Clarence Urquhart

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Lucy Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant

(Address)

15 Filed JUN 1 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 1 1931

17 I HEREBY CERTIFY That I attended deceased from May 26 1931 to June 1, 1931.

that I last saw him alive on May 31, 1931.

and that death occurred on the date stated above at 10:00 A. m.

The CAUSE OF DEATH* was as follows

Hemorrhagic Disease of New born

(duration) yrs mos da.

CONTRIBUTORY (Secondary)

(duration) yrs mos da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Clinical.

What test confirmed diagnosis?

(Signed) Ernest H Kooglass M. D.

62 1931 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69544 — 173 — E 69544

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 865 Pierce ST. 18-26 (WARD)

2-FULL NAME John Merritt

(a) RESIDENCE NO 423 N. Poppleton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant

(Address)

15 Filed JUN 1 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to pistol shot wound of chest - involving heart & lung. Homicidal.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Legeur Zillers M. D. Coroner

6/8, 1931. (Address) 2737 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL JUN 10 1931

20 UNDERTAKER Commissioner Health.

ADDRESS

Spec.—9-30—A. & Co.—250 Bks

69545 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69545

CERTIFICATE OF DEATH

82-001

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3653 Park Heights ave ST. 5-168 WARD 8)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rachel Chislow

(a) RESIDENCE NO. 1511 N. Smallwood ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 If Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Louis

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 53; Months —; Days —; If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Isaac Nodel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Annie Merman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Louis Chislow (Address) 1511 N Smallwood st

15 Filed JUN 11 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11/31

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1931 to June 11, 1931.

That I last saw her alive on June 10, 1931.

and that death occurred, on the date stated above, at 3 9 m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical.

(Signed) Nathan H. Shapiro M. D.

6/11, 1931 (Address) 2318 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run — DATE OF BURIAL: June 11 1931

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS 1127 Bulto st

Spec.—9-30—A. & Co.—250 Blks

247422

Ped

69546

HEALTH DEPARTMENT—CITY OF BALTIMORE

69546

CERTIFICATE OF DEATH

23

REGISTERED NO.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) (ST.) 5-8 (WARD)

2. FULL NAME Junior McPherson

(a) RESIDENCE No. 1247 St. Matthews ST (ST.) (WARD)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Child

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 30 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Andrew McPherson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Lillian Mund

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 6-33 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUN 10 1931

17 I HEREBY CERTIFY, That I attended deceased from 4-11-1931 to 6-10-1931

that I last saw h[illegible] alive on 6-10-1931

and that death occurred, on the date stated above, at 1:59 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

CONTRIBUTORY (Secondary) (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? N/O Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) A. G. Ruffin M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery

DATE OF BURIAL: June 12 1931

20 UNDERTAKER: Edward Bryan

ADDRESS 1681 orleans st

Per — 1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 69547

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

69547

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden ham Hospital ST. 1-1 WARD)

2. FULL NAME Peter Kurisch

(a) RESIDENCE NO. 911 So. Potomac ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of /

7 DATE OF BIRTH (month, day, and year) March 18-1914

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
17	16	2	22	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At School

(b) General nature of industry, business, or establishment in which employed (or employer) 600

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russ

10 NAME OF FATHER Elick Kurisch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Anna Selachestia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

PARENTS

14 Informant Steve Kurisch (Address) 911 S Potomac

Filed JUN 11 1931 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to June 10, 1931, that I last saw h[illegible] alive on June 10, 1931, and that death occurred, on the date stated above, at 4:20 p. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 0 yrs. 1 mos 20 ds.

CONTRIBUTORY (Secondary) Left Pleural Empyema

(duration) 0 yrs. 0 mos. 22 ds.

18 Where was disease contracted if not at place of death? 911 So. Potomac St.

Did an operation precede death? Yes (Thoracoplasty) Date of May 19, 1931

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) J. Pete, Mesaneke, M. D.

, 19 (Address) Lyden ham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross	June 12 1931

20 UNDERTAKER M. W. E. Lippel Inc ADDRESS 321 Lamb

Spec.—9-30—A. & Co.—250 Blks.

69548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96 E 69548

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 419 S Ellwood Ave WARD)

2 FULL NAME Charles Gattschalk

(a) RESIDENCE NO. 419 S Ellwood ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 21 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Wis.

PARENTS

10 NAME OF FATHER: Francis X

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna B. Kriegstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Anthony Gattschalk 419 S Ellwood ave

15 Filed [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10-31

17

I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1930 to June 10, 1931

that I last saw [illegible] alive on June 9, 1931

and that death occurred, on the date stated above, at 4 30 A.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Lungs — 1/2 hr.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Aortic Aneurysm

(duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. P. Neer M. D.

6/15/31 (Address) 408 Mt Park ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 13 1931

20 UNDERTAKER: M. W. E. Lippel — ADDRESS: 1037 S Ann

Spec.—1-12-23—M&T—500 Blks.

69549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107

REGISTERED NO. 69549

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 630 Fait Ave ST. 26-37 WARD

2-FULL NAME William Wesley Taylor

(a) RESIDENCE NO. 630 Fait Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 29-1929

7 AGE: Years 2 | Months 11 | Days 1 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore - Md

PARENTS

10 NAME OF FATHER: Robert Edward Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Ethel E Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt

14 Informant: Robert E Taylor

(Address): 630 Fait Ave

15 Filed: June 12 1931 Registrar: HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 10 1931 to June 10 1931

that I last saw him alive on June 10 1931

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Bronchio Pneumonia

(duration) 3 ds.

CONTRIBUTORY (Secondary): Lobar Sinus - 3 hrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hamp S. Jones M. D.

(Address) 6016 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: June 12, 1931

20 UNDERTAKER: Chas W Olson

ADDRESS: 3615 Fleet Ave

Spec.—9-30—A & Co—250 Blks

24940

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69550

CERTIFICATE OF DEATH

34 E 69550

REGISTERED NO.....

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 8-17 ST WARD)

2 FULL NAME Williams Lee

(a) RESIDENCE No. 1306 N. Dallas ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 24, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Bailey Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ethel Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1 1931 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10-31

17
I HEREBY CERTIFY, That I attended deceased from June 5 , 1931 , to June 10 , 1931
that I last saw h— alive on June 10 , 1931
and that death occurred, on the date stated above, at 10 25 a m.

The CAUSE OF DEATH* was as follows:

Pertussis Bronchopneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Congenital anomalies

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? (home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Ann E Kuttner M. D.

6/11, 19 31 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary

DATE OF BURIAL June 12 19 31

20 UNDERTAKER Mrs. M. Elliott

ADDRESS 1120 Eutaw

Spec.—9-30—A. & Co.—250 Blks

E 69551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-00 69551

REGISTERED NO.

1 PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 514 Division ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Walker

(a) RESIDENCE NO. 926 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hattie Walker

(Address) 926 E. Madison St

15 Filed JUN 11 1931 HAYDEN JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10-31

17

I HEREBY CERTIFY, That I attended deceased from 5-15-, 1931, to 6-10-, 1931

that I last saw h[illegible] alive on 6-10-, 1931

and that death occurred, on the date stated above, at 1 55 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho)

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George McDonald M. D.

6-11-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Lebanon

DATE OF BURIAL June 12 1931

20 UNDERTAKER W. P. Elliott

ADDRESS Baltimore

Spec.—9-30—A. & Co.—250 Blks.

69552 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ 69552

CERTIFICATE OF DEATH. ★ 59 L

1 PLACE OF DEATH Baltimore City Hospitals 4-30 REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. ..... WARD)

2 FULL NAME Charles James

(a) RESIDENCE No. 103 S. Hanover St., ... WARD 6
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Separated

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice

6 DATE OF BIRTH (month, day, and year) Nov. 29 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	6	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment (in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sumpter S.C.

PARENTS
10 NAME OF FATHER Robert James
11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.
12 MAIDEN NAME OF MOTHER Emma Gainey
13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant (Address) Records of Balto. City Hosp.

15 JUN 11 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-8-31

17
I HEREBY CERTIFY, That I attended deceased from 11-18-31, 19..., to 6-8-31, 19...
that I last saw him alive on 6-8-31, 19...
and that death occurred, on the date stated above, at 10:42 P m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus dont
unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? Yes Date of 6/6/31
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy

(Signed) Jas Thomas M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Johns. Cem. — DATE OF BURIAL June 13 31

20 UNDERTAKER Kendall & Keppel — ADDRESS 200 Cath St.

pec.—1-30—M. & T.—250 Bks.

E 69553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157-004 E 69553

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 15-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Farley Ray Kiff

(a) RESIDENCE NO. 2111 Baker St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	S

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) June 10 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 1 min.
N B				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Harry Kiff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Ida Engle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant (Address)

15 Filed JUN 11 1931, 19 HAROLD J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1931

17

I HEREBY CERTIFY, That I attended deceased from June 10, 19 31, to June 10, 19 31,

that I last saw him alive on June 10, 19 31,

and that death occurred, on the date stated above, at 10 30 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Goldman, M. D.

6/10, 1931 (Address) 1326 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health

ADDRESS JUN 11 1931

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69554

CERTIFICATE OF DEATH

#19

183 E 69554

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Pier No.4 Pratt St. ST. 4-6 WARD)

2-FULL NAME Unknown.(C)

(a) RESIDENCE NO Do not know. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 30	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. C.D.

(Address)

15 Filed 6-1-31, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found June 2, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows

Drowning.
Probably accidental.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], Coroner, M. D.

6/8, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY.

DATE OF BURIAL JUN 11 1931

20 UNDERTAKER

ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

69555 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 69555

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) REGISTERED NO

CITY OF BALTIMORE: (No 11-23 ST WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lethia Barnes

(a) RESIDENCE NO 1304 Hutter st. ST WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 11 1931 19 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8, 1931

17
I HEREBY CERTIFY That I attended deceased from June 11 19 30 to June 8 19 31
that I last saw her alive on June 8 19 31
and that death occurred, on the date stated above, at 5.35 a.m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 4 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) David Tenner M. D.
6-8 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

JUN 11 1931

Spec.—9-30—A. & Co.—250 Blks.

E 69556 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 69556

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE (No. 425 ST WARD) REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Boy Mraczek

(a) RESIDENCE NO. 611 St Fayette ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 5/20/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	2 weeks 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mildred Beats

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Johns Hopkins Hospital

15 6-11-1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-5-31

17

I HEREBY CERTIFY That I attended deceased from 6-2 1931 to 6-5 1931

that I last saw h[illegible] alive on 6-5 1931

and that death occurred on the date stated above, at 9:10 m.

The CAUSE OF DEATH* was as follows:

Acute nutritional disturbance (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home (City)

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER [illegible] Health

ADDRESS JUN 11 1931

Per Wm. E. WEGRAIL

Spec—9 30—A & Cn—250 Blks

24921 11 L 69557

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 69557

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

7-13

CITY OF BALTIMORE (No. ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel V. Ogle

(a) RESIDENCE NO. 930 N Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in City or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Ogle

6 DATE OF BIRTH (month, day, and year) June 18 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer) Florist

(c) Name of employer John Cook

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Joseph Ogle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Interment Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed JUN 1 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11-1931

17

I HEREBY CERTIFY, That I attended deceased from June 7, 1931 to June 11, 1931

that I last saw him alive on June 11, 1931

and that death occurred, on the date stated above, at 1A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary) Essential hypertension

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Neurological examination

(Signed) Carl Pure C Badal M. D.

6/11/1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL June 13 19 31

20 UNDERTAKER Jos B Cook

ADDRESS 1003 West Baltimore St.

Spec.—9 30—A. & Co.—250 Blks

Mercy Hosp

69558 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69558

CERTIFICATE OF DEATH

159

1-PLACE OF DEATH

CITY OF BALTIMORE (No 1611 John St. St 14-20 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby boy Clarke

(a) RESIDENCE NO 1611 John St St WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Miscarriage

6 DATE OF BIRTH (month, day, and year) June 1 '31

7 AGE: Years | Months | Days | If LESS than 1 day, 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miscarriage None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Florence McNeil

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York City

14 Informant Florence Clarke

(Address) 1611 John St.

15 1 1931 .19 3 4 6 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1 '31

17

I HEREBY CERTIFY, That I attended deceased from June 1 1931 to June 1 1931

that I last saw h~~im alive on~~ dead June 1 1931

and that death occurred on the date stated above, at 0 5 A m.

The CAUSE OF DEATH* was as follows:

Miscarriage

5½ mo. gestation. Lived 3 hrs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1611 John St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. Leyko M. D.

6/8/31 (Address) Mercy Hospital

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health ADDRESS

Per Wm E. Woods

C.M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69559

E 69559

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. Providence Hosp ST. 18-26 WARD

2-FULL NAME Eunice Keasley

(a) RESIDENCE NO 951 Bennett ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia

6 DATE OF BIRTH (month, day, and year) Nov 5-1[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Chas Apgar

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Jno Keasley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala.

12 MAIDEN NAME OF MOTHER Ellen Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ala.

14 Informant Virginia Keasley

(Address) 951 Bennett Place

15 Filed 1931 C. HAMPSON JONES, M. D. 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows*

Date on which he was riding collided with train

(a) (duration) Instantaneous yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Glen Morris Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Frame M. D.

6/10, 1931 (Address) 29 mi Elder, Md (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Keasley, Alabama	June 11, 1931
20 UNDERTAKER Mrs Lotie R Williams	ADDRESS 322 N Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks

Form of typing continued from June 12 31,
Dr. Frederick Stumpf
asst. Con.

9207

HEALTH DEPARTMENT—CITY OF BALTIMORE

H 69560

CERTIFICATE OF DEATH

12-062

H 69560

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE (No. 14-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Boyd

(a) RESIDENCE No. 208 McCulloh St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 18 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER Alex Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Rachel Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga.

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed . 19 H. G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 5 31

17

I HEREBY CERTIFY, That I attended deceased from June 2 1931 to June 5 1931

that I last saw her alive on June 5 1931

and that death occurred, on the date stated above, at 1 00 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Adhesions

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

June 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savannah, Georgia

DATE OF BURIAL June 12 1931

20 UNDERTAKER Mrs. Lottie F. Williams

ADDRESS 322 Schroeder St

pec.—1-12-23—M&T—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 69561

E 69561

REGISTERED NO

1-PLACE OF DEATH. 600 S. Rappella St 26-37 WARD

If death occurred in a hospital or institution give its NAME instead of street and number.

CITY OF BALTIMORE: (NO)

2-FULL NAME George Kobrinberg

(a) RESIDENCE NO 600 S. Rappella St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs mos ds. How long in U. S., if at foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Kobrinberg

7 DATE OF BIRTH (month, day and year) Dec. 13 - 1880

AGE Years 50 Months 6 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) O'Donnell

(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Bernard Kobrinberg

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Dellner

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs. Kobrinberg (Address) 600 S. Rappella St

15 Filed 1-17-31 C. H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) January 11 19 31

17 I HEREBY CERTIFY That I attended deceased from Jan. 19 31 to January 11 19 31

that I last saw him alive on January 11 19 31

and that death occurred, on the date stated above, at 10 15 A.m.

The CAUSE OF DEATH* was as follows:

Intestinal Stasis & Coma

(duration) yrs. 10 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur J. Steinhardt M. D.

19 (Address) 606 Eastern Ave Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn DATE OF BURIAL 1/15 1931

20 UNDERTAKER J. W. Cook ADDRESS 1210 Eutaw St

Spec.—9-30—A. & Co.—250 Blks.

69562 HEALTH DEPARTMENT—CITY OF BALTIMORE L 69562

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospt. St.) (WARD)

2 FULL NAME Milford Kelly

(a) RESIDENCE NO. Glen Burnie, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 12, 1925

7 AGE — Years: 5 | Months: 10 | Days: 21 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Walter Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co. Md.

12 MAIDEN NAME OF MOTHER: Dorthy Kernan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co. Md

14 Informant: Father

(Address): Glen Burnie Md.

15 Filed 11 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-11-31

17 I HEREBY CERTIFY, That I attended deceased from 3-23-31, 19, to 6-11-31, 19, that I last saw her alive on 6-11-31, and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease

2 Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Francis W Glueck M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Still Pond Kent Co Md — DATE OF BURIAL: 6/13/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

69563 HEALTH DEPARTMENT—CITY OF BALTIMORE L 69563

CERTIFICATE OF DEATH

1 PLACE OF DEATH Union Memorial Hospital ST 12-49 WARD 7 REGISTERED NO. 137

CITY OF BALTIMORE: (No) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry J Hopkins

(a) RESIDENCE NO Aberdeen, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Harry Hopkins

6 DATE OF BIRTH (month, day, and year) Dec 5 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	64	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harford Co, Md.

PARENTS

10 NAME OF FATHER John Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania, Md

12 MAIDEN NAME OF MOTHER Mary Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co Md

14 Informant Mrs Harry J Hopkins

(Address) Aberdeen, Md

JUN 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1931

17

I HEREBY CERTIFY, That I attended deceased from May 30th, 1931, to June 11, 1931

that I last saw h[illegible] alive on June 11, 1931

and that death occurred, on the date stated above, at 5[illegible] p. m.

The CAUSE OF DEATH* was as follows:

Foreign prostatic hypertrophy + urinary obstruction + uremia

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood analysis

(Signed) Richard Trance M. D.

6/11, 1931 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Aberdeen, Md DATE OF BURIAL June 13 1931

20 UNDERTAKER J J Tucker, Jones ADDRESS [illegible]

Spec.—9-30—A. & Co.—250 Blks

Dr. Short 806 N. Fulton Ave
Laf 3587

69564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 E 69564

1 PLACE OF DEATH

CITY OF BALTIMORE: 1 No 3032 Garrison Ave 15-61 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James E. Abbott

(a) RESIDENCE NO. 3032 Garrison Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~
HUSBAND of ~~or WIFE of~~ Katie M. Abbott

6 DATE OF BIRTH (month, day, and year) Mar 7th 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Officer 061
(b) General nature of industry, business, or establishment in which employed (or employer) Police Dept
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER Joseph Abbott
11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina
12 MAIDEN NAME OF MOTHER Mary E. Newton
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Katie M. Abbott
(Address) 3032 Garrison Ave

15 JUN 17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10th 1931

17
I HEREBY CERTIFY, That I attended deceased from Dec - 1, 1930 to June - 10 1931
that I last saw him alive on June - 10 1931
and that death occurred, on the date stated above, at 10 P M
The CAUSE OF DEATH* was as follows:

Carcinoma of Lung.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Asthma
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? X-Ray.
6.11.31. (Signed) M. Ed. Short M. D.
(Address) 806 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	6/13/1931
20 UNDERTAKER Wm Cook	ADDRESS 1217 St Paul St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69565

CERTIFICATE OF DEATH

210-001 E 69565

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST., 6-4 WARD)

2-FULL NAME Bob Kramer

(a) RESIDENCE NO 2040 E Baltimore ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 24-1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Dale, Md.

10 NAME OF FATHER Baird Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Addie Stupt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Baird Kramer (father)

(Address) 2040 E Baltimore St

15 Filed ..... 1931 ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Struck & knocked down at intersection while crossing street in passageway

(duration) Instantaneous yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Washington & Baltimore

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clin.

6/ (Signed) H. Hance, Coroner

11, 1931 (Address) 29 39th Ave Elden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Uebrem Fob Caswell

DATE OF BURIAL 6/12 1931

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Baltimore

ec. 2-29-28—L. F. S.—500 Blks.

Marguerita W. Neuner.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69566

CERTIFICATE OF DEATH

X 74.01 E 69566

1—PLACE OF DEATH

REGISTERED NO.

ITY OF BALTIMORE: (No.) Md. Genl. Hosp. ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Neuner

(a) RESIDENCE NO. Rocky, Md. ST. WARD

(Usual place of abode) (If non-resident give City or town and State)

ngth of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

DATE OF BIRTH (month, day, and year) Jan. 20, 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	4	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Geo F. Neuner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Link

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Hospital Records.

(Address)

Filed 1-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1931, to June 11, 1931, that I last saw h[illegible] alive on June 11, 1931 and that death occurred, on the date stated above, at 7.20 A. m.

The CAUSE OF DEATH* was as follows:

Leptospiraemia (Undetermined origin)

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebro-Spinal Meningitis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal tap

(Signed) Robert X. Clements M. D.

, 19 (Address) Md. Genl. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	6/14/31 19
20 UNDERTAKER George J. Kelly & Bro.	ADDRESS 1235 Hanover

69567 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69567

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 12-49 Ward)

2-FULL NAME Mr. William B. Ailsworth

(a) RESIDENCE NO. 140 Kingston Road, Middle River Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Elsie M. Ailworth

DATE OF BIRTH (month, day, and year) 4/5/1882

AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	49	2	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Storekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

BIRTHPLACE (city or town)
(State or country) Balto. Md.

10 NAME OF FATHER Thomas Ailsworth

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant (Address) Elsie M. Ailworth Middle River

15 Filed JUN 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19
June 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 31 1931, to June 10, 1931,
that I last saw him alive on June 10, 1931,
and that death occurred, on the date stated above, at 10-45 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Sigmoid Colon
(duration) ? 1 year (Colostomy) mos. ds.
CONTRIBUTORY (Secondary) Bronchopneumonia, Rt Lung
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Colostomy Date of June 2, 1931
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy
(Signed) Jerrold H. Redwood M. D.
, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — Date of Burial 6/13/1931

20 UNDERTAKER John F. Connelly — ADDRESS Essex

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69568 — CERTIFICATE OF DEATH. — 131 — E 69568

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 8 N Lemmon ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Holland

(a) RESIDENCE NO. 18 N Lemmon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored.

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabell Holland

6 DATE OF BIRTH (month, day, and year): June 25. 1889

7 AGE — Years: 41 — Months: 11 — Days: 15 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto md.

PARENTS

10 NAME OF FATHER: Henry Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Elizabeth Addison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant (Address): Mary Wesley 1516 N. mount st

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 8th 1931. to June 10th 1931.

that I last saw him alive on June 10th 1931.

and that death occurred, on the date stated above, at 11:20 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Carcinoma of Face

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary): Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Leo. H. Lauenbach Jr. M. D.

(Address) 2215 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: June. 13 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Preston

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69569

CERTIFICATE OF DEATH

1931

E 69569

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE. (No. 954 Forrest ST. 10-15 WARD)

2—FULL NAME Lorenzo Price

(a) RESIDENCE NO. 954 Forrest ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Dena B. Price.

DATE OF BIRTH (month, day, and year) Aug 8. 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Rocky mount N.C.

10 NAME OF FATHER Alonzo Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Willis ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Dena Price

(Address) 519 Gold st.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12. 1931

17 I HEREBY CERTIFY, That I attended deceased from Feby 1, 1931, to June 12, 1931.

that I last saw him alive on June 12, 1931

and that death occurred, on the date stated above, at 12-13 A m.

The CAUSE OF DEATH* was as follows:

5th ~~Fracture~~ Dislocation of Cervical Vertebra

Hanged by order of Court.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John D. Ruhey, M. D.

, 19 (Address) 3012 Northway Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	June 12 1931
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	1303 Pressman st

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 69570 L 69570

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-5 St.) (Ward)

2. FULL NAME Susan Cornish

(a) RESIDENCE No. 2660 Florence St. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80		14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Md.

PARENTS

10 NAME OF FATHER Henry S. Somervill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md. ?

12 MAIDEN NAME OF MOTHER Charlotte ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Md.

14 Informant (Address) Records of Balto. City Hosps.

15 Filed JUN 13 1931, H. LAMPSON JONES, M. D. Registrar

12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-9-31

17 I HEREBY CERTIFY, That I attended deceased from 7-11-28, 19 , to 6-9-31, 19

that I last saw her alive on 6-9-31, 19

and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows:

Hypertensive Chronic Nephritis

more than (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas. Blundell M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL June 12 1931

20 UNDERTAKER Thomas E. Kelam ADDRESS 303 Preston St.

-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 6957I

82-001 E 6957I

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1108 Penna Ave ST.. 16-23 WARD)

2-FULL NAME Jos F. Hubert

(a) RESIDENCE NO 1016 W. Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Left yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Maria Hubert

6 DATE OF BIRTH (month, day and year) Jan 9 - 1883

7 AGE	Years	Months	Days	If LESS than 1 day hrs or min
	48	5	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Balto Md

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Ferdinand Hubert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Maria Hubert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Maria Hubert

(Address): 1016 W Lanvale

15 Filed ... Registrar: C. HAMPSON JONES, M. D.

JUN 12 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Central Hemorrhage Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Gutch, M. D.

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: June 13 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Presstman St

-30—M. & T.—100 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69572

CERTIFICATE OF DEATH

E 69572

REGISTERED NO. 183

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Richard Noble, Jr.

(a) RESIDENCE NO. 621 Ensor St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 28/1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
[illegible]	13	10	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greenville, S.C.

PARENTS

10 NAME OF FATHER Richard Noble

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Doris Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Doris Noble (Address) 621 Ensor St

15 Filed 12 1931 19[illegible] C. Humphry JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidently drowned while playing on wharf aboats-foot of Ann and Thames

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Eastern Police report

(Signed) J. J. Hahn Coroner, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson's Cem. DATE OF BURIAL 6-12 1931

20 UNDERTAKER Byron Knight 4218 Mc Elderry St ADDRESS

Spec.—9-30—A. & Co.—250 Blks

69573

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-02 69573

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2439 Eager Place St. 9-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frederick Hemmelheber

(a) RESIDENCE NO. 2439 Eager Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine Hemmelheber

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 81; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: William Hemmelheber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Henry Hemmelheber 2439 Eager Place

15 Filed JUN 12 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10 31

17

I HEREBY CERTIFY, That I attended deceased from May 10, 19 31 to June 10, 19 31

that I last saw him alive on June 9, 19 31

and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Acute Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Wm. Boyd Lee M.D.

June 11, 19 31 (Address) 1000 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — DATE OF BURIAL: June 12 1931

20 UNDERTAKER: Frank Brockson — ADDRESS: 1906 Eutaw Pl

Spec.—6-30—A. & Co.—250 Blks.

E 69574 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69574

1775

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 208 E. Lafayette Ave. St.) 12-14 (WARD)

2 FULL NAME Mary Louise Corruthers

(a) RESIDENCE No. 208 E. Lafayette Ave. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard Corruthers

6 DATE OF BIRTH (month, day, and year) 4/18/48

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	83	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James Lowther

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mr. R. P. Corruthers
(Address) 2728 Edmondson Ave.

15 Filed ____, 19__ C. HANSEN JONES, M. D. Registrar

6-11-1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/11/31

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to June 10, 1931

that I last saw her alive on June 10, 1931

and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Stomach [illegible]

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? 2728 Edmondson Ave.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hugh Forsythe M. D.

6/11, 1931 (Address) 424 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemy.

DATE OF BURIAL 6/13 1931

UNDERTAKER John O. Mitchell & Sons

ADDRESS 1900 Eutaw Pl.

Spec.—9-30—A. & Co.—250 Blks.

69575 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69575

CERTIFICATE OF DEATH

91-001

1 PLACE OF DEATH Baltimore City Hospitals ST. 23-34 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME William S. Hamilton

(a) RESIDENCE NO. 1620 Light ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances

6 DATE OF BIRTH (month, day, and year) 10-26-84

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lunchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Foster, 1620 Light St.

9 BIRTHPLACE (city or town) (State or country) Cumberland Md.

PARENTS

10 NAME OF FATHER James

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Va.

12 MAIDEN NAME OF MOTHER Christine Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 12 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11-31

17
I HEREBY CERTIFY, That I attended deceased from 5-11-31, 19 , to 6-11-31, 19
that I last saw him alive on 6-11-31, 19
and that death occurred, on the date stated above, at 2:40 A. m.
The CAUSE OF DEATH* was as follows:

Endocarditis, Subacute bacterial.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) Paul Podgt M. D.
6/11, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland, Md DATE OF BURIAL June 12 1931

UNDERTAKER John C. Mitchell & Son ADDRESS 1900 Eutaw Pl

-30—M & T—100 B—50L

E 69576

HEALTH DEPARTMENT—CITY OF BALTIMORE

82 - of E 69576

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1808 W. Lombard ST. 14-28 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Belva Elizabeth Willman

(a) RESIDENCE NO 1808 W. Lombard ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs 2 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct. 15th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	7	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machine Operator
(b) General nature of industry, business, or establishment in which employed (or employer) Mates shirts &c
(c) Name of employer Henry Myers & Co.

9 BIRTHPLACE (city or town) (State or country) Thurmont Maryland

PARENTS

10 NAME OF FATHER Augustus Wellman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sabillsville Md.

12 MAIDEN NAME OF MOTHER Mary Sappe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sabillsville Md

14 Informant Mrs Verna M. Collins

(Address) 1808 W. Lombard St.

15 Filed JUN 17 1931 G. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos — ds

CONTRIBUTORY — (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Guy N. Cromwell, M. D. Coroner

6/12 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Thurmont, Md. DATE OF BURIAL June 14 1931

20 UNDERTAKER Fred W. Kuiser ADDRESS Hagerstown Md

spec.—1-12-23—M&T—(400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69577 — 82 E 69577

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1223 N. Carey (St.) 15-23 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie A. Glover

(a) RESIDENCE NO 1223 N. Carey Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred

6 DATE OF BIRTH (month, day, and year) Feb. 12 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	53	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Adelaide Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mary Carter (Address) 1223 N. Carey St

15 JUN 12 1931 19 C. HAMDEN JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1931

17 I HEREBY CERTIFY, That I attended deceased from May 15 1931, to June 10, 1931, that I last saw her alive on June 10, 1931 and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCard, M. D.

6/13, 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/13/1931

20 UNDERTAKER Mrs. Geo. R. Holland

ADDRESS 1631 Druid Hill Ave

c.—1-30—M. & T.—250 Bks.

E 69578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69578

CERTIFICATE OF DEATH.

REGISTERED NO. 46

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 1204 Madison Ave. WARD) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William B. Blackwell

(a) RESIDENCE NO. 1204 Madison Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Laura J. Blackwell

DATE OF BIRTH (month, day, and year) - - 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	70	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Royston Blackwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Laura J. Blackwell

(Address) 1204 Madison Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jany 10, 1931. to June 9, 1931.

that I last saw him alive on June 9, 1931.

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Pancreatitis

(Carcinoma)

(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Revealed

(Signed) W. F. Rabillo M. D.

6/11/ 1931 (Address) 6017 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/12/1931

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

...—1-30—M. & T.—250 Blks

E 69579

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69579

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 S Callington ave ST. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ena Winkley

(a) RESIDENCE NO. 234 S Callington ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year) 6/11/31

AGE	Years	Months	Days	If LESS than 1 day, / hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: John Winkley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Ena Miergenka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md Balto

14 Informant: John Winkley

(Address) 234 S Callington ave

15 Filed ..... 19 ..... Registrar

12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11-31

17 I HEREBY CERTIFY, That I attended deceased from 6-11-31 to 6-11-31, that I last saw her alive on 6-11-31, 19 31, and that death occurred, on the date stated above, at 1 40 a.m.

The CAUSE OF DEATH* was as follows: Premature Birth Breech—Asphyxia Neonatorum

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Wm. Thomas M. D.

(Address) 1200 Dulaney Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cemetery — DATE OF BURIAL: June 12 1931

20 UNDERTAKER: George A. Weber — ADDRESS: 708 S. Arm Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69530

CERTIFICATE OF DEATH.

92 E 69580

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 17-24 ST. (WARD)

2 FULL NAME Alvert Camphor

(a) RESIDENCE NO. 1306 Pennsylvania ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John

6 DATE OF BIRTH (month, day, and year) Mar. 16 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Igiah Water ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ada Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 6/13 19 31 Registrar C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10-31

17 I HEREBY CERTIFY, That I attended deceased from 6-5-31, 19..., to 6-10-31, 19...

that I last saw her alive on 6-10-31, 19...

and that death occurred, on the date stated above, at 2:15 A m.

The CAUSE OF DEATH* was as follows: Heart Disease, Rheumatic

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? hertown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Jas. L. Crawford M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 6/12 19 31

UNDERTAKER Samuel Hawley ADDRESS Westside

Spec.—9-30—A. & Co.—250 Blks

E 69581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1601

-94 E 69581

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 1607 E. Pratt ST. 3-H WARD)

2. FULL NAME Isaac Schwartz

(a) RESIDENCE NO. 1607 E. Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Schwartz

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Mendel Schwartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Home 1439 E. Baltimore St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11-31

17

I HEREBY CERTIFY, That I attended deceased from June 1 . 1931 . to June 11 . 1931

that I last saw him alive on June 11 . 1931

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina pectoris

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kadin M. D.

. 19 (Address) 2306 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Levine Washington Road	6-12-1931

20 UNDERTAKER ADDRESS

Pace Heirs, Inc. 1439 E. Balto St.

Spec.—9-30—A. & Co.—250 Blks.

E 69582

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69582

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2714 Classen Ave. St. 15-58 WARD)

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Jacob Liscovick

(a) RESIDENCE NO. 2714 Classen Ave. ST. ..... WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Abigail Liscovick

6 DATE OF BIRTH (month, day, and year) [illegible] 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Jacob Liscovick
11 BIRTHPLACE OF FATHER (City or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (City or town) (State or country) Russia

14 Informant M. Bogot
(Address) 1432 E. Baltimore St.

15 June 2 1931 Co. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11-31

17 I HEREBY CERTIFY, That I attended deceased from April 3rd, 1931, to June 10th, 1931
that I last saw h[illegible] alive on June 10, 1931
and that death occurred, on the date stated above, at 10-15 P. M.
The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of ...
Was there an autopsy? No
What test confirmed diagnosis? Clinical. Lab.
(Signed) H. G. Nicholson M. D.
6/12, 1931 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Lutheran Ave. — DATE OF BURIAL: 6-12-1931

20 UNDERTAKER: Levi Levin, Inc. — ADDRESS: 1731 E Balt St

1-30—M. & T.—100 B—50L

E 69583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69583

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Bevan St. ST. 23-31 WARD)

2-FULL NAME Samuel Kavalski.

(a) RESIDENCE NO 916 Bevan St. ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ---- ds. How long in U. S., if of foreign birth? 5 yrs. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

6 DATE OF BIRTH (month, day, and year): Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer-
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia.

PARENTS

10 NAME OF FATHER: Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do not know.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: Max Nestoak.

(Address): 1837 Hanover St.

15 Filed JUN 13 1931 C. HAWKINS JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 5, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) A. M. Reinhardt Coroner, M. D.

6/8, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: ...NS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER

JUN 12 1931

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 69584

X 55-002

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST. 7-4 WARD I

CITY OF BALTIMORE: (No

2. FULL NAME Sarah Riley

(a) RESIDENCE NO. 272 Jefferson ave ST. WARD York Pa
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Curtis

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work NW
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS
10 NAME OF FATHER John Patterson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa
12 MAIDEN NAME OF MOTHER Jennie Walfe
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 12 1931 H. LEWIS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11-31

17
I HEREBY CERTIFY, That I attended deceased from June 2, 1931, to June 11, 1931
That I last saw h alive on June 11, 1931
and that death occurred, on the date stated above, at 8 30 p m.

The CAUSE OF DEATH* was as follows:
Pulmonary embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hysteromyomectomy
(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 6-2-31
Was there an autopsy? yes
What test confirmed diagnosis? autopsy
(Signed) Conrad Heland M.D. M. D.
6/11, 1931 (Address) Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL York Pa
20 UNDERTAKER F. H. Fisher Cook
DATE OF BURIAL 6/13 1931
ADDRESS 1210½ Paul St

per.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69585 — 46 — E 69585

1—PLACE OF DEATH — REGISTERED NO. 24-33

CITY OF BALTIMORE: (No. 424 E Clement ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine May

(a) RESIDENCE NO. 424 E Clement ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm J. May

7 DATE OF BIRTH (month, day, and year) Dec 5 1881

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	25	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

10 BIRTHPLACE (city or town) Baltimore (State or country) Md

10 NAME OF FATHER Geo. L Lehr

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Frances Kuhn

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Wm J May

(Address) 424 E Clement

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10 1931

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1931, to June 10, 1931, that I last saw her alive on June 10, 1931 and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

Metastasis to liver and

jaundice

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis suspected

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys + Lab

(Signed) Wm E Lehr, M. D.

6/11, 1931 (Address) 139 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 6/13 1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 Pool St

6/12 1931

-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69536

CERTIFICATE OF DEATH

54 E 69536

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at the Mercy Hospital. ST. 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Krausz.

(a) RESIDENCE NO. 639 Rapoli St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND OF ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ Annie K. Krausz.

6 DATE OF BIRTH (month, day, and year) October 24, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Pumpman
(b) General nature of industry, business, or establishment in which employed (or employer): Balto. Copper Smelting Co.
(c) Name of employer: Baltimore, Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John Krausz.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Marie Hinkler.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Annie K. Krausz. (wife)

(Address) 639 Rapoli St.

15 Filed 12 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.
Chronic Endocarditis.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto smelting Co. June 9, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

6/11/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 6/13/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

...—1-30—M. & T.—250 Blks

E 69587 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69587.

CERTIFICATE OF DEATH. 59

REGISTERED NO. 22-30

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 421 Hanover St. (ST.) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Webster I. Bians.

(a) RESIDENCE NO. 421 Hanover St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of Virginia Bians.

DATE OF BIRTH (month, day, and year) Sept. 14, 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	8	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tax assessor.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: Martin Bians.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Christina Impson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant (Address): Virginia Bians. (wife) 421 Hanover St.

15 Filed 12 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10th. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 9th. 1931 to June 10th 1931,

that I last saw him alive on June 9th 1931,

and that death occurred, on the date stated above, at 9.10 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

6/10 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — DATE OF BURIAL: June 13 1931

20 UNDERTAKER: John F. Denny — ADDRESS: 417 Light St

Spec.—9-30—A. & Co.—250 Blks.

Horst

69588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002 L 69588

1 PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No 6-11 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louis Horst

(a) RESIDENCE NO. 3006 E. Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Margaret Horst

6 DATE OF BIRTH (month, day, and year) April 3 1875

7 AGE: Years 56 Months 2 Days 9 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oil

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry Owner

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Louis Horst

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Margaret Horst (Address) 3006 E Baltimore St.

15 ... 19 ... Registrar

17 2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12-31

17

I HEREBY CERTIFY, That I attended deceased from June 11 . 19 31 to June 12 . 19 31

that I last saw him alive on June 12 . 19 31

and that death occurred, on the date stated above, at 3.50 P. M.

The CAUSE OF DEATH* was as follows

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edred Roberts M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: 6/15/19 31

UNDERTAKER: J. J. Horan — ADDRESS: 3000 E Baltimore

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69589

CERTIFICATE OF DEATH.

121 E 69589

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home and Inf. St., 7-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Zula Whitaker

(a) RESIDENCE NO. 814 N Stiegel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): Dec 23/1886

7 AGE: Years 44 Months 5 Days 18 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Christian Barth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Alsie Sindall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Interment (Address): Mr W.C. Whitakers 814 N Stiegel St

15 Filed 12 1931 C. HAMPSON JONES, Registrar. By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11 1931

17

I HEREBY CERTIFY, That I attended deceased from June 7 1931, to June 11, 1931, that I last saw h__ alive on June 11, 1931, and that death occurred, on the date stated above, at 5.10 p.m.

The CAUSE OF DEATH* was as follows:

Acute gangenous appendicitis

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary): General Peritonitis

(duration) — yrs. — mos. 5 - 6 ds.

18 Where was disease contracted if not at place of death? at pb home

Did an operation precede death? yes. Date of June 9, 1931

Was there an autopsy? no.

What test confirmed diagnosis? operation

(Signed) Oscar E Hullard, M. D.

, 19 (Address) Church Home and Inf

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cem. Date of Burial June 14 1931

20 UNDERTAKER: John Elliot ADDRESS 2008 Eutaw

69590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-001 E 69590

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 117 N Ann St. (Ward) 6-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henriette Dabel

(a) RESIDENCE NO. 117 N Ann St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of George Dabel

6 DATE OF BIRTH (month, day, and year): Jan 26-1842

7 AGE: Years 89 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Jacob Cook

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER Henriette Paine

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

13 Informant: Miss Emma Williamson.

(Address) 117 N Ann St

15 Filed 6 8 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10-1931

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to June 10, 1931, that I last saw h[illegible] alive on June 6-4, 1931, and that death occurred, on the date stated above, at 7:45 P.M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

1

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

8

(Duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Krapf M. D.

6/11/31 (Address) 124 N Washington St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

20 UNDERTAKER: John Ullrich

DATE OF BURIAL: June 13 1931

ADDRESS: 2008 Aliceanna

Spec.—8-30—A. & Co.—250 Blks

69591 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 69591

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1359 Hull St. WARD 24-35)

2 FULL NAME Baby (Boy) Popielek

(a) RESIDENCE NO. 1359 Hull St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/12/31

7 AGE — Years — Months — Days — If LESS than 1 day, 12 hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Walter Popielek

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Bn. Czarnecki

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Walter Popielek

(Address) 1359 Hull St

Date 6 12 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 12, 1931 to June 12, 1931

that I last saw him alive on June 12, 1931

and that death occurred, on the date stated above, at 10-40 A m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Harry Weintraub M. D.

6/12 1931 (Address) 1730 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: 6/12 1931

UNDERTAKER: William Fiallowsky — ADDRESS: 1618 Eastern

Spec.—9-30—A. & Co.—250 Blks.

69592 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69592

CERTIFICATE OF DEATH 159

1 PLACE OF DEATH St. Josephs Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Caroline or Alleghany St.) 37-48 (WARD) 8 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Francis Judge

(a) RESIDENCE NO. 726 Woodbourne ave ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) 6-12-31

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Infant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Joseph Hosp. Balto, Md.

PARENTS

10 NAME OF FATHER Arthur Joseph Judge

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Felicina Elizabeth Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Hospital Record

15 Filed JUN 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-12-31

17 I HEREBY CERTIFY, That I attended deceased from 6-12, 1931, to 6-12, 1931

that I last saw him alive on 6-12, 1931

and that death occurred, on the date stated above, at 12 30 P. M.

The CAUSE OF DEATH* was as follows:

Placenta Praevia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Premature Birth (3 mos.)

(duration) yrs. mos. 1/2 hrs.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) W. W. Twedy M. D.

. 19 (Address) Hop Johns Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS JUN 1 1931

...c.—1-30—M. & T.—250 Blks.

E 69593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 69593

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Doris Farace

(a) RESIDENCE NO. 1637 W Fayette St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs 11 mos 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 26, 1922

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	11	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Joseph Farace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna Schaub

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs Jos. Farace
(Address) 1637 W Fayette St

Filed 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1931, to June 11, 1931,

that I last saw her alive on June 11, 1931,

and that death occurred, on the date stated above, at 6.25 p. m.

The CAUSE OF DEATH* was as follows:

Pneumococcus Peritonitis

(duration) yrs. 4 mos 6 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Feb. 18, 1931

Was there an autopsy? Yes Diagnosis Abdomen

What test confirmed diagnosis? Autopsy & Laboratory

(Signed) Myron G. Tull, M. D.

6/11, 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westview Cemetery

DATE OF BURIAL 6/13/31

UNDERTAKER F. B. Wagner

ADDRESS 1300 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks.

69594 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 69594

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3113 Virginia ave. St. 47-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jennie Lee Norris

(a) RESIDENCE NO. 3113 Virginia, ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles H. Norris

6 DATE OF BIRTH (month, day, and year) 2/3/1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Wm. C. Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Agnes Humes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Scotland

14 Informant (Address): Charles C. Norris 3113 Virginia, ave.

15 Filed JUN 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 25 1931, to June 11 1931, that I last saw h alive on June 11 1931, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

Pulmonary Oedma

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis.

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Ex

(Signed) James S. Aschmut M. D.

6-12 1931 (Address) 4 or Park Hghts ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

UNDERTAKER: Frederick A. Cole Lombard

DATE OF BURIAL: 6/15 1931

ADDRESS: 1208 W

Spec.—9 30—A. & Co.—250 Blks

69595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 E 69595

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No St. Joseph's Hospital ST. 18-24 (WARD)

2 FULL NAME Edward Strobel

(a) RESIDENCE NO. 1026 Boyd St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 16th/1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) -------

(c) Name of employer -------

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frederick Strobel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Mary Myers 1026 Boyd Street.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10-31

17 I HEREBY CERTIFY, That I attended deceased from J-J-31, 19 , to 6-10, 19 31

that I last saw h[illegible] alive on 6-10-31, 19

And that death occurred, on the date stated above, at 11.50 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Emphysema (duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of J-23-31

Was there an autopsy? no

What test confirmed diagnosis? X-Ray - Operation

(Signed) Lawrence M. Sara M. D.

, 19 (Address) St Joseph's Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

(over)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL 6/13/1931

UNDERTAKER Frederick A Cole Jr. ADDRESS 1200 Lombard.

12 1931 C. HAMPSON JONES, M. D. Registrar

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69596

CERTIFICATE OF DEATH.

107-001 E 69596

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 106 N. Ellwood Ave (ST.) 6-11 (WARD)

2-FULL NAME Elizabeth Huth

(a) RESIDENCE NO. 106 N. Ellwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced (or) WIFE of: Chas. Huth-

7 DATE OF BIRTH (month, day, and year): May 5-1857

8 AGE: Years 74yo; Months 1; Days 5

If LESS than 1 day, hrs. or min

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

11 NAME OF FATHER: John Geis

12 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

13 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frank Rupp

(Address): 106 N. Ellwood Ave

Filed JUN 3 1931 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to June 10, 1931.

that I last saw h[illegible] alive on June 10, 1931

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

(1) Senile Broncho-Pneumonia

(2) Arterio-Sclerosis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emil J. Zeigler M. D.

1931 (Address) 1001 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: June 13 1931

20 UNDERTAKER: Lilly & Julian Bal. — ADDRESS: 405 S. Wolfe St

-30—M. & T.—100 B—50L.

E 69597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 ✓ E 69597

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 730 N. Caroline ST. 10-13 WARD)

2-FULL NAME Melvin Heckstall

(a) RESIDENCE NO 730 N. Caroline ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 2/1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	9	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Scott W. Heckstall

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Martha Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Martha Heckstall

(Address) 730 N. Caroline St

15 [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible], M. D. Coroner

6/19/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem DATE OF BURIAL 6-13 1931

20 UNDERTAKER Jos. M. Skinner ADDRESS 1628 E. Mad

Spec.—9-30—A. & Co.—250 Blks

69598 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-B 69598

1-PLACE OF DEATH Baltimore City Hospitals

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 10-14 St. WARD)

2-FULL NAME Austin Goldston

(a) RESIDENCE No. 1222 Ashland Ave. St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret

6 DATE OF BIRTH (month, day, and year) Oct. 28 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	1	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Paper hanger
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country): ? Va.

12 MAIDEN NAME OF MOTHER Carrie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Va.

14 Informant (Address): Records of Balto. City Hosp.

15 6 3 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11-31

17
I HEREBY CERTIFY, That I attended deceased from 5-26-31, 19..., to 6-11-31, 19...

That I last saw him alive on 6-11-31, 19...

and that death occurred, on the date stated above, at 2:45 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis. Subacute bacterial.
(duration) yrs. 5 mos. ds.

CONTRIBUTORY (secondary) ... Heart disease, rheumatic (duration) 1½ yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy.

(Signed) Paul Voight M. D.

6/12 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Auburn Cemetery — DATE OF BURIAL: June 14 1931

20 UNDERTAKER: Chas. H. Limont — ADDRESS: 716 N. Carey

Cor.—10-19-29—A Co.—100 Pks.

E 69599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69599

1-PLACE OF DEATH Union Memorial Hospital

City of Baltimore: (No. 33rd St. Calvert St. (Ward) 13-52

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence E. Smith

(a) RESIDENCE NO. 382 Pleasant Street. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Fred V. Smith

6 DATE OF BIRTH (month, day, and year) March 24 1907.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	24.	2.	18.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Ernest Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Lee E. Smith (Address) 382 Pleasant Place

3 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows:

Auto he was driving collided with another car

(a)

(duration) yrs. mos. ds.

Fract Skull - Contusion of Chest

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1910 Delgrau Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin

(Signed) H. Fraun M. D.

6/13. 1931 (Address) 1934 N. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Marys Cem. Hampden	June 15 1931
20 UNDERTAKER	ADDRESS
Walter Davis	3rd & Eastern Ave

c.—1-30—M. & T.—250 Bks.

69600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93 E 69600

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2706 Gorsuch Ave. ST. WARD 22-53

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia B. Pohl

(a) RESIDENCE NO. 2706 Gorsuch Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. H. Pohl

DATE OF BIRTH (month, day, and year) May 1st 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) City

10 NAME OF FATHER August Tascha

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christiana Zwanga

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Wesley Stokes

(Address) 2706 Gorsuch Ave.

Filed 1931 19 HAMPSON JONES, M. D. Registrar

13103

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 18 1931 to June 10 1931

that I last saw h live on June 10 1931

and that death occurred, on the date stated above, at 9:30 p. m.

The CAUSE OF DEATH* was as follows

Myocarditis Chronic

(duration) 3 yrs mos da.

CONTRIBUTORY (Secondary) Bronchopneumonia Terminal

(duration) yrs 1 mos da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Examination

What test confirmed diagnosis?

(Signed) E. Howard Tenally M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	6/13 1931
20 UNDERTAKER	ADDRESS
E. J. Pennington	1386 Lafayette Ave

...c.—1-30—M. & T.—250 Bks.

E 69601

HEALTH DEPARTMENT—CITY OF BALTIMORE

194-69601

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital, Baltimor[illegible] Md.

CITY OF BALTIMORE: (No. 27-47 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent T. Conroy

(a) RESIDENCE NO. 741 Springfield Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Sadie Kelly

DATE OF BIRTH (month, day, and year) Nov. 28, 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	6	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mate

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer Standard Shipping Co.

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James Conroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McDonough

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) Records, U.S. Marine Hospital Baltimore, Md.

15 Date 6/13/1931, 19... Registrar C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 11, 19 31 to June 12, 19 31,

that I last saw him alive on June 12, 19 31,

and that death occurred, on the date stated above, at 3:25 A. m.

The CAUSE OF DEATH* was as follows:

Wound, infected, right leg (duration) yrs. mos. 2 ds.

Cellulitis, right leg, thigh and lower quadrant of abdominal wall

CONTRIBUTORY (Secondary) Septicemia (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Aboard Tug #12

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & lab. findings

(Signed) R. P. Sandridge M. D.

6/12, 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 6/15 19 31

20 UNDERTAKER Henry B. Mears and Son

ADDRESS 805 N. Calvert

rev.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69602

CERTIFICATE OF DEATH

9√E 69602

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 W 22 St ST. 17-5th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gilbert Brooks

(a) RESIDENCE NO. 127 W 22nd St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 12. 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto md

10 NAME OF FATHER Charles Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Catherine wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

Informant Charles Brooks

(Address) 127 W. 22nd. St

3-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1931

17 I HEREBY CERTIFY That I attended deceased from June 11 1931 to June 12 1931

that I last saw him alive on June 11 1931

and that death occurred, on the date stated above, at 1240 P. m

The CAUSE OF DEATH* was as follows:

Whooping Cough (duration) yrs mos 9 da

CONTRIBUTORY (Secondary) Whooping Cough (duration) yrs mos da

18 Where was disease contracted if not at place of death? contracted

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? clinical symptoms

(Signed) E. H. Hall M. D.

. 19 (Address) 1226 E 23 St Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cemetery

DATE OF BURIAL June 13 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Preston St

Spec.-7-17-26—A Co.—200 Blks.

E 69603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69603

CERTIFICATE OF DEATH

REGISTERED NO. 1001 107

1-PLACE OF DEATH

City of BALTIMORE: (No. 1355 S. Ponca St. 76-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert J. Wise

(a) RESIDENCE NO. 1355 S. Ponca St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 30 1920

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	-	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis a Wise

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Anna E. Jutt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Louis a Wise

(Address) 1355 S. Ponca St.

15 JUN 3 1931

16 [illegible] C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1931

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to June 12, 1931, that I last saw her alive on June 12, 1931, and that death occurred, on the date stated above, at 1:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Broncho-Pneumonia

(duration) yrs. mos. 2 da.

18 Where was disease contracted at home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas Wise M. D.

6/13/1931 (Address) 504 Hudson St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Mt. Carmel Cemetery	June 15 1931
20 UNDERTAKER George W. Zinkler	ADDRESS 1737 E. Eager St

Spec.—9-30—A & Co.—250 Blks.

69604 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69604

CERTIFICATE OF DEATH

231

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 920 W Lexington St (Street) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Bell

(a) RESIDENCE NO. 920 W. Lexington St (Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George Bell

6 DATE OF BIRTH (month, day, and year) Jan 24 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Sheridan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Katie Wicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Katie Sheridan 920 W. Lexington

FILED JUN 13 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-11-31

17

I HEREBY CERTIFY, That I attended deceased from March 1931 to Jun 11 1931

that I last saw her alive on Jun 11 1931

and that death occurred, on the date stated above, at 1.45 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Don't know

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? I think at home

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W K Forsaith M. D.

6-13-31 19 (Address) 1 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: Jun 15 1931

20 UNDERTAKER: Mrs. H. A. Elliott — ADDRESS: 1720 Eastland

Spec.—9-30—A. & Co.—250 Blks.

69605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 69605

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 Argyle Av St. 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie E. Williams

(a) RESIDENCE NO. 1429 Argyle Av St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	6 Single, Married, Widowed, or Divorced, (write the word)
F	C.	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. E. Williams

6 DATE OF BIRTH (month, day, and year) Jan 23 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
W	57	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry C. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Dail

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Chas E. Williams

(Address) 1429 Argyle Ave

15 Date Received 1931 G. HAMPSON JONES, M. D. City Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 15 30 to June 10 1931

that I last saw her alive on June 10 1931

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Exhaustion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. B. Hughes M. D.

June 12 1931 (Address) 1413 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violence, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery DATE OF BURIAL June 12 1931

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 726 Eutaw

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69606

CERTIFICATE OF DEATH

31 E 69606

1 PLACE OF DEATH Baltimore City Hospitals 3-5 REGISTERED NO.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Michael Decimo

(a) RESIDENCE NO. 900 Fawn St. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Donata Decimo

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Leudiwigo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Antonia Quigina

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Records of Balto. City Hosp.

15 Filed JUN 13 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10-31

17

I HEREBY CERTIFY, That I attended deceased from 2-5-31, 19, to 6-10-31, 19

that I last saw him alive on 6-10-31, 19

and that death occurred, on the date stated above, at 10:50 P. M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Pericardium.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Yes

What test confirmed diagnosis? Clinical + Lab.

(Signed) Paul Padgett. M. D.

6-17-31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart

DATE OF BURIAL: 6/13/1931

20 UNDERTAKER: John J. Fahey Son

ADDRESS: 918 Light

Spec.—9-30—A. & Co.—250 Blks.

F 69607 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 X 001

F 69607

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 1430 Lawson St 24-35 Ward

2-FULL NAME William A Ripley

(a) RESIDENCE NO 1430 Lawson St ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Miller

6 DATE OF BIRTH (month, day, and year) April 12 1863

7 AGE: Years 68 Months 7 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Shipwork

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER William Ripley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Mary Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mr Benjamin Ripley (Address)

15 JAN 14 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11/31

17

I HEREBY CERTIFY That I attended deceased from 4-1- 1931 to 6-11 1931

that I last saw him alive on 6-10 1931

and that death occurred, on the date stated above, at 2 50/4 m.

The CAUSE OF DEATH was as follows*:

Mitral Insufficiency

(duration) yrs 2 mos ds.

CONTRIBUTORY (Secondary): Oedema of Lungs

(duration) yrs mos 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical tests

(Signed) Hampson Jones M D

6-11-31 (Address) 2202 Whitelock

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem DATE OF BURIAL: Jun 13 1931

20 UNDERTAKER: Charles L Sterne ADDRESS: 1510 E Fort Ave

Spec.—9-30—A. & Co.—250 Blks

69608

HEALTH DEPARTMENT—CITY OF BALTIMORE

69608

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. West Balto. Gen. Hosp. 27-56 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Fred Hillmeyer

(a) RESIDENCE NO. 4611 Park Heights Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): ~~Single~~ Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ethel Hillmeyer

6 DATE OF BIRTH (month, day, and year): April 21 1875

7 AGE: Years 56 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. Y.

PARENTS

10 NAME OF FATHER: Henry Hillmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Sophia Engel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant (Address): Mary Hunt Parsons Harrisburg. Pa

15 Filed 6-14 1931 H. HAMPSON JONES, M. D. Registrar

by

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/13/31

17 I HEREBY CERTIFY, That I attended deceased from 6/8, 1936, to 6/13, 1931

that I last saw h alive on 6/13, 1931

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Obliterative Arteriosclerosis & Hypertension - duration unknown

Cerebral Hemorrhage & Rt. Sided Hemiplegia (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis & Terminal Uremia (duration) Unknown ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Ashman M. D.

(Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mem Jersey City N. J.

DATE OF BURIAL: 6-15 1931

20 UNDERTAKER: Mrs Chas A G Rohde 2327

ADDRESS: Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks.

9609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 v

REGISTERED NO. 69609

1 PLACE OF DEATH

CITY OF BALTIMORE (No. West Balto Gen Hosp ST. 28-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Howard Carlton Stearns, Jr. Howard C. Stearns

(a) RESIDENCE No. 4212 Belvieu Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 25, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Western Union Telegraph Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Howard C. Stearns, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Lillie M. Cadwallader

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) Mr. Howard C. Stearns, Sr. 4212 Belvieu Ave.

15 Filed JUN 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13/31

17

I HEREBY CERTIFY, That I attended deceased from 6/5, 1931, to 6/13, 1931

that I last saw him alive on 6/13, 1931

and that death occurred, on the date stated above, at 1.15 P.M.

The CAUSE OF DEATH* was as follows: Acute Pulmonary Tuberculosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephrosis & Anasarca Tuberculosis ? (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Kefauver M. D.

6/13, 1931 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL June 16 1931

20 UNDERTAKER A. B. Cook

ADDRESS 1003 West Baltimore St.

Spec.—9-30—A. & Co.—250 Bks.

69610 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69610

CERTIFICATE OF DEATH + 46

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital WARD) 30

W.

2. FULL NAME Clayton Jean

Harrisonville Md. WARD _____

(a) RESIDENCE NO. _____ (Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of A. Rebecca Jean

6 DATE OF BIRTH (month, day, and year) February 2, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	83	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William P. Jean

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County Maryland

12 MAIDEN NAME OF MOTHER Sallie Cursler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County Maryland

14 Interment Mrs. A. Rebecca Jean (Address) Harrisonville, Md.

15 6 14 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-12-31

17

I HEREBY CERTIFY, That I attended deceased from May 28 . 1931 . to June 12 . 1931

that I last saw him alive on June 12 . 1931

and that death occurred, on the date stated above, at 6 50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of hepatic ducts

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of June 1, 1931

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) John G. Lynn M. D.

6/12/1931 (Address) University Hospital

*To be filled in the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Parran Cemetery

DATE OF BURIAL June 14 19 31

20 UNDERTAKER J. B. Cook

ADDRESS 1003 West Baltimore St.

HAMPSON JONES & N

Spec.—0-30—A. A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69611

CERTIFICATE OF DEATH

137

E 69611

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) West Baltimore General Hospital ST. WARD

2 FULL NAME Mr. Joseph Shulman

(a) RESIDENCE NO. 2812 Boarman Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Shulman

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 56 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cap Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jacob Shulman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Lavins -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): F. Lewis 1439 E Balt St

15 Filed 6-14-1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to June 11, 1931, that I last saw h in alive on June 11, 1931, and that death occurred, on the date stated above, at 7.45 p. m.

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate e Prostatectomy

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary): Post Operative Embolism Pulmonary 4 hours.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes Date of June 10, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Leshman M. D.

19 (Address) East Balto Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jack Lewis Inc.

DATE OF BURIAL: 6-14 19 31

20 UNDERTAKER: Hebrew Wash Home, 1439 E Balto

ADDRESS

Spec.—9-30—A. A Co.—250 Blks

9612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 L 69612

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3127 E. McElderry St 7-11 WARD)

2 FULL NAME Mattie W. Brewer

(a) RESIDENCE NO 3127 E. McElderry ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of W. J. Brewer

6 DATE OF BIRTH (month, day, and year) June 6th 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	54		6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Pat Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Pat Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Interment (Address) Charles E. Brewer 243 N. Patterson Pk. Ave.

15 Undertaker Registered W. C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12/31

17

I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to June 12, 1931

that I last saw her alive on June 12, 1931

and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows:

Atheroma.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteno Sclerosi

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas A. Schaefer M. D.

Jun 13 1931 (Address) 7903 Eastside Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pat Conal Cemetery	Jun 15 31

20 UNDERTAKER Mrs. E. Miller & Son ADDRESS 2134 Eastern

Spec.—9-30—A. & Co.—250 Blks

24613 46725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 69613

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No 7-9 ST WARD)

2 FULL NAME Anna Gro

(a) RESIDENCE No. Edgemere - Shannon Pt ST WARD Md
(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred yrs 2 mos 2 1 ds How long in U. S., if of foreign birth yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	~~Married~~ Widowed ~~Divorced~~

5a If married, widowed, or divorced (or) WIFE of Philip Geo.

6 DATE OF BIRTH (month, day, and year) Apr. 13 1872

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	59	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wm Hebsfelt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger -

12 MAIDEN NAME OF MOTHER Anna Hymans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger -

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 14 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12-31

17 I HEREBY CERTIFY, That I attended deceased from Mar 21 1931 to June 12 1931 that I last saw h[illegible] alive on June 12 1931 and that death occurred on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the left breast with metastases to [illegible], liver, kidneys

(Duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary)

(Duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? aut psy

(Signed) Marcus Schwartz M. D.

6/12 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL 6/15/1931

20 UNDERTAKER John J Connelly ADDRESS Essex

...c.—1-30—M. & T.—250 Bks

E 69614

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 69614

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital — REGISTERED NO. 37-55

CITY OF BALTIMORE: (No.) Fayette & Calhoun Sts. (Ward) ... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Mather

(a) RESIDENCE NO. 3401 Eagleside ave. ST. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
~~or WIFE of~~ Eula D. Mather

DATE OF BIRTH (month, day, and year) May 31-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52		13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Co Md

10 NAME OF FATHER Wm. Mather

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co Md

12 MAIDEN NAME OF MOTHER Mary McCauley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co

14 Informant (Address) Eula D. Mather 3401 Eagleside ave

15 Filed ... 19 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/12/31

17 I HEREBY CERTIFY, That I attended deceased from 7/27 1931 to 6/12 1931.

that I last saw h/m alive on 6/12 1931.

and that death occurred, on the date stated above, at 5:40 P m.

The CAUSE OF DEATH* was as follows:

Mitral + aortic insufficiency
(probably rheumatic origin)

(duration) 15 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) None
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) W. B. Schreiber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Grove Balto Co — DATE OF BURIAL June 5 1931

20 UNDERTAKER H. B. Marshall — ADDRESS 9539 Old Road

...ENO. NO. ... ENO. NOS. ...

Spec.—9-30—A. & Co.—250 Blks Dr. Meyer Miller 3640 B.K. Hghts Ave

E 69615

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69615

CERTIFICATE OF DEATH

93003

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2225 Barclay ST 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry T. Towles

(a) RESIDENCE No. 2225 Barclay ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or WIFE of) Sidney Towles

6 DATE OF BIRTH (month, day, and year) Mar 20th 1866

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Husbandry

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Poston Towles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maria

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Carrie McGuigan 1618 N. Calvert St

15 [illegible]

JUN 14 1931

HANSON JONES & CO.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 25 1931 to June 12 1931

that I last saw him alive on June 12 1931

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? — ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Meyer Miller M. D.

6/13/1931 (Address) 3649 B.K. Hghts Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 6/15/1931

20 UNDERTAKER: H. C. Cook — ADDRESS: 1217 St. Paul St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69616

CERTIFICATE OF DEATH

93-003

93 E 69616

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 96-37 S WARD)

2 FULL NAME Alice Jenkins

(a) RESIDENCE NO none ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Mar. 21, 1850

7 AGE — Years: 81; Months: 2; Days: 21; If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ? Md.

PARENTS

10 NAME OF FATHER: Thomas Penn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Kate Hollins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed JUN 14 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-12-31

17

I HEREBY CERTIFY, That I attended deceased from 7-20-27, 19, to 6-12-31, 19

That I last saw her alive on 6-12-31, 19

and that death occurred, on the date stated above, at 10:15 A M

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgett. M. D.

6-12-31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul Cemetery — DATE OF BURIAL: 6/15/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

Dr. Pallsbury Cedar Croft Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69617

CERTIFICATE OF DEATH

94-002

E 69617

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 505 Northern Parkway (Hospital or Institution)

2 FULL NAME John W. Sumner

(a) RESIDENCE NO. 505 Northern Parkway WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~): Marie L. Sumner

6 DATE OF BIRTH (month, day, and year): May 5th 1851

7 AGE: Years 80; Months 1; Days 8

If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Isaac Sumner

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Md

12 MAIDEN NAME OF MOTHER: Fanny Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Interment (Address): Howard E. Sumner 525 Northern Pkwy

15 Filed ... 19 ... Registrar: HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 13th 1931

17 I HEREBY CERTIFY That I attended deceased from May 30 1931 to June 13 1931

that I last saw him alive on June 13 1931

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 2 yrs mos 14 ds.

CONTRIBUTORY (Secondary): Arterial Sclerosis

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Symptoms

(Signed) Wm Pallsbury M. D.

19 (Address) 415 Cedarcroft Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 6/15/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—9 30—A. & Co.—250 blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

9618

CERTIFICATE OF DEATH

82 E 69618

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3815 Ridgecroft Road (Ward) 24-41

2-FULL NAME Charles D. W. Goetzke

(a) RESIDENCE NO. 3815 Ridgecroft Road (STREET) (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Goetzke

6 DATE OF BIRTH (month, day, and year): Nov 20 1856

7 AGE: Years 74 Months 7 Days 22 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Goetzke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Anna Goetzke 3815 Ridgecroft Road

15 DATE RECEIVED: JUN 14 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to June 12, 1931

I last saw h alive on June 12, 1931

And that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Arteri-Sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs + Symptoms

(Signed) Edward H. Bensdorf M. D.

6/17 1931 (Address) Overlea Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Matthews — DATE OF BURIAL: June 15 1931

20 UNDERTAKER: M. W. E. Duppel Inc — ADDRESS: 37 Lamb

Spec.—12-8-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 69619

CERTIFICATE OF DEATH

E 69619

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE (No. 1221 Dukeland St. Ward 16-68)

2-FULL NAME George A. Rossmann

(a) RESIDENCE NO. 1221 Dukeland St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed or Divorced (write the word): Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Pauline Rossmann

6 DATE OF BIRTH (month, day, and year): July 16-1865

7 AGE: Years 65 | Months 10 | Days 28 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Germany

PARENTS

10 NAME OF FATHER: William Rossmann

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Germany

12 MAIDEN NAME OF MOTHER: Marie Smink

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Germany

14 Informant (Address): Mr. William Rossmann 1220 Dukeland St.

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1931

17 I HEREBY CERTIFY, That I attended deceased from July 15 1931 to June 13 1931, that I last saw him alive on June 13 1931, and that death occurred, on the date stated above, at 145 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis 2 yrs. mos. ds.
(duration)

CONTRIBUTORY (secondary): Pulmonary Oedema (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

What test confirmed diagnosis? no autopsy

(Signed) R. Gustav Diehl M.D.

6/13 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial June 16 1931

20 UNDERTAKER: George L. Schuth ADDRESS 2101 Dukeland

JUN 17 1931

H. A. JONES, M. D.

30—M. & T.—100 B—50L

69620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 69620

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1005 Linden ST., 11-24 WARD)

2-FULL NAME Rosella Jones

(a) RESIDENCE NO. 1005 Linden ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1877 Aug

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waitress
(b) General nature of industry, business, or establishment in which employed (or employer): 10
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Richland Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lizzie Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Luke McLee
(Address) 1105 Linden Ave

15 Filed _____ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 12 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) _____ yrs 6 mos _____ ds.

CONTRIBUTORY (Secondary) (duration) _____ yrs _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) _____ M. D.
Coroner

(Address) _____ 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Luthers Co Va

DATE OF BURIAL: 6/14 1931

20 UNDERTAKER: Archibald G. Gaddis

ADDRESS: 840 W Baltimore St.

-20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69621 — 140 E 69621

REGISTERED NO. ____

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. St. Joseph Hospital ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blannie Parker

(a) RESIDENCE NO 709 N. Calhoun ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Zachariah Parker

6 DATE OF BIRTH (month, day, and year) June 30/1893

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	36	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Gates Co., N.C.

PARENTS

10 NAME OF FATHER Stallins

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Emily Ballard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Zachariah Parker
(Address) 709 Calhoun St

15 Filed ____ 192 ____ HARRY JONES, M. ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Septicemia- Abortion (Deceased claimed it to be spontaneous)

(duration) ____ yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary) (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? ____

(Signed) Jos. W. Weiss, M. D. Coroner

6/13/31 (Address) 500 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL June 15 19 31

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 3121 Schroeder St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69622

CERTIFICATE OF DEATH

27-001 E 69622

1 PLACE OF DEATH

CITY OF BALTIMORE. (No Balto. City Hospitals) (Street) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Millard Anderson

(a) RESIDENCE NO. 772 W. Franklin ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 24, 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Nixon Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del.

12 MAIDEN NAME OF MOTHER: Francis Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Francis Anderson
(Address) 777 W. Franklin St

15 JUN 14 1931 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-12-31

17 I HEREBY CERTIFY, That I attended deceased from 3-4, 19 31, to 6-12, 19 31

that I last saw him alive on 6-12, 19 31

and that death occurred, on the date stated above, at 6:50 P. m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of Lumbar Spine - and Rt Femur

(duration) yrs. 7 mos. 5 ds.

CONTRIBUTORY (Secondary): Bronchio-pneumonia

(duration) yrs. mos. 12 ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Luther E. Leader M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Montgomery Co. Md.

DATE OF BURIAL: June 14, 1931

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 N Schroeder St

Spec.—9-30—A. & Co.—250 Blks

Albee

69623

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 69623

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Union Memorial Hospital. 28-63

CITY OF BALTIMORE: (No.) Calvert & 32nd St. (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Frederick Albee.

(a) RESIDENCE NO. 4205 Belview Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
male	white.	single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 22, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	20	

8. OCCUPATION OF DECEASED.
(a) Trade, profession or particular kind of work Shipping clerk. 684
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10. NAME OF FATHER Frederick albee.
11. BIRTHPLACE OF FATHER (city or town) (State or country) Boston mass.
12. MAIDEN NAME OF MOTHER Clara gray.
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14. Informant Miss Sarah gray.
(Address) 4205 Belview ave.

15. Filed 1931. 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6/12/31

17.
I HEREBY CERTIFY, That I attended deceased from 6-4-31, 19.., to 6/12/31, 19..
that I last saw him alive on 6/12/31, 19..
and that death occurred, on the date stated above, at 1.15 A m.
The CAUSE OF DEATH* was as follows:
Lobar pneumonia; lower lt.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Ruptured duodenal ulcer (duration) yrs. mos. 8 ds.

18. Where was disease contracted if not at place of death? ?
Did an operation precede death? yes. Date of 6-7-31
Was there an autopsy? yes.-
What test confirmed diagnosis?
(Signed) E. H. Mortimer jr. M. D.
6-12, 1931 (Address) Union Mem. Hosp.-

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Mount Cemy. DATE OF BURIAL: June 15, 1931

UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1900 Eutaw Pl.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

69624

159 E 69624

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No 3436 Hickory ave ST. 13-526 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eleanor Jenkins

(a) RESIDENCE. No. 3436 Hickory ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 10 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thos. H. Jenkins

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Virginia Todd

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country) Md.

14 Informant mother
(Address) 3436 Hickory Ave.

15 Filed JUN 14 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1931

17 I HEREBY CERTIFY, That I attended deceased from June 11 1931 to June 13, 1931.
that I last saw h[illegible] alive on June 13, 1931.
and that death occurred, on the date stated above, at 320 P m.

The CAUSE OF DEATH* was as follows:
Premature Birth

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. K. Johnson, M. D.

6/13 1931 (Address) 465 Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's and Hampden	June 15 1931
20 UNDERTAKER	ADDRESS
Walter Davis	418 E Fountain Ave

Spec.—9 30—A. & Co.—250 Blks

E 69625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-2 69625

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 12-14 St.) (WARD)

2. FULL NAME Grant Winfield

(a) RESIDENCE NO. 1809 Guilford Ave. Place WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Winfield

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Va.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records of (Address) Balto. City Hosp.

15 Date received JUN 14 1931 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-10-31

17

I HEREBY CERTIFY, That I attended deceased from 1-3-28, 19..., to 6-10-31, 19...

that I last saw h im alive on 6-10-31, 19...

and that death occurred, on the date stated above, at 9:05 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

UNKNOWN. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) Paul Padget M. D.

6-12-1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Calvary Cemetery — DATE OF BURIAL 6/15 1931

20 UNDERTAKER Rayner Sanders — ADDRESS 1413 E. Preston St.

Spec.—9-30—A. & Co.—250 Blks

E 69626

2/13/49

m Surg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 54-004

REGISTERED NO. E 69626

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST. 7-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME Abraham Chester

(a) RESIDENCE NO 419 Dec 6th ST. WARD

(Usual place of abode) (If non resident give city or town and State)

length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Annie

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 47 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

(c) Name of employer: Contractor

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jacob

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Cora ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): JOHNS HOPKINS HOSPITAL

15 Filed JUN 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): JUN 14 1931

17 I HEREBY CERTIFY, That I attended deceased from JUN 12 1931, 19, to JUN 14 1931, 19

that I last saw h alive on JUN 14 1931, 19

and that death occurred, on the date stated above, at 12:45 m.

The CAUSE OF DEATH* was as follows:

Brain Tumor - Right Cerebral

Dural Endothelioma

Non-malignant

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? yes Date of 6-13-31

Was there an autopsy? no Craniotomy

What test confirmed diagnosis? operation

(Signed) Fred A Lee M. D.

19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York, N.Y.

DATE OF BURIAL: 6-14-1931

20 UNDERTAKER: Jack Lewis Inc, 1439

ADDRESS: E. Baltimore

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69627

CERTIFICATE OF DEATH

X 152 E 69627

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hospital STREET OR AVE.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Adams

(a) RESIDENCE No. Pikesville Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Samuel Adams

6 DATE OF BIRTH (month, day, and year) June 14 1903

7 AGE: Years 27 | Months 11 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home duties

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Morris Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Fannie Kaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Samuel Adams Pikesville Md

15 Filed 6-17-31 H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-16-31

17 I HEREBY CERTIFY, That I attended deceased from June 8 . 1931 . to June 14 . 1931

that I last saw her alive on June 14 . 1931

and that death occurred, on the date stated above, at 12 26 P. M.

The CAUSE OF DEATH* was as follows:

Cellulitis inside surface right thigh

Malignant adenoma.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pikesville Md

Did an operation precede death? Yes Date of 6-9-31

Was there an autopsy? Yes

What tests confirmed diagnosis? Clinical signs, tissue examination, autopsy

(Signed) Wyatt H. Faw M. D.

6-14 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury M E Cemetery

DATE OF BURIAL: June 16 1931

20 UNDERTAKER: J. F. Ellinger Sons

ADDRESS: Reisterstown Md

...c—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69628

69628

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—No. 1053 Harford Ave. ST. 10-14 WARD)

2-FULL NAME Frank Mantia.

(a) RESIDENCE NO. 1053. Harford Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 8-9-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	70	10	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Terminio Italy

10 NAME OF FATHER Frank.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Terminio Italy

12 MAIDEN NAME OF MOTHER Josephine Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Terminio Italy

PARENTS

14 Informant Mrs Leopold Burgess (Address) 1053 Harford ave

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1931, to June 14, 1931, that I last saw him alive on June 14, 1931, and that death occurred, on the date stated above, at 1. P. m.

The CAUSE OF DEATH* was as follows: Interstitial Nephritis & Bronchopneumonia.

(duration) yrs. 1 mos 26 ds.

CONTRIBUTORY (Secondary) (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. Hurley Carlotta M. D.

19 (Address) 41 Scott

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL June 17, 1931

20 UNDERTAKER Elmer W. Conklin

ADDRESS 924 Eager St

Rec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69629

CERTIFICATE OF DEATH

50 E 69629

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3715 Nortonia Road) ST. 15 16 (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Aull

(a) RESIDENCE NO. 3716 Nortonia Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Aull

DATE OF BIRTH (month, day, and year): Aug. 4-1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81-	10	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: Nicholas Shamleffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Barkfeld

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Anna S. Winkelman

(Address): 3715 Nortonia Road

15 Filed: 6/15 1931 H. G. HAMPSHIRE JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12/1931

17 I HEREBY CERTIFY, That I attended deceased from June 15 1931, to June 12 1931, that I last saw h alive on June 10 1931, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast (Left) + its extensions

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) J. W. Keown, M. D.

6/13 1931 (Address) 1938 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: June 15 1931

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 807 Madison Ave

Spec.—9-30—A. & Co.—250 Bks.

630

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

E 69630

REGISTERED NO.....

1 PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 512 Gilmor ST. 11-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E. Bailey Harden

(a) RESIDENCE NO. 1530 Hillmen alley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem'l | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced. (write the word) Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Harden

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE Years 60 | Months — | Days — | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Del.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (state or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) unknown

14 Interment (Address) Geo Harden. 6 Sandtown alley

15 Filed 19

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/12/31

17 I HEREBY CERTIFY, That I attended deceased from June 8 31 to June 12 1931

that I last saw h alive on 6/12 31

and that death occurred, on the date stated above, at 10 PM

The CAUSE OF DEATH was as follows:

Chron Myocarditis + Substitual Nephritis 4 weeks ds.

CONTRIBUTORY (secondary) Hypertension 4yrs ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: W R Boykin M. D.

D (Address) 512 Gilmor

(State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr Warden Conn

20 UNDERTAKER Adams Easton

DATE OF BURIAL 6-15 1931

ADDRESS 916 Do ave

ec.—8-16-29—L. F. S.—100 Blks.

E 69631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 E 69631

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 548 Wilson ST. 14-20 WARD)

2—FULL NAME Harry Benson Bennett

(a) RESIDENCE NO. 548 Wilson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Wid

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) on Known

(c) Name of employer Unknown

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Laura Bennett

(Address) 548 Wilson

Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 12 01

17 I HEREBY CERTIFY That I attended deceased from May 29 1931 to June 12 1931,

that I last saw h alive on June 12 1931,

and that death occurred, on the date stated above, at 7 A M.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Harwood, M. D.

June 12 1931 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	6-15-1931
20 UNDERTAKER Dennis Easton & Sons	ADDRESS 516

pec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69632

CERTIFICATE OF DEATH

23 E 69632

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals

12-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2 FULL NAME Emma Johnson

(a) RESIDENCE NO. 1808 Maryland Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 19, ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Towson Md.

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address): Records of Balto. City Hosp.

15 Filed JUN 15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-11-31

17 I HEREBY CERTIFY That I attended deceased from 4-7-31 19 to 6-11-31 19

that I last saw her alive on 6-11-31 19

and that death occurred on the date stated above at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

(duration) yrs 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padgett M. D.

6-12, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 6-15 1931

20 UNDERTAKER: Lund Eaton

ADDRESS: 916 Pa Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69633

CERTIFICATE OF DEATH

48 E 69633

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 619 N Fulton (St.) 16-27 (Ward)

2 FULL NAME Annie E Kraft

(a) RESIDENCE NO. 619 N Fulton (Usual place of abode) ST. WARD

(If non-resident, give city or town and state)

Length of residence in city or town where death occurred 63 yrs 10 mos 12 ds. How long in U. S., if foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): M

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Walter S Kraft

6 DATE OF BIRTH (month, day, and year): Aug 1 67

7 AGE — Years: 63 — Months: 10 — Days: 12 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Charles Leech

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: M Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Walter S Kraft 619 N Fulton

15 Filed JUN 13 1931 G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 11 1931 to June 13 1931

that I last saw her alive on June 12 1931

and that death occurred, on the date stated above, at 8.30 A.m.

The CAUSE OF DEATH* was as follows: Carcinoma of uterus

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. G. Jones M. D.

6/13, 1931 (Address) 720 N. Northern

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Bur

DATE OF BURIAL: Jun 15 1931

20 UNDERTAKER: W. M. Routson

ADDRESS 2237 N Smith

Rec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69634

CERTIFICATE OF DEATH

E 69634

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4517 Park Heights Ave ST. 15-58 WARD)

REGISTERED NO. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura Virginia Lotz.

(a) RESIDENCE NO. 4517 Park Heights Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Wm. Henry Lotz.

DATE OF BIRTH (month, day, and year) Sept.20,1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John H. Lange

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER A. Pralle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Louis Kahler

(Address) 4517 Park Heights Ave.

15 Filed 6-17 19 31 H. HAMPSON JONES, Registrar.

5 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1931

17 I HEREBY CERTIFY, That I attended deceased from May-17- 1931 to June-13- 1931

that I last saw h-l alive on June 12- 1931

and that death occurred, on the date stated above, at 9.15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis

Complicated by acute gastro-enteritis; Cerebral Hemorrhage, (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) General asthenia

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? By Clinical Course

(Signed) Wesley Cole, M. D.

6/14 1931 (Address) 2207 Gwynns

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetry	6/15/30 19
20 UNDERTAKER C. Vernon Lemmon.	ADDRESS 4611 Park Heights

ec.—1-30—M. & T.—250 Bks

Eugene

E 69635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69635

149-002

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 16-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eugene Marie Shewbridge

(a) RESIDENCE NO. 109 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of HUSBAND of Ellsworth Shewbridge

DATE OF BIRTH (month, day, and year) June 5-1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	0	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER Alfred Bianchi

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Anna Hinderer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Anna Cole (Address) 2553 McHenry

15 FILED 5 1931 C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to June 13, 1931, that I last saw h[illegible] alive on June 13, 1931, and that death occurred, on the date stated above, at 10:35 p. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Heart disease, Mitral Stenosis, & Myocardial insufficiency, complicating the Puerperium

(duration) yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical observation

(Signed) George Yeager, M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL June 16 1931.

20 UNDERTAKER Charles J. Schwab ADDRESS 505 N. Monroe St.

Spec.–7-17-26—A Co.—200 Bks.

9636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69636

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3324 W. Garrison ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Levin

(a) RESIDENCE NO. 3324 W. Garrison ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 60 Months — Days —

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Joseph Levin

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Mrs Sarah Levin 3324 W Garrison ave

15 FILED 1931

16 [illegible] JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 14 1931

17 I HEREBY CERTIFY, That I attended deceased from March 1929 to June 14th 1931

that I last saw him alive on June 13th 1931

and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Heart disease

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel Hyntes M. D.

6/15 1931 (Address) 3735 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Home Rosedale

Date of Burial: June 15 1931

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Baltimore St

ec.—8-16-29—L. P. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69637

CERTIFICATE OF DEATH

93-003

E 69637

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 114 E. -33rd St. 12-10 WARD)

2—FULL NAME Marion K. Burch

(a) RESIDENCE NO. 114 E - 33rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie S. Burch

DATE OF BIRTH (month, day, and year): Aug 7th 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fire Insurance

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: Thomas. Burch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: M. Everett.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

Informant: Annie S. Burch,

(Address): 114 E. - 33rd St

Filed JUN 16 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to June 15, 1931,

that I last saw him alive on June 14, 1931

and that death occurred, on the date stated above, at 2,30 a. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis, chronic myocardial degeneration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral embolus

(duration) 15 minutes yrs. mos. ds.

18 Where was disease contracted if not at place of death? 114 E. 33rd St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No special test

(Signed) Jack. S. Morgan M. D.

6/15 1931 (Address) 6-E Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem.

DATE OF BURIAL: June 17 1931

20 UNDERTAKER: Hughes & Jones Inc 424 Hr. Broadway

ADDRESS

poc—9-30—A. A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69638 — 46 — E 69638

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sinai Hospital. WARD 15-63

2. FULL NAME Ladye Levine

(a) RESIDENCE NO. 4015 Pennsylvania St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles Levine

7 DATE OF BIRTH (month, day, and year)

8 AGE — Years: 35 — Months — Days — If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Samuel Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Clara —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Charles Levine 4015 Pennsylvania Ave

15 Filed ... 19 ... G. HAWKINS JONES, M. D. Registrar

15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/14/31

17 I HEREBY CERTIFY, That I attended deceased from 4/27, 1931, to 6/14/, 1931, that I last saw her alive on 6/14/, 1931, and that death occurred, on the date stated above, at 12:45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach.

CONTRIBUTORY (Secondary) Abdominal Infarct (duration) yrs. 1 mos. 10 da.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/28/31

Was there an autopsy? Yes (Partial).

What test confirmed diagnosis? Physical Signs.

(Signed) Max Cohen M. D.

, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Dolphin St. New Cemetery

DATE OF BURIAL: 6-16-1931

20 UNDERTAKER: Dee Levin Inc, 1439 Dolphin St

ADDRESS

ec.—1-30—M. & T.—250 Bks

E 69639

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. E 69639

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1131 Battery Ave STREET (OR WARD) 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Wagner

(a) RESIDENCE NO. 1131 Battery Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

6 If married, widowed, or divorced (HUSBAND of or) WIFE of: Max Wagner

7 DATE OF BIRTH (month, day, and year): Feb. 7- 1852

8 AGE: Years 79 | Months 4 | Days 10 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Pittsburgh Penn

10 NAME OF FATHER: John Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs Katherine Michel 1131 Battery Ave

15 Filed JUN 15 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1931 to June 12, 1931

that I last saw her alive on June 11, 1931

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Senile Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. F. Hawkins M. D.

6/13 1931 (Address) 1 E. Mondawmin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. DATE OF BURIAL: June 15 1931

20 UNDERTAKER: Margaret E. Flynn ADDRESS: 1422 Light St.

Spec.—8-30—A. & Co.—250 Blks

69640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 69640

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2803 Kirk ave. ST 9-46 WARD)

2 FULL NAME Louisa A. Bateman

(a) RESIDENCE NO 2803 Kirk ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 23 ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry N. Bateman.

6 DATE OF BIRTH (month, day, and year) Sept 20-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	8	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frank H. Harps.

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Minnie Kuhn

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Henry N. Bateman.
(Address) 2803 Kirk ave

15 [illegible] 13 1931 C. HAMPTON JONES, M. D. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to June 13, 1931

that I last saw her alive on June 13, 1931

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma
Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uraemia

(Signed) Thos. F. Stevens M. D.

6/13/1931 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	June. 16 1931

20 UNDERTAKER Henry Heck Sons. ADDRESS Sec. 13, E Eager St

...—1-30—M. & T.—250 Blks

E 69641

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69641

95-001

CERTIFICATE OF DEATH.

REGISTERED NO. 10221

1-PLACE OF DEATH
CITY OF BALTIMORE: (NO. Franklin Square Hospital ST. (OR WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr John Beares

(a) RESIDENCE NO. German Aged Home ST., WARD
(Usual place of abode) Baltimore and Payson Sts (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
or) WIFE of Mary C. Beares

DATE OF BIRTH (month, day, and year) April 8, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

10 NAME OF FATHER John Beares

11 BIRTHPLACE OF FATHER (city or town) Baltimore County
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Clayton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore County
(State or country) Maryland

14 Informant German Aged Home Records
(Address) Baltimore and Payson Sts.

15 Filed JUN 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-15-31

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1931, to June 15, 1931, that I last saw him alive on June 15, 1931, and that death occurred, on the date stated above, at 1 9. m.

The CAUSE OF DEATH* was as follows:
Auricular fibrillation causing cardiac failure

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Generalized arteriosclerosis (duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death? Aged Home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Examination

(Signed) M. B. Schreiber, M. D.
6/15, 19 31 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fork Methodist Church Cemetery
DATE OF BURIAL June 17 19 31

20 UNDERTAKER J. A. Block
ADDRESS 1003 West Baltimore St.

20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

218-103

REGISTERED NO. E 69642

69642

1a PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto. Gen. Hosp ST. 22-30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2 FULL NAME Walter Lee Thas

(a) RESIDENCE NO. 65 E Fort Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) 4/2/1901 negro

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30	2	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Jackson Transfer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Thas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ida Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Ida Thas

(Address) 6542 W Baser st

15 JUN 15 1931 16 HARRY D. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an negro inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

18 CAUSE OF DEATH* was as follows: Struck in which he was a rider occupied work an auto accidental causing his skull fracture

(Duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary) Skull fracture

(duration) ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? Bayard & Fountain

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) H H Fraser, M. D.

6/13 1931 (Address) 2939 W Eden Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion

DATE OF BURIAL 6-16 1931

20 UNDERTAKER Joseph A Lisch

ADDRESS 1019 W Mount st

Spec.—9-30—A. & Co.—250 Blks.

E 69643

E 69643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80

17-50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 3046 Guilford Avenue ST. WARD

2 FULL NAME Johnson Hellen Fant

(a) RESIDENCE NO. 3046 Guilford Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 23, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	22 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Hamilton G. Fant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Josephine Hellen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D.C.

14 Informant Mr. Hamilton G. Fant
(Address) Homewood Apts.

15 5 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14-1931

17 I HEREBY CERTIFY, That I attended deceased from June 9, 19 31, to June 14, 19 31

that I last saw him alive on June 14, 19 31

and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Carbuncle - Pulmonary Embolis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Tabes Dorsalis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. H. R. M. D.

6/15 19 31 (Address) 2020 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, D.C. Mt. Olivet Cemetery

DATE OF BURIAL June 16 19 31

20 UNDERTAKER Chas. P. Maulsby Son & Bom. Royle

ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

E,69644

69644

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 69644

CERTIFICATE OF DEATH

1 PLACE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2647 Maryland Ave (Ward) 17-50

2 FULL NAME Hulda Lack Beurriere

(a) RESIDENCE NO. 2647 Maryland Ave. ST. 12 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs 8 mos 18 ds. How long in U. S., if of foreign birth? 35 yrs 8 mos 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced, (write the word)

Female | White | Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6b DATE OF BIRTH (month, day, and year) Sept 26 1895

7 AGE | Years | Months | Days | If LESS than 1 day, hrs. or min.

35 | 8 | 18 |

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Chas L. Beurriere.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Susie M. Stapper.

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Maryland.

14 Informant Mrs Susie M. Parkinson (mother)
(Address) 2647 Maryland Ave

15 Filed [illegible] HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14th 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept. 18 1928 to June 14th 1931

that I last saw h[illegible] alive on June 14th 1931

and that death occurred, on the date stated above, at 6.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

5 7
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray, sputum examination

(Signed) Chas. E. Habbuton M. D.

19 (Address) 104 W Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery | DATE OF BURIAL: June 16 1931

20 UNDERTAKER: Stewart & Co. | ADDRESS: Falls

Spec.—9-30—A. & Co.—250 Blks

E 69645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69645

CERTIFICATE OF DEATH

121 V

1 PLACE OF DEATH Union Memorial Hospital 11-20

CITY OF BALTIMORE: (No ... St. ... WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry J. Ritter

(a) RESIDENCE NO. 1233 Mt. Royal Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs 24 mos 8 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Carey

6 DATE OF BIRTH (month, day, and year) Oct. 6, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wholesale Druggist

(b) General nature of industry, business, or establishment in which employed (or employer) 025

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George Ritter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Mench

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Miss Kathryn M. Ritter

(Address) 1233 Mt. Royal Ave.

15 JUN 15 1931 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 21 1931 to June 14 1931

that I last saw him alive on June 14 1931

and that death occurred, on the date stated above, at 5:00 A. m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute appendicitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 5/21/31

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Francis W Glück M. D.

, 19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	6/16 1931

20 UNDERTAKER Henry U. Mears & Son ADDRESS 805 N. Calvert

ACo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

Burgen

82-004

E 69646

3646

CERTIFICATE OF DEATH

Registered No. 24-33

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 2400 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. if of foreign birth yrs. mos. ds.

2. FULL NAME Adeline Bingen

(a) Residence: No. 129 E. Burkhead St., 7th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Edward J. Bingen

7. DATE OF BIRTH (month, day, year) 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worn.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ? Buchmann

14. BIRTHPLACE (city or town) (State or country) Prussia

15. MAIDEN NAME Lippmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Edward Bingen

(Address) 129 E. Burkhead St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 6-16 1931

19. UNDERTAKER J. Kemp Bowers

(Address) 31 E. Lafayette St.

20. FILED JUN 15 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1931

22. I HEREBY CERTIFY That I attended deceased from June 6, 1931 to June 13, 1931

I last saw her alive on June 13, 1931 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
followed by Coma	

Other contributory causes of importance

Bronchial pneumonia

Name of operation Lumbar Puncture Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph G. Loukatis M. D.

(Address) 1213 Light St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69647

CERTIFICATE OF DEATH

82-007

REGISTERED NO. E 69647

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 117 S. Fondall (St.) 24-33 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Carrie E. Welsh

(a) RESIDENCE NO. 117 S. Fondall ST 24 WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced (or) WIFE of Chas E. Welsh

6 DATE OF BIRTH (month, day, and year) — — 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Chas. Isabell

11 BIRTHPLACE OF FATHER (city or town) (state or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Lydia Thomas

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Carroll Co Md

14 Informant (Address) Jno. Welsh 117 S Fondall

15 Filed JUN 15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 6/13/31

17 I HEREBY CERTIFY, That I attended deceased from June 9 1931 to June 13 1931

That I last saw h[illegible] alive on June 13 1931

and that death occurred, on the date stated above, at 7.45 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

Signed J. H. Campbell M. D.

Address 16xx Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Dolyn

20 UNDERTAKER J. Tony Rode

DATE OF BURIAL 6/16 1931

ADDRESS 318 Light St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69648

CERTIFICATE OF DEATH

13 E 69648

1-PLACE OF DEATH Found dead in Home

City of Baltimore: (No. 4507 Eastern Ave St.) 26-37 (Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H Sampson

(a) RESIDENCE NO. 4507 Eastern Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Sampson

6 DATE OF BIRTH (month, day, and year) May 21 1853

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	78	1	2 5 24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Laborer
(c) Name of employer

9 BIRTHPLACE (city or town) _____
(State or country) Scotland

PARENTS

10 NAME OF FATHER Sampson

11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Scotland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Scotland

14 Informant Ernest H Sampson
(Address) 4507 Eastern Ave

15 Filed JUN 5 1931 C. HAMPSON JONES, M. D. (Registrar)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) unknown yrs. mos. ds.

18 Where was disease contracted If not at place of death? unknown

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James H Foster, M. D.

June 15 1931 (Address) 708 E Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	June 16 1931
20 UNDERTAKER George W. Zinkler	ADDRESS 1737 E. Eager St

pec.—9 30—A. & Co.—250 Blks

E. 69649 Kline E. 69649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 4940 Eastern Ave ST 16-2 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Kleine

(a) RESIDENCE NO 3205 Esther Place ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

6a If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Armsworth

6 DATE OF BIRTH (month, day, and year) 5-6-75

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	0	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Carpentery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William H.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Armsworth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Patient.

15 5 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14/31

17:

I HEREBY CERTIFY, That I attended deceased from May 9, 1931, to June 14 1931

that I last saw him alive on June 14 1931

and that death occurred, on the date stated above, at 6 40 A m.

The CAUSE OF DEATH* was as follows:

Bilateral pulmonary tuberculosis.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) Unknown mos. - ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wayne Turner M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL June 16 1931

20 UNDERTAKER Lilly & Zeiler Bros.

ADDRESS 400 S Wolfe St

Spec.—9-30—A. & Co.—250 Blks

69650 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69650

CERTIFICATE OF DEATH

93-003

REGISTERED No.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 3822 Old Frederick Rd. St.) 20-71 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Mary E. Eckenrode

(a) RESIDENCE No. 3822 Old Frederick Rd. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of late Frederick M. Eckenrode

6 DATE OF BIRTH (month, day, and year) ~~1868~~ 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Missouri

PARENTS

10 NAME OF FATHER Emanuel Logue

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Anna M. Eckenrode 3822 Old Frederick Rd.

15 JUN 15 1931 C. HAMPSON JONES, M. D. Registrar

BY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 21, 1931, to June 12, 1931

that I last saw her alive on June 12, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis & Cardiac Dilatation (duration) yrs. 1 mos. 22 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) James F. Hagerty M. D.

6/15/31 (Address) 721 Medical Arts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	June 15 1931

20 UNDERTAKER Jos A Farley ADDRESS 1100 W Fayette

30—M. & T.—100 B—50L

E 69651

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69651

CERTIFICATE OF DEATH

1775

REGISTERED NO.

1-PLACE OF DEATH Found in Harbor at

CITY OF BALTIMORE: (No. foot Lingum ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME unknown

(a) RESIDENCE NO unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9 Months	Estimated	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant —

(Address)

15 5 1931 Geo HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

By Drowning ~~Homicidal~~
by Hands unknown
to us: P.M.- impossible to determine (duration) yrs. 1 mos. 1 ds.

~~CONTRIBUTORY~~ (Secondary) H.I.M. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? ~~no~~ yes,

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

6 11, 1931 (Address) 7001 Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL JUN 15 1931

20 UNDERTAKER [illegible]

ADDRESS

Spec.—9-30—A. & Co.—250 Bks.

69652 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69652

CERTIFICATE OF DEATH.

160-002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No West Baltimore Hosp St. 16-6 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Boy Soden

(a) RESIDENCE NO 346 (Walnut Ave, Trenton NJ) ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/12/31

7 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or 45 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

PARENTS

10 NAME OF FATHER Albert Soden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Trenton NJ

12 MAIDEN NAME OF MOTHER Eva Deatherage

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Trenton, NJ

14 Informant Mother Eva Deatherage.
(Address) West Balto Gen Hosp

15 [illegible] 19 C. HAMPSON JONES, M. D. Registrar
By: Asst

JUN 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/13/31

17

I HEREBY CERTIFY, That I attended deceased from 6/12, 19 31, to 6/13, 19 31

that I last saw h Was alive on 6/13, 19 31

and that death occurred, on the date stated above, at 8:25 a. m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Cashmere M. D.

..... 19 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY. DATE OF BURIAL: JUN 15 1931

20 UNDERTAKER ..... ADDRESS .....

Commissioner of Health.

Spec.—9-30—A. & Co.—250 Bks

69653 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69653

CERTIFICATE OF DEATH.

94-061

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 206 Lambeth Road ST. 17-45 WARD)

2. FULL NAME Frances Kenny

(a) RESIDENCE NO 206 Lambeth Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Cornelius D. Kenny

6 DATE OF BIRTH (month, day, and year) -------

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 68	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Washington
(State or country) D. C.

PARENTS

10 NAME OF FATHER Hamilton G. Fant
11 BIRTHPLACE OF FATHER (city or town) Washington
(State or country) D. C.
12 MAIDEN NAME OF MOTHER Josephine Heller
13 BIRTHPLACE OF MOTHER (city or town) Washington
(State or country) D. C.

14 Informant Mrs. F. Lawrence Goodwin
(Address) 4005 Greenway

15 Filed ..... 19 ..... Registrar

5 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15th 1931

17
I HEREBY CERTIFY, That I attended deceased from June 10th, 1931, to June 15, 1931
that I last saw her alive on June 15, 1931
and that death occurred, on the date stated above, at 9.20 A.M.
The CAUSE OF DEATH* was as follows:
Angina Pectoris (Coronary occlusion)
2 days
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Coronary Endarteritis
Chronic
(duration) 3 yrs. 6 mos. 6 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) C. H. Van Ness M. D.
6, 17, 1931 (Address) 1515 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery, Wash. D.C.	6/17/1931

20 UNDERTAKER Henry H. Mears & Son ADDRESS 805 W. Saratoga

CHAMPION JAMES, M. D.

30—M. & T.—100 B—50L

E 69654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 E 69654

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lowe Falls Cotton Mills ST. 11-24 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 16.)

2-FULL NAME Ezala M Percetti

(a) RESIDENCE NO 1128 D. Hill ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE Female Colored 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 20-1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	9	22	

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Schoolchild

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Va

PARENTS

10 NAME OF FATHER Ezala M Percetti

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Augusta Rust

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Augusta Corbin

(Address) 1122 E Druid Hill Ave

35 [illegible] 5 1931

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Accd Drowning

Duration: yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. — mos. — ds.

18 Where was disease contracted — If not at place of death? — Did operation precede death? — Date of — Was there an autopsy? — What test confirmed diagnosis? —

(Signed) H C Gladden, M. D. Coroner

, 19 (Address) 4306 Bray

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lancaster Va	6-16 1931
20 UNDERTAKER George L. A. Gibson	ADDRESS 1733 Lemmon Ave Hyattsville Md

Spec.—1-30—M. & T.—250 Bks

E 69655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 69655

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 600 Homestead ST., 9-46 WARD)

2-FULL NAME Alice Salter

(a) RESIDENCE NO. 600 Homestead ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

6 If married, widowed, or divorced (HUSBAND) of (or) WIFE of William H. Salter

7 DATE OF BIRTH (month, day, and year) March 22 1854

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	2	23	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Bridgeton New Jersey

PARENTS

10 NAME OF FATHER James O. Cory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bridgeton N. J.

12 MAIDEN NAME OF MOTHER Elizabeth Ann Boone

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bridgeton N. J.

14 Informant Mrs Harriet Barrett (Address) 600 Homestead St.

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1. 1930. to June 14. 1931.

that I last saw her alive on June 14. 1931.

and that death occurred, on the date stated above, at 11-20 P m.

The CAUSE OF DEATH* was as follows:

Chr. Bright's Disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Purulent Bronchorrhea

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Pathology

What test confirmed diagnosis?

(Signed) Henry E. Wilson, M. D.

, 19 (Address) 3 W. Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state 1) Means and Nature of Injury, and 2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	June 17 1931
20 UNDERTAKER	ADDRESS
Helen G. Black	742 W. Northam

Spec.—9-30—A. & Co.—250 Blks

E 69656

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69656

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospital (CMTbc) S 17-24 WARD) REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.

2 FULL NAME Arnold Cooper

(a) RESIDENCE NO. 549-Dolphin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1901

7 AGE 30 Years	Months —	Days —	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Balto. md

PARENTS

10 NAME OF FATHER: John Cooper, sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): 549-Dolphin St. John Cooper

15 [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

Bur. Balto.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13-1931

17

I HEREBY CERTIFY, That I attended deceased from May 20, 1931, to June 13, 1931

that I last saw him alive on June 13, 1931

and that death occurred, on the date stated above, at 3:40 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Tuberculous Meningitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) David Jesser M. D.

June 15 1931 (Address) 4940 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: July 16 1931

20 UNDERTAKER: John H. Trader — ADDRESS 1027 Druid Hill

Spec.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 ✓ E 69657

E 69657

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1726 Gorsuch St., Ward 4th)

2-FULL NAME Wilhelm Rueber

(a) RESIDENCE NO. 1726 Gorsuch Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma S. Rueber

6 DATE OF BIRTH (month, day, and year): Jan 20, 1864 (1860)

7 AGE: Years 67 | Months 5 4 | Days 24 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: self

9 BIRTHPLACE (City or town): Germany

(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town): [illegible]

(State or country)

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Germany

14 Informant (Address): Emma Rueber 1726 Gorsuch Ave

15 Filed: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 14th. 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1930, to June 14, 1931.

that I last saw h[illegible] alive on June 14th, 1931

And that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension, and Cerebral hemorrhage

(duration) yrs. 2 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Post Mortem

(Signed) M. D.

, 19 (Address) 523 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: 6/16 1931

20 UNDERTAKER: J. W. Cook — ADDRESS: 1217 Scott St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69658

CERTIFICATE OF DEATH.

108 E 69658

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1139 Washington Blvd. Ward 9)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Lee Davis.

(a) RESIDENCE NO. 1139 Washington Blvd. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith L. Davis

6 DATE OF BIRTH (month, day, and year): Nov 27. 1899

7 AGE: Years 31 | Months 6 | Days 17 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Conductor

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (City or town): Baltimore (State or country): Md

PARENTS

10 NAME OF FATHER: Harry L Davis

11 BIRTHPLACE OF FATHER (City or town): Baltimore (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary E Purple

13 BIRTHPLACE OF MOTHER (City or town): Baltimore (State or country): Md

14 Informant (Address): Emma L Thompson 1129 E Monument Blvd

15 6-5-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 14th 1931.

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st 1931, to June 14. 1931.

that I last saw h living on June 14. 1931.

and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (secondary) Subacute Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted (if not at place of death)? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Non necessary

(Signed) Howard Kelly, M. D.

, 19 (Address) 523 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial 6/7/1931

20 UNDERTAKER: Wm Cook — ADDRESS 1217 St Paul St

per—9-30—A. & Co—250 Blks

69659 HEALTH DEPARTMENT—CITY OF BALTIMORE 69659

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dolores Ruth Jarrett

(a) RESIDENCE NO. 2018 Ridgehill Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — 19 mos — How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 20, 1929

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Carl Jarrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Leona Bull

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore

14 Informant Union Memorial Hosp

(Address)

15 JUN 5 1931 19 C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 15 June 1931

17 I HEREBY CERTIFY That I attended deceased from June 10 1931 to June 15 1931

That I last saw h or alive on June 15 1931

and that death occurred on the date stated above at 12 05 a. m.

The CAUSE OF DEATH was as follows:

Bilateral Bronchopneumonia

(Duration) ds.

CONTRIBUTORY (Secondary) Bilateral Acute Otitis Media (Duration) 10 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam + findings

(Signed) Jesse S. Tyler M. D.

6-15 193 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 6/17 1931

Undertaker (or) ADDRESS 1217 N Fulton

Filed JUN 17 1931 Registrar

30—M. & T.—100 B—50L

69660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69660

1-293-004

REGISTERED NO

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital St. 1 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lewis H. Harrison

(a) RESIDENCE NO 648 S. Curley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha M.V.Harrison

6 DATE OF BIRTH (month, day, and year) Feb 16/1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	50	3	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Good Wil Mis ion

9 BIRTHPLACE (city or town) (State or country) Boston, Mass

PARENTS

10 NAME OF FATHER Lewis H. Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston, Mass

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Boston, Mass

14 Informant Bertha M.V. Harrison

(Address) 648 S. Curley St

15 Filed 6 15 1931, 192 as of Registrar

C. HAMPSON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13/31

17 I HEREBY CERTIFY That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above

The CAUSE OF DEATH* was as follows

Probably Myocardial Insufficiency

(duration) yrs mos da

CONTRIBUTORY (Secondary) Hypertension etc

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? 1713 E. Pratt St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M D Coroner

6.15.31 (Address) 608 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetary DATE OF BURIAL 6/16/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 E Fayette St

Form—9-30—A. & Co.—250 Blks

J. H. Billups 2224 W Mt Ave
Lay 3306

HEALTH DEPARTMENT—CITY OF BALTIMORE

69661

CERTIFICATE OF DEATH

97 E 69661

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 3239 Elmora Ave 5-40 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hannie H. Bell

(a) RESIDENCE NO. 3239 Elmora Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Seneca F Bell

6 DATE OF BIRTH (month, day, and year): June 8 1855

7 AGE: Years 75 Months 5 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Hagan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Wigmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Interment (Address): Elizabeth Cemetery 2227 Elmora Ave

15 Date: JUN 5 1931, 19 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 14 1931

17 I HEREBY CERTIFY, that I attended deceased from Nov 10 1930 to June 14 1931

that I last saw h[illegible] alive on June 14 1931

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 1 yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary): Endocarditis

(Duration) 1 yrs. 6 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. Examination

(Signed) J. H. Billups M. D.

19 (Address) 2224 W. Mt. Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Linden Lodge DATE OF BURIAL: 6/11 1931

20 UNDERTAKER: [illegible] ADDRESS: 1212 Park Ave

pec.—9 30—A. & Co.—250 Blks

69662 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 69662

REGISTERED No

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) S 16-22 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Louise Shipley

(a) RESIDENCE No. 625 N. Stricker st. St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Francis Shipley

6 DATE OF BIRTH (month, day, and year) May 17, ?

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
48 (?)	0	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Gabriel Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Priscilla White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 [illegible] HAMPSON JONES, M. D. Registrar

15 1931.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1931 to June 14, 1931

that I last saw her alive on June 14, 1931

and that death occurred, on the date stated above, at 7.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) Unknown yrs mos ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) Unknown yrs mos ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hamp Jones M. D.

6-16-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gaze MD

20 UNDERTAKER [illegible] Cook

DATE OF BURIAL 6/16 1931

ADDRESS 1217 E Saul St

Spec.—9-30—A. & Co.—250 Blks. Bettie D. Thompson E 69663

69663 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69668

CERTIFICATE OF DEATH 107-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Harden Court, St. 23-34 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bettie T. Thompson.

(a) RESIDENCE NO. 1703 Harden Court, St. Ward

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced. (write the word): Infant.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18, 1931

7 AGE: Years: 1. Months: Days: 27. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Bartholomew T. Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Anne E. Bannon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant (Address): Bartholomew T. Thompson. 1703 Harden Court.

15 5 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-15-31

17 I HEREBY CERTIFY, That I attended deceased from June 8 1931 to June 15 1931

That I last saw her alive on June 15 1931

and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

Broncho- Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Harry Dodrill M. D.

6/10 1931 (Address) 1224 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: 6/17 1931

20 UNDERTAKER: A. Howard Evans

ADDRESS: 38

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69664

CERTIFICATE OF DEATH 23

E 69664

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 231 S. Duncan St. ST WARD 1-3

2 FULL NAME Lottie Cieslewicz

(a) RESIDENCE NO 231 S. Duncan St. ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Stefan Cieslewicz

6 DATE OF BIRTH (month, day, and year): April 13 1907

7 AGE: Years 24; Months 2; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Paulin Bannach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Apolonia Serszen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Stefan Cieslewicz

(Address): 231 S. Duncan St.

15 JUN 15 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1931

17 I HEREBY CERTIFY, That I attended deceased from June 4 1931 to June 13 1931

that I last saw her alive on June 13 1931

and that death occurred, on the date stated above, at 6.10 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Krager M. D.

19 (Address) 26 27 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: June 16 1931

20 UNDERTAKER: John M. Weber ADDRESS: 1852 Chester

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69665 69665

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4300 Williams Ave (ST.) 26-42 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Dickard

(a) RESIDENCE NO. 4300 Williams Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaretha Pattenhoffer

6 DATE OF BIRTH (month, day, and year): 5/14/1860

7 AGE — Years: 71 — Months: — — Days: 29 — If LESS than 1 day hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grave Digger

(b) General nature of industry, business, or establishment in which employed (or employer): Holy Redeemer

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): Andrew Dickard 4300 Williams Ave.

15 DATE RECEIVED: NOV 16 1931 REGISTRAR: HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1931 to June 13 1931 that I last saw h alive on June 12 1931 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carbon decomposition & Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): b bronc Bron-chitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clan Brent M. D.

6/14/31 (Address) 4708 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 6/16/31 19

20 UNDERTAKER: Geo J Pentz Inc

ADDRESS: 1735 Hoffman

20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69666

E 69666

CERTIFICATE OF DEATH

REGISTERED NO. 82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 16-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Foreman.

(a) RESIDENCE NO. 1922 W Saratoga ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elenora Foreman

6 DATE OF BIRTH (month, day, and year) Apr 14 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Samuel Foreman

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Sarah Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Mary Foreman

(Address) 1922 W Saratoga St

15 Filed ..... 192 ..... Registrar

161931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Sudden hrs. ..... mins. .....

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Angelo Lucchesi M. D. Coroner

(Address) 1 W Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn DATE OF BURIAL June 18 1931

20 UNDERTAKER Joseph A Lucky ADDRESS 409 N Mount St

-20—M. & T.—100 B—50L.

69667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69667

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (D. or H.) West Balto Gen Hosp ST. 700 WARD 27

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josh Hill

(a) RESIDENCE NO 202 W Monroe ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Mar 8 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	8	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER James M Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Martha Ray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Martha Hill

(Address) 202 W Monroe

15 Filed N 16 1931 C. HARRISON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Ruptured brain. Head Left hand & Right foot Severed from body.

CONTRIBUTORY (Secondary) (duration) R. R. train. yrs. Sudden mos. ds.

18 Where was disease contracted if not at place of death? Penn R. R. near Fallsway

Did an operation precede death? No Date of

Was there an autopsy? _____

What test confirmed diagnosis? Autopsy

(Signed) H. C. Smith, M. D. Coroner

19 (Address) 6 Brown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	June 16 31
21 UNDERTAKER	ADDRESS
A. S. Marshall	353 Gay St

ec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 003 E 69668

69668

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 702 S. Decker Ave. ST., 1 WARD)

2-FULL NAME Joseph H. Rauh.

(a) RESIDENCE NO. 702 S. Decker Ave ST., 1 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Catherine Rauh.

DATE OF BIRTH (month, day, and year) Feb. 4th 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Rauh.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Rauh Daughter
(Address) 704 S. Decker Ave

15 Filed JUN 16 1931 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 12/31

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 12, 1931, that I last saw him alive on June 12, 1931, and that death occurred, on the date stated above, at 4 35 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Toulmey M. D.

, 19 (Address) 501 S. Elliott Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	June 16th 1931
20 UNDERTAKER Lilly + Zeiler Inc.	ADDRESS 423 S. Wolfe St

E 69669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 E 69669

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2233 Prentiss St. Balto WARD)

2-FULL NAME James V Schneider Jr

(a) RESIDENCE No. 2233 Prentiss St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced (HUSBAND of (or) WIFE of)

7 DATE OF BIRTH (month, day, and year) June 14-31

8 AGE	Years	Months	Days	If LESS than 1 day 2 hrs or min

8a OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Schneider

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Virginia Rosenberg

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant (Address) James Schneider 2233 Prentiss Ave

15 Filed JUN 16 J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-14 1931

17 I HEREBY CERTIFY, That I attended deceased from 6-14 31 to 6-14 31

that I last saw him alive on 6-14 31

and that death occurred on the date stated above, at m

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis with Bronchopneumonia

Duration (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) 600 N Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Jerusalem

DATE OF BURIAL: 6-31 19

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

30—M. & T.—100 B—50L.

69670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 ✓ E 69670

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Provident Hosp ST. 19-27 WARD)

2-FULL NAME Christmas Brinkley

(a) RESIDENCE NO. 608 W Lexington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 28th 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	11	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Robt Brinkley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ellen Brinkley

(Address): 608 W Lexington

15 Filed ..... 19..

C. HAMPSON JONES, M. D. Registrar

16 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

2nd degree burns on body

Contributory (Secondary) Clothing burnt Jelousy with Mother

Duration: ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted, if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) ..... M. D. Coroner

June 16 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	6-16 1931
20 UNDERTAKER	ADDRESS
Daniel Easton	Balto

Spec.—9-30—A. A. Co.—250 Blks.

69671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED No. E 69671

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1209 Ethan St. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Adaline Williams

(a) RESIDENCE No. 1209 Ethan St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph Williams

6 DATE OF BIRTH (month, day, and year) September 1860

7 AGE Years 71 Months 3 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Farm

(c) Name of employer Hood

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rebecca Redgely

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Emma R. Cheeseman 1209 Ethan St.

15 Filed JUN 16 1931 H. HANSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1931

17 I HEREBY CERTIFY, That I attended deceased from June 10 1931 to June 17 1931

that I last saw h[illegible] alive on June 13 1931

and that death occurred, on the date stated above at 7 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Following Influenza

(duration) yrs. 14 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. [illegible] M. D.

(Address) 524 Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem.

DATE OF BURIAL June 16 1931

20 UNDERTAKER Samuel J. Hemsley

ADDRESS 528 N. Bdle

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 69672

CERTIFICATE OF DEATH.

E 69672
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1424 N. Gay ST. 8-17 WARD)

2-FULL NAME Emma E. Graham.

(a) RESIDENCE NO. 1424 N. Gay ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles L Graham

6 DATE OF BIRTH (month, day, and year) July 28 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	66	10	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House - wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER John Long
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Mr. Charles L. Graham 1424 N Gay St

15 Filed N 16 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-14 1931.

17 I HEREBY CERTIFY, That I attended deceased from 5-7- 1931 to 6-14- 1931.
that I last saw her alive on 6-12 1931
and that death occurred on the date stated above, at 6.30 P m.
The CAUSE OF DEATH* was as follows:

Myocarditis
Unknown
(duration) yrs mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) Chas. C. Conser. M. D.
6/15 1931 (Address) 1101 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery
DATE OF BURIAL: June 17 1931

20 UNDERTAKER: John F Denny
ADDRESS: 715 Fulton St

-30—M. S. I.—100 B—50L

69673

HEALTH DEPARTMENT—CITY OF BALTIMORE

1931 E 69673

CERTIFICATE OF DEATH

REGISTERED NO. 24533

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Helen Timmons.

(a) RESIDENCE NO 1015 Sumwalt Court. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs 9 mos 21 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Aug. 23, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	4	9	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Timmons.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York.

12 MAIDEN NAME OF MOTHER Margaret Counabaugh.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Margaret Timmons. (mother)

(Address) 1015 Compton St.

15 JUN 16 1931 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Laceration of the mouth and internal injuries due to explosion of a tarpeto in her mouth

Occidental death (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? 1015 Sumwalt Ct.

Did an operation precede death? No. Date of June 12, 1931

Was there an autopsy? at Hospital

What test confirmed diagnosis? Inquiry

(Signed) [illegible] M. D. Coroner

6/15 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL June 16 1931

20 UNDERTAKER John F. Denny — ADDRESS [illegible]

30—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69674 ✓ 210-02 E 69674

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

E 69674

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp (St.) 11-27 (Ward)

2. FULL NAME Henry Rich Miller

(a) RESIDENCE NO 14 ½ Westminster (St.) Residence (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dont know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto Co.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Henry C Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know

14 Informant Hospital Records.

(Address)

15 Filed 6-16 1931 CLAMPETT JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto accident when he was struck by car from rear & thrown to road & run over by car

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fawn Grove, Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin & Surg

(Signed) L D Hanna Coroner M. D.

6/15, 1931 (Address) 2939 Ms Elderly

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL June 17 1931

20 UNDERTAKER F Berry mort Inc

ADDRESS Reisterstown

Spec.—9-30—A. & Co.—250 Blks

69675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 69675

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2612 Fleet St. S 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eva Bachman

(a) RESIDENCE NO. 2612 Fleet St. ST WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OF RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Bachman

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Karl Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Azell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Wm. H. Roche 1626 N. Calvert St.

15 Filed 6-16-1931

C. HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 10 31 to June 14 31

and that death occurred, on the date stated above, at 4 05 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia 2 da.

CONTRIBUTORY (secondary) acute Bright's Disease (duration) 21 yrs. mos. da.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.S. & S.

(signed) John J. Kruger M. D.

19 (Address) 2637 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

20 UNDERTAKER John Allnet

DATE OF BURIAL June 17 1931

ADDRESS 2008 Allens

...c.—1-30—M. & T.—250 Blks

E 69676

E 69676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

If death occurred in a hospital or institution, give its NAME instead of street and number.

CITY OF BALTIMORE: (No. 19-27 ST. WARD)

2-FULL NAME Mrs. W. Wallis

(a) RESIDENCE NO. Landover, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) July 9 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	11	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Kent Co Md

PARENTS

10 NAME OF FATHER Thomas A. Wallis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co Md

12 MAIDEN NAME OF MOTHER Mary E Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware Co

14 Informant Miss Sadie Thomas (Address) 6 E Eutaw St

15 Filed ... 19 ... Registrar

JUN 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 6-15-31

17 I HEREBY CERTIFY, That I attended deceased from 5-29 1931 to 6-15 1931.

that I last saw her alive on 6-15 1931.

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma left antrum

(duration) 1 yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? 6-1-31 Neck Resection

Did an operation precede death? Yes 6-12-31 Gastrostomy

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) C. W. Peake, M. D.

. 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Johns Church Rock Hall

DATE OF BURIAL 6/17 1931

20 UNDERTAKER Robert Brookerson

ADDRESS Calhoun Hollins

Spec.—9 30—A. & Co—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69677 ✓ E 69677

CERTIFICATE OF DEATH

117-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) St Joseph's Hosp (ST) 11-15 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward M Proctor

(a) RESIDENCE NO (Usual place of abode) Preston Apts Park Ave + Chase St (ST) (WARD)

(If non resident give city or town and state)

Length of residence in city or town where death occurred 15 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Virginia M. Proctor

6 DATE OF BIRTH (month, day, and year): May 12, 1876

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	55	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Furniture Salesman

(b) General nature of industry, business, or establishment in which employed (or employer): 066

(c) Name of employer: Havard Furn. Co.

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Wm Proctor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Howell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Mrs Virginia M Proctor Preston Apts Balto Md.

15 Filed: JUL 6 1931 by: JAMES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-15-31

17 I HEREBY CERTIFY That I attended deceased from 6-12 19 31 to 6-15 19 31

that I last saw h[illegible] alive on 6-15 19 31

and that death occurred on the date stated above, at 8 PM m.

The CAUSE OF DEATH* was as follows:

Ruptured Gastric ulcer

Generalized diffuse peritonitis

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 6-13-31.

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible]	June 17 1931
20a UNDERTAKER	ADDRESS
[illegible]	[illegible]

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69678

CERTIFICATE OF DEATH

47 E 69678
REGISTERED NO.

1. PLACE OF DEATH
CITY OF BALTIMORE, (No.) 3616 Spalding (St.) (Ward) 27th
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elizabeth (or Mrs.) Ahrman
(a) RESIDENCE NO. 3616 Spalding Ave (St.) (Ward)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed, or divorced: (a) HUSBAND of Daniel S. Ahrman (or) (b) WIFE of

7 DATE OF BIRTH (month, day, and year): Apr 29 1866

8 AGE: Years 65 | Months 1 | Days 15 | If less than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

10 BIRTHPLACE (city or town) (state or country): Baltimore ? Md.

PARENTS
11 NAME OF FATHER: Vincent O. Eareckson
12 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co Md.
13 MAIDEN NAME OF MOTHER: Matilda C. Pierce
14 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

15 Informant: Mr. Frank M. Nicodemus (Address) 4503 Eastway

Filed: N 16 1931. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 14, 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 18 to June 14 1931
that I last saw h alive on June 14 1931
and that death occurred, on the date stated above, at 7.53 P.M.

The CAUSE OF DEATH was as follows:

Carcinoma of Lungs (duration) 6 mos. ds.

CONTRIBUTORY (secondary) Coronary Thrombosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? X Ray

(Signed) Harry Goldberg M.D.
6/15 1931 (Address) 2210 Eutaw Pl

(State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: June 16 1931

20 UNDERTAKER: Wm. Fletcher Sons ADDRESS: North & Pa

N 16 1931.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69679

CERTIFICATE OF DEATH

46 E 69679

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1501 Lakeside ST. 9-47 WARD)

2 FULL NAME Charles J. Fetter

(a) RESIDENCE NO. 1501 Lakeside ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Fetter (Deceased)

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 8 do 3

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Fetter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Edward Fetter

(Address) 1501 Lakeside

Filed JUN 16 1931 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15/31

17

I HEREBY CERTIFY, That I attended deceased from June, 19 31 to June 15, 19 31

that I last saw h alive on June 15, 19 31

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Reuel Baer M. D.

June 16 1931 (Address) 1501 Lakeside

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	June 17 1931

20 UNDERTAKER Frank Crack Son 1906 ADDRESS Cortland W.

-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69680

CERTIFICATE OF DEATH

E 69680

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD) 24-33

REGISTERED NO. 184

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bernard H. Schoberg.

(a) RESIDENCE NO 1225 Battery Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Aug. 23, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	9	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph H. Schoberg.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Fernandina Haneke.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Fernandina Schoberg. (mother)

(Address) 1225 Battery Ave.

15 Filed 6/16 1931 C. HANSON JONES, M. D. Registrar

by ----------

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal hemorrhage due to a pistol shot wound of the right chest. Accidentally shot by a companion, Jos. C. McDonald. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1252 Battery Ave. June 13, 1931

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & Inquest

(Signed) Joh Kennedy, M. D. Coroner

6/16, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A & C

DATE OF BURIAL 6-17 1931

UNDERTAKER Ehrlich Bros

ADDRESS 115 E. West St.

E 69681 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69681

CERTIFICATE OF DEATH.

REGISTERED NO. 107-001

1-PLACE OF DEATH Mary E. Reinhold

City of BALTIMORE: (No. Church Home & Infirmary (Street)

2-FULL NAME Mary E. Reinhold

(a) RESIDENCE NO. Hamilton Ave 33 St. 51. Ward Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. — mos. 6 — How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of William E. Reinhold

6 DATE OF BIRTH (month, day, and year) January 30 1884

7 AGE: Years 47 | Months 4 | Days 14 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Vermont.

(State or country)

PARENTS

10 NAME OF FATHER John. Foley

11 BIRTHPLACE OF FATHER (city or town) Iowa

(State or country)

12 MAIDEN NAME OF MOTHER Anna Speed

13 BIRTHPLACE OF MOTHER (city or town) Kolland

(State or country)

14 Informant Mr. William E. Reinhold

(Address) Hamilton Ave 33 St Balto Co. Md

15 Filed JUN 16 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from June 8 1931 to June 14, 1931, that I last saw her alive on June 14, 1931, and that death occurred, on the date stated above, at 9-a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
with Multilocular Lung
Abscess

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Alcoholism

(duration) ... yrs. ... mos. ... ds.

Is Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Lewis H. Nolted M. D.

June 16 1931 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery Date of Burial June 17 1931

20 UNDERTAKER Henry Breck Sons Inc ADDRESS 1301 E Eager St

ec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

E 69682

69682

REGISTERED NO. E 69682

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 E. 33rd ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Sellmayer

(a) RESIDENCE NO. 1729 E. 33rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Katherine Sellmayer

DATE OF BIRTH (month, day, and year) Sept 19 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 45

(b) General nature of industry, business, or establishment in which employed (or employer) Meat Packer

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Ludwig Sellmayer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Flory

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

14 Informant Katherine Sellmayer (Address) 1729 E. 33rd St.

15 Filed JUN 16 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13th/31

17 I HEREBY CERTIFY, That I attended deceased from April 20 .1931. to June 13 .1931.

that I last saw h/is alive on June 13. 1931.

and that death occurred, on the date stated above, at 8 23/P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas A Schafer, M. D.

19 (Address) 2903 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL June 17th 1931

UNDERTAKER Lilly & Geiser Sons

ADDRESS 403 S Wolfe St.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69683

CERTIFICATE OF DEATH.

93-023 E 69683

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No West Balto Gen Hosp St) 15-21 (WARD)

2 FULL NAME Rebecca Mueller

(a) RESIDENCE NO 2011 N. Fulton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs 7 mos 6 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced (or) WIFE of Otto Mueller

6 DATE OF BIRTH (month, day, and year) Oct 9 1864

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry D. Witte

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothea Meier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Harry Mueller 2011 Auburndale Ave

15 Filed JUN 16 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/15/31

17

I HEREBY CERTIFY, That I attended deceased from 6/14/31, 19.., to 6/15, 1931

that I last saw her alive on 6/15, 1931

and that death occurred, on the date stated above, at 5.10 P m.

The CAUSE OF DEATH* was as follows:

Chronic Degenerative Myocarditis

c Hypertension

(duration) unknown. ds.

CONTRIBUTORY (secondary) Cerebral Hemorrhage c Rt Sided Hemiplegia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Eshman M. D.

6/15 1931 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Park Cem	June 18 1931
20 UNDERTAKER Harry W. Ellen	ADDRESS 1044 W. Mad

Spec.—9-30—A & Co—250 Blks

E 69684 E 43493 E 46968 H

✓ E 69684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 E 69684

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

CITY OF BALTIMORE: (No. St 26-41 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Boy Fatras

(a) RESIDENCE NO. 4207 E. Fairmount Ave St. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Francisco Fatras

11 BIRTHPLACE OF FATHER (city or town) (State or country) Venezuela

12 MAIDEN NAME OF MOTHER Vertie Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

14 Informant (Address) Johns Hopkins Hospital

15 Filed . 19 C. HAMPSON JONES, M. D. Registrar

JUN 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11-1931

17

I HEREBY CERTIFY, That I attended deceased from May 31, 1931, to June 11, 1931

that I last saw h[illegible] alive on June 11, 1931

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Prematurity 1'

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Dan G. Kottmer M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JUN 16 1931

20 UNDERTAKER

ADDRESS

[illegible] E. WOODALL

Spec.—9-30—A. & Co.—250 Bks

69685

69685

HEALTH DEPARTMENT—CITY OF BALTIMORE

69685

131 E 69685

CERTIFICATE OF DEATH

28-71

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4714 Frederick, ave. (or) (WARD)

2 FULL NAME Ellen J. Fields

(a) RESIDENCE NO. 4714 Frederick, ave. ST. WARD

(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John J. Fields

6 DATE OF BIRTH (month, day, and year) 5/6/1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Frank Markee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Bridget Gahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant John J. Fields
(Address) 4714 Frederick, ave.

15 DATE RECEIVED 6/1931 G. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15/31.

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 15, 1931,

that I last saw h[illegible] alive on June 14, 1931

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, and nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of [illegible]

(duration) yrs. 3 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) John E. Lovett M. D.

6/16, 1931 (Address) 904 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 6/18 1931

20 UNDERTAKER Frederick A. Cole — ADDRESS 1000 Lombard

Spec.—9-30—A. & Co.—250 Blks

✓ 69686

347289 E 69686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 34 E 69686

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL — 7-9 (WARD) — REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... ST. .....)

2 FULL NAME Carmelo Pellegrino

(a) RESIDENCE No 114-86th st ST. ..... WARD Brooklyn N.Y.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Margarite

6 DATE OF BIRTH (month, day, and year) Oct. 20-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	7	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS
10 NAME OF FATHER Angelo
11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy
12 MAIDEN NAME OF MOTHER Santa Campagna
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed ..... 19 .....

HAMPSON JONES, M. D. Registrar

6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June-16-31

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to June 16, 1931
that I last saw h[illegible] alive on June 16, 1931
and that death occurred, on the date stated above, at ..... A m.
The CAUSE OF DEATH* was as follows:
Coronary Thrombosis

(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Syphilis. Transmitted
Hypertrophy (duration) ? yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? At Home
Did an operation precede death? yes Date of 5/4/31
Was there an autopsy? No
What test confirmed diagnosis? Wasserman
(Signed) L. C. Smith M. D.
..... 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Brooklyn New York	June 1931

20 UNDERTAKER: John C. Miller — ADDRESS: 2435 E Oliver St

-30—M. & T.—100 B—50L.

69687
E 69687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69687
E 69687

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-9 WARD)

2-FULL NAME Forrest Amos, Jr.

(a) RESIDENCE NO Edgemere, Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 17/27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	3	6	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Edgemere, Md.

PARENTS

10 NAME OF FATHER Forrest Amos, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Shipp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Forrest Amos, Sr. Edgemere, Md,
(Address)

15 6 1931 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pericarditis- Acidosis

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D. Coroner

6/16/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Orange Co. Va. DATE OF BURIAL June 7 1931

20 UNDERTAKER John F Dean ADDRESS Light St

Spec.—9-30—A. & Co.—250 Blks

69688 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69688

CERTIFICATE OF DEATH + 157-001

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE (No. 7-9 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Roscoe Shentle

(a) RESIDENCE NO. Shyle Rd - Baldwin Township WARD Pittsburg - Pa -
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/19/30

7 AGE: Years — Months 8 — Days 27 — If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa -

PARENTS

10 NAME OF FATHER Roscoe Shentle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa -

12 MAIDEN NAME OF MOTHER Ruth Shyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa -

14 Informant Friends -
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ... 19 ... Registrar

6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 - 31

17
I HEREBY CERTIFY, That I attended deceased from June 15 1931 to June 16 1931
that I last saw him alive on June 16 1931
and that death occurred, on the date stated above, at 2 35 P. m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus
Obstructive Type

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Exploration & forceps Magendie
Did an operation precede death? Yes Date 6 16 31

Was there an autopsy? Yes -

What test confirmed diagnosis? Operation

(Signed) Fred D Gaib M. D.

6/16 19 31 (Address) J. H. H.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baldwin Township, Pa. DATE OF BURIAL: June 19 31

20 UNDERTAKER: William G. Schaffer ADDRESS 1st Monument

Rec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-004

E 69639 E 69689

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 Sanders St. ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora C. Schmidt.

(a) RESIDENCE NO. 413 Sanders St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced, WIFE of George J. Schmidt.

DATE OF BIRTH (month, day, and year) Sept. 15, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	8	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Howard Co. Md.

10 NAME OF FATHER Charles C. Boehlein.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Laura V. Vermillion.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant George J. Schmidt. (husband)

(Address) 413 Sanders St.

Filed JUN 17 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14, 1931

17 I HEREBY CERTIFY That I attended deceased from June 2nd. 1931 to June 14th. 1931.

that I last saw h e alive on June 14th. 1931.

and that death occurred, on the date stated above, at 8.30 a. m.

The CAUSE OF DEATH* was as follows

Myocardial Insufficiency

(duration) yrs mos 12 ds.

CONTRIBUTORY (Secondary) Acute dilatation of the heart.

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Otto M. Reinhardt M. D.

6/15 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schwartz

DATE OF BURIAL 6 17 1931

20 UNDERTAKER E. R. Hartz

ADDRESS 115 E. West St.

ec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

65330 — 93-003 — E 69690

REGISTERED NO.

1—PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2305 Bryant St. WARD) 13-21

2—FULL NAME Sarah Snyder

(a) RESIDENCE NO. 2305 Bryant St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert Snyder

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Selig Bear

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Tobie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Lewis Jr.
(Address) 1439 E Baltimore St

FILED JUN 17 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1931

17 I HEREBY CERTIFY, That I attended deceased from June 10 1931 to June 16 1931 that I last saw h living on June 16 1931 and that death occurred, on the date stated above at 4:30 P. m.

The CAUSE OF DEATH* was as follows:
Myocarditis

(duration) yrs 2 mos ds.

CONTRIBUTORY (Secondary) Age (duration) yrs mos ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Calvin F. Evans M. D.

19 (Address) 612 N. Y. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Work Rd	6/17 1931
20 UNDERTAKER	ADDRESS
Jack Lewis Jr	1439 E. Baltimore St

-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69691 — 22-001 — E 69691

REGISTERED NO

E 69691

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. Sinai Hospital ST. 27-22 WARD 30

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No 18.)

2-FULL NAME Hyman Rubin

(a) RESIDENCE NO 5020 Park Heights Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie Rubin

6 DATE OF BIRTH (month, day, and year) Nov 10/1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	37	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Delicatessen
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Charles Rubin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Florence ---- 6/16/31

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Jack Lewis

(Address) 1439 E. Balto., St

15 Filed JUN 17 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows

Acute Myeloid Leukemia

(duration) yrs mos 21 ds.

CONTRIBUTORY (Secondary) (duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Teeth Extracted 3wksago Date of

Was there an autopsy? no

What test confirmed diagnosis? Blood Exam.

(Signed) J. H. Price M. D.
Coroner

(Address) 201 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holmes Int. Cemetery

DATE OF BURIAL 6/17 1931

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E. Balto St

-30—M. & T.—100 B—50L

E 69692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69692

82-001

CERTIFICATE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2503 Maryland Ave ST. 12-50 WARD

2-FULL NAME Samuel Herbert Cottingham

(a) RESIDENCE NO 2503 Maryland Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? 51 yrs. 5 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anne E. Cottingham

6 DATE OF BIRTH (month, day, and year) January 14 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Lieut. U.S.N.
(b) General nature of industry, business, or establishment in which employed (or employer) in Fair Defat.
(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Saml. H. Cottingham

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Phillipa L. Hanslow

13 BIRTHPLACE OF MOTHER (city or town) Salt Brige
(State or country) Hungary

14 Informant Mrs. Anne E. Cottingham wife
(Address) 2503 Maryland Ave

15 Filed JUN 7 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows

Thrombosis

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos. J. Thomas, M. D.
Coroner

(Address) 3672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL June 7 1931

20 UNDERTAKER Stewart & Company — ADDRESS Balto.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69693

CERTIFICATE OF DEATH.

131 ✓ E 69693

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. The Church Home and Infirmary Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss. Marie Louise Hayen

(a) RESIDENCE NO. 3308 Ellerslie Avenue Baltimore, Maryland
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? 65 yrs. 4 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) Jan. 25. ~~1875~~ 1866

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
~~55~~ 65		4	22	

8 OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Eberhard Hayen

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Jane Pattington

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) West Indies

14 Informant (Address) Church Home & Infirmary Balto. Md

15 Filed ... 1931 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1931

17 I HEREBY CERTIFY, That I attended deceased from June 15 1931 to June 16 1931, that I last saw h[illegible] alive on June 16 1931, and that death occurred, on the date stated above, at 2:00 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) Five yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. Two ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory

(Signed) Richard C. Cumming, M. D.

June 16, 1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial June 18 1931

20 UNDERTAKER Church Morgue ADDRESS Balto

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69694

CERTIFICATE OF DEATH

E 69694

1—PLACE OF DEATH 3726 Hickory Ave.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Baltimore ST. 13 (WARD)

2—FULL NAME David LeRoy Talbott

(a) RESIDENCE NO. 3726 Hickory ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 12 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	7	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Baltimore City Md

10 NAME OF FATHER John Winfield Talbott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hazel Ecker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mrs John W Talbott

(Address) 3726 Hickory ave

[illegible] HAMPSON JONES, M. D.

Registrar

7 1931.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15 1931

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to June 15, 1931, that I last saw him alive on June 15, 1931 and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

measles

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2841 Bernard St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) B R Benson Jr, M. D.

, 19 (Address) Catonsville Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Poplar Cemetery	June 17 1931
20 UNDERTAKER	ADDRESS
W C Burdett & Son	Upton Md

ed.—2-29-28—L. F. B.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69695 — REGISTERED NO. E 69695

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hosp. ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Emma R. Boaley

(a) RESIDENCE NO. Upperco, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Boaley.

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home-wife. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

10 NAME OF FATHER Jordan Cole.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Curtis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Hospital Records.

(Address)

Filed JUN 17 1931 19 HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16-31

17 I HEREBY CERTIFY That I attended deceased from June 15. 1931. to June 16. 19 31.

that I last saw h alive on June 16. 19 31

and that death occurred, on the date stated above, at 12:00 P m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis

& Cholelithiasis

(duration) yrs mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism (duration) yrs mos 3 hrs.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes. Date of 6/16/31

Was there an autopsy? No. Dr. Howard A. Kelly & Dr. Hobart A. Hare

What test confirmed diagnosis? Surgical & autopsy findings.

(Signed) Robert F. Chamberlain, M. D.

(Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion, Balto. Co. DATE OF BURIAL June 19 1931

20 UNDERTAKER Edw. C. Tipton ADDRESS Hampstead Md

Spec.—9-30—A. & Co.—250 Blks

69696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-003 69696

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1101 Argyle Av) ST. 17-34 WARD 1

2 FULL NAME Walton Harrison.

(a) RESIDENCE NO 1101 Argyle Av ST. 17 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Harrison

6 DATE OF BIRTH (month, day, and year) May 14. 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Shirt Factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charleston S.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Mary Harrison 1101 Argyle Av

15 Filed JUN 17 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1931

17 I HEREBY CERTIFY. That I attended deceased from May 28. 1931. to June 14. 1931

that I last saw h alive on June 13. 1931

and that death occurred, on the date stated above, at 5.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urine

(Signed) J. Smith M. D.

6-15 1931 (Address) 1126 Druid Hill

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 6/17 1931

20 UNDERTAKER Samuel Stensley

ADDRESS 278 N Eddy

30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69697

CERTIFICATE OF DEATH

x 108 ✓

E 69697

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 9-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME ROMAINE HOLMES

(a) RESIDENCE NO Joppa Rd., Fullerton, Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 days. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Oct 6/1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ----
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer --

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md.

PARENTS

10 NAME OF FATHER Walter Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.Co. Md.

12 MAIDEN NAME OF MOTHER Ada Neider

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.Co. Md.

14 Informant Walter Holmes

(Address) Fullerton, Md.

15 Filed 6/17 1931 by H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. J. Weiss, Coroner, M. D.

6/17/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. John's Cemetery

DATE OF BURIAL: June 18, '31

20 UNDERTAKER: Frederick Lassahn, Inc

ADDRESS: 7401 Belair Rd

Sallie Coen.

69698

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 69698

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Jewish Memorial Hosp. ST. 22-33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Sallie Cohen

(a) RESIDENCE NO. 39 E. Montgomery ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Wh	single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) Mar 3 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Barby Coen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Kerens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ire

14 Informant (Address) Sr Regis Jewish Memorial

15 Filed 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16/31

17 I HEREBY CERTIFY, That I attended deceased from 5/22, 1929, to 6/16, 1931, that I last saw h[illegible] alive on 6/16, 1931 and that death occurred, on the date stated above, at 9:05 PM.

The CAUSE OF DEATH* was as follows:

1- Mitral Stenosis

2- Myoc. Deg. Decomp

3- Arterio Sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrh. Coma 4 ds.

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? 39 E Montgomery St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Findings

(Signed) Hyalmar B. Anderson M. D.

6-16-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL June 18 1931

20 UNDERTAKER Rula Wachsfeld

ADDRESS Ave 1114 Fremont

...c.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69699

CERTIFICATE OF DEATH.

93-004

REGISTERED NO. E 69699

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 519 Sheridan Ave. ST. 27-48 WARD

2-FULL NAME Isabelle C Brien

(a) RESIDENCE NO. 519 Sheridan Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 5 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71		11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John C Brien

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Miss C Brien

(Address) 519 Sheridan Ave

15 Filed 1931 H. HARRIS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1932 to June 16 1931.

that I last saw her alive on June 16 1931.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. W Barney M. D.

, 19 (Address) 1612 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL June 19 1931

20 UNDERTAKER Rita Wiedefeld

ADDRESS 114 Fremont Ave

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9700

1—PLACE OF DEATH

REGISTERED NO. B 69700

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 1111 W. Lexington ST. (WARD) 16-N

2—FULL NAME James Rodman Colbert

(a) RESIDENCE NO. 1111 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 10 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	6 COLOR OR RACE	7 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

11 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 1st 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant 100

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Andrew Colbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore City

12 MAIDEN NAME OF MOTHER Ethel Rodman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore City

Informant (Address) Father Andrew Colbert 1111 W. Lexington St

Filed JUN 17 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 8th 1931 to June 15th 1931

that I last saw him alive on June 15th 31

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs mos 8 ds

CONTRIBUTORY (Secondary) Measles.

(duration) yrs mos 25 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no, Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical Test.

(Signed) J. T. Gunn M D

6/16 1931 (Address) 522 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL June 17 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N Schroeder St.

...c.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

69701 ✓ E 69701

1—PLACE OF DEATH

REGISTERED NO. 69701

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1111 W. Lexington ST. 18-K WARD)

2—FULL NAME John Andrew Holbert.

(a) RESIDENCE NO. 1111 W. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 10 mos 16 ds. How long in U. S., if foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug. 1st 1930

7 AGE: Years — Months 10 — Days 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

10 NAME OF FATHER: Andrew Colbert

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Estel Smith.

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto City.

Informant: Andrew Colbert

(Address): 1111 W. Lexington St

Filed: JUN 17 1931 — Registrar: CHARLES H. JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): June 16th 1931.

17 I HEREBY CERTIFY, That I attended deceased from June 11th 1931 to June 16th 1931

That I last saw him alive on June 16th 1931

and that death occurred on the date stated above, at 5.50 A m

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs mos 6 ds

CONTRIBUTORY (Secondary) Measles.

(duration) yrs mos 15 ds

18 Where was disease contracted if not at place of death? 1111 W. Lexington St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Test.

(Signed) J. T. Gunn, M. D

6/16 1931 (Address) 532 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: June 17, 1931

20 UNDERTAKER: Mrs Pete P Williams

ADDRESS 3227 Schroeder St.

Spec.—0 30—A. A Co.—250 Blks

69702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69702

46

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2736 Guilford Ave. (WARD) 12-50

2. FULL NAME Margaret Anne Ward

(a) RESIDENCE NO. 2736 Guilford Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Ward

6 DATE OF BIRTH (month, day, and year) July 30 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Oren Dailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret A. Darkess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant John J. Ward.
(Address) 2736 Guilford Ave.

15 Filed June 18 1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1st 1930, to June 14th 1931

that I last saw h[illegible] alive on June 14th 1931

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Pylorus)

Antecedent (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Florence L. Crane M. D.

6/17 1931 (Address) 282 W. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery.

DATE OF BURIAL: June 18. 1931.

UNDERTAKER: Geo. F. Crane & Son

ADDRESS: 118 W. Mt. Royal Ave.

Cor.—10-18-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69703

CERTIFICATE OF DEATH

E 69703

1-PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

City of Baltimore: (No.) 13-52 St. 13 Ward)

REGISTERED NO.

2-FULL NAME Virginia C. Jenkins (nee Ford)

(a) RESIDENCE NO. 3436 Hickory Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~. (write the word)
Female	white	married

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Thomas H Jenkins

6 DATE OF BIRTH (month, day and year) Jan 15 1909

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
22.	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Harry Ford

11 BIRTHPLACE OF FATHER (city or town) Hanover
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Cora M Lucabaugh

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Samuel Lucabaugh
(Address) 3436 Hickory Ave

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia- incomplete spontaneous premature delivery.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? NO Date of

Was there an autopsy? Yes at Hopkins Hospital

What test confirmed diagnosis?

(Signed) John Hall, M. D.

6/16/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cem Olivia M	June 19 31

20 UNDERTAKER J Walter Davis ADDRESS 3418 Gwynn Ave

57103 C. HAMPTON JONES, Registrar

-30—M. & T.—100 B—50L

E 69704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003 E 69704

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Damich. Dominic Campitelli

(a) RESIDENCE NO 11 S. Chapel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: xxxxxxxxx

6 DATE OF BIRTH (month, day, and year): Jan 5/1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Bernard Campitelle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Carmel D'Annunzio

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South America

14 Informant: Bernard Campitelli

(Address) 11 S. Chapel St

15 Filed JUN 17 1931 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. H. Mallon, M. D. Coroner

6/17/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: June 18 1931

20 UNDERTAKER: M. W. E. Doppelbr — ADDRESS: 32 Lamb

Spec.—9-30—A. & Co.—250 Blks

E 69705 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 107-001 E 69705

CERTIFICATE OF DEATH.

REGISTERED NO

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) Sinai Hospital (Ward) 15-58

2 FULL NAME Edwin Weitzman

(a) RESIDENCE No. 2501 Shirley Ave. St. Ward (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 If married, widowed, or divorced — HUSBAND of (or) WIFE of

5 Single, Married, Widowed, or Divorced. (write the word)

6 DATE OF BIRTH (month, day, and year) Feb 24 1931

7 AGE: Years 3 | Months 3 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Julius Weitzman

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Rose Eskunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant (Address): Hosp Records

15 Filed N 17 1931 H.C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1931, to June 17, 1931

that I last saw h/m alive on June 17, 1931

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Marasmus

(Duration) yrs. mos. 56 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. L. Levin M. D.

(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Wash. Road

DATE OF BURIAL: 6-17-1931

20 UNDERTAKER: Ace Funeral, Inc 1429 E Fayette St

ADDRESS

spec.—9-30—A. & Co.—250 Blks

69706 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 62 E 69706

1 PLACE OF DEATH Baltimore City Hospitals S. 16-22 WARD) REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME Joseph B. Oliver

(a) RESIDENCE NO 1141 N. Monroe ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 27, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER John
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Margaret Laughlin
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

6-17 1931 . 19 [illegible] Registrar

5898

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-14-31

17
I HEREBY CERTIFY, That I attended deceased from 6-8-31, 19 , to 6-14-31, 19
that I last saw him alive on 6-14-31, 19
and that death occurred, on the date stated above, at 10:40 A.
The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Alcoholism, chronic (duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death? Unk
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Podgt M. D.
6/16 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL JUN 17 1931

20 UNDERTAKER [illegible] Health. — ADDRESS

HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Rms.

69707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 69707

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 2-4 WARD)

2 FULL NAME Henry J. Smith

(a) RESIDENCE NO. 719 S. Bond ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Richard Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Cecelis ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records of Balto. City Hospitals

15 JUN 7 1931 5897 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-14-31

17 I HEREBY CERTIFY, That I attended deceased from 6-8-31, 19, to 6-14-31, 19

that I last saw h im alive on 6-14-31, 19

and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach (duration) yrs. [illegible] mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Lab.

(Signed) Paul Padget M. D.

6/16, 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER [illegible]

ADDRESS JUN 17 1931

[illegible] HAMPSON JONES, M. D.

30—M. & T.—100 B—50L

69708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35 E 69708

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 22-30 WARD)

2-FULL NAME Marion Smith

(a) RESIDENCE NO 533 Barre ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Helen Heights

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Howard Wallace
(Address)

15 7-1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Salpingitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John H Owen, M. D.
Coroner

6/17/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carrolls Gun Md

DATE OF BURIAL 6-17 1931

20 UNDERTAKER Lewis Easton

ADDRESS 916 Barre

Spec.—9-30—A. & Co.—250 Blks

69709 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 69709

1. PLACE OF DEATH Baltimore City Hospitals 12-5D (ST. & WARD) REGISTERED NO.

CITY OF BALTIMORE: (No Lawrence Hayes (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME

(a) RESIDENCE NO. ~~Homeless~~ 338 28th ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, and year) ? ? 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Electrical work
(b) General nature of industry, business, or establishment in which employed (or employer): Ory
(c) Name of employer: Sinclair-Scott Mfg. Co.

9. BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10. NAME OF FATHER John
11. BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12. MAIDEN NAME OF MOTHER: Ann Dorsey
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14. Informant (Address): Records of Balto. City Hosp.

15. Filed 7 1931, 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 6-15-31

17. I HEREBY CERTIFY, That I attended deceased from 10-14-30, 19.., to 6-15-31, 19..
that I last saw h im alive on 6-15-31, 19..
and that death occurred, on the date stated above, at 11:35 A m.
The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertension (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam

(Signed) Paul Podzt M. D.
6 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	June 8 19 31

20. UNDERTAKER: John C. Miller ADDRESS 25 Allen

30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69710 — REGISTERED NO. E 69710

1-PLACE OF DEATH: K. of C. Club.

CITY OF BALTIMORE: (No.) Cathedral & Madison Sts. ST., 28-63 (WARD) 67

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

2-FULL NAME: Frank A. Senft.

(a) RESIDENCE NO: 4213 Elderon Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: 39 yrs 10 mos 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or WIFE of): Mary C. Senft.

6 DATE OF BIRTH (month, day, and year): July 28, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	39	10	18 17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Furniture salesman.
(b) General nature of industry, business, or establishment in which employed (or employer): 666
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Conrad Senft.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Catherine Houck.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Charles N. Senft. (brother)

(Address): 3000 E. Monument St.

15 Filed 7 1931 C. HAMPSON JONES, M. D. Registrar By ..... Clerk

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Laceration of the brain due pistol shot wound of head.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Edw. M. Steinhardt, Coroner. M. D.

6/19 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 6/18/1931

20 UNDERTAKER: Wm. Cook — ADDRESS: 1217 E. Paul St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69711

CERTIFICATE OF DEATH

108 ✓

E 69711

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Md. Genl. Hospital St. 13-54 Ward)

2-FULL NAME Chas. O. F. Steiner

(a) RESIDENCE NO. 1523 Lakeside Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mamie M. Steiner

6 DATE OF BIRTH (month, day, and year) Mar 22/74

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	57	2	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Hardwood Floor
(b) General nature of industry, business, or establishment in which employed (or employer): Business
(c) Name of employer

9 BIRTHPLACE (city or town) Williamsport
(State or country) Penna

PARENTS

10 NAME OF FATHER Aug Steiner

11 BIRTHPLACE OF FATHER (city or town) Ger.
(State or country)

12 MAIDEN NAME OF MOTHER Veronica

13 BIRTHPLACE OF MOTHER (city or town) Ger
(State or country)

14 Informant Mamie M. Steiner
(Address) 1523 Lakeside Ave

Registered C. HAMPSON JONES, M. D. Registrar

18 1931 KHC

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) [illegible] M. D.

June 17 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL 6/20 1931

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St.

Rec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69712

CERTIFICATE OF DEATH

50 69712

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital 6 (WARD)

2 FULL NAME Emma Brown

(a) RESIDENCE NO. 704 S. Highland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) June 13/65

8 AGE	Years	Months	Days	If Less than 1 day, hrs. or min.
	66		2	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

11 NAME OF FATHER Samuel Adams

12 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

13 MAIDEN NAME OF MOTHER Caroline Holt

14 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

15 Informant (Address) Hospital Records

(3) Filed JUN 18 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from 6/8, 1931, to 6/15, 1931

that I last saw h er alive on 6/15, 1931

and that death occurred, on the date stated above, at 11 55 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Breast

(duration) yrs. 2+ mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. 2+ mos. ds.

18 Where was disease contracted — if not at place of death?

Did an operation precede death? Yes Date of 6/10/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Fyfe M. D.

6/15, 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Com

DATE OF BURIAL 6/18 31

ADDRESS 2016

20 UNDERTAKER Philip Henry Adams

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

× 3 V C 69713

69713

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital ST. 12-49 WARD

2-FULL NAME Charles Frank Hale

(a) RESIDENCE NO. 1 Parks Baltimore County ST. Maryland WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of ~~husband~~ wife Mary Elizabeth Hale

6 DATE OF BIRTH (month, day, and year) Feb 25 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer 86

(b) General nature of industry, business, or establishment in which employed (or employer) Farming

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Hale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Alexander

13 BIRTHPLACE OF MOTHER (State or country) Maryland

14 Informant (Address) Mrs Nellie Smith

15 Filed JUN 16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1931

17 I HEREBY CERTIFY, That I attended deceased (from June 15 1931 to June 17 1931

that I last saw him alive on June 17 1931

and that death occurred, on the date stated above, at 9.30 p.m.

The CAUSE OF DEATH* was as follows:

Typhus fever?

Contra Felix Weil

14 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory test

(Signed) H. Seragility M D

. 19 (Address) Chadford Apts.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Glenmalure

DATE OF BURIAL June 18 19 31

20 UNDERTAKER H. C. Brooks & Son

ADDRESS Govans

...-2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69714 12√ E 69714

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md Gen. Hosp. WARD) 6-67

2—FULL NAME George I Freyer

(a) RESIDENCE NO. 3315 Brighton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) July 12, 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	11	5 26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Providence, R.I.

10 NAME OF FATHER Emil I Freyer

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Alexander

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md.

Informant Hospital Records.
(Address)

Filed JUN 16 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1931, to June 17 1931

that I last saw him alive on June 17 1931

and that death occurred, on the date stated above, at 3:50 a.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis
c general peritonitis

(duration) yrs. mos 5 ds

CONTRIBUTORY (Secondary) 1 year mo.

(duration) yrs. mos 3 ds

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6/14/31

Was there an autopsy? No

What tests confirmed diagnosis? Clinical findings

(Signed) Robert F. Chenoweth M.D.

19 Address Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newark N. J. Cemetery DATE OF BURIAL 6/19 1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

...—6-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 69715

E 69715

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2824 Parkwood St. 43 WARD)

2—FULL NAME Joseph Wilbur Roberts

(a) RESIDENCE NO. 2824 Parkwood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

...gth of residence in city or town where death occurred 57 yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Mulatto	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Roberts

DATE OF BIRTH (month, day, and year) Apr. 23 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	57	1	24 23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) Carpentry

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Thos. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Eliza Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Eliz Roberts

(Address) 2824 Parkwood Ave

JUN 16 1931 Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14/31

17 I HEREBY CERTIFY, That I attended deceased from May 27 1930 to June 14 1931

that I last saw him alive on June 15 1931

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Arteriosclerosis

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs 1 mos 1 ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin.

(Signed) E. A. Farrell M. D.

6/16 1931 (Address) 1605 N. Wood St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem DATE OF BURIAL June 19 31

20 UNDERTAKER Tom Tucker Sons ADDRESS North & Pa

...ES. M. D.

per.—6-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69716 — 87-E 69716

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3434 Mondawmin Ave WARD

2 FULL NAME Edward Bransbury Bordley

(a) RESIDENCE No. Cambridge Md ST WARD

(Usual place of abode)

Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widower

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Feb 6, 1852

7 AGE: Years 79 | Months 4 | Days 9 | If LESS than 1 day — hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lumber Roofer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Edward C Bordley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary A Mackenzie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Buffalo N.Y.

14 Informant (Address): Mrs R.O. Bordley 3434 Mondawmin Ave

15 Filed: 1 1931 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 15 1931

17 I HEREBY CERTIFY, That I attended deceased from May 19 1931 to June 15 1931

that I last saw him alive on June 0 1931

and that death occurred, on the date stated above, at 11 40 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Arteriosclerosis with Senile Dementia and Cerebral Hemorrhage

Duration: May 19 yrs. 1 mos. 27 ds.

CONTRIBUTORY (Secondary): Terminal Insufficiency

Duration: yrs. 6 mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Wilbur Cole M D

6/16 1931 Address 2701 Garrison

State the Disease Causing Death or in deaths from Violent Causes state (1) Means and Nature of Injury and (2) whether Accidental Suicidal or Homicidal. See reverse side for additional space.

PLACE OF BURIAL CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: June 18 31

UNDERTAKER: Wm. Tackney Sons & Hoe Dtn

ADDRESS

...er.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69717

717

CERTIFICATE OF DEATH

1931

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hospital (WARD)

2. FULL NAME Mrs. Anna Atkinson

(a) RESIDENCE NO. 201 N. Monroe ST WARD

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of James Wilson Atkinson

6b. DATE OF BIRTH (month, day, and year): June 23 1853

7. AGE: Years 47 Months 11 Days 24 If LESS than 1 day hrs or min. 75

8. OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10. NAME OF FATHER Chas. B. Rea

11. BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12. MAIDEN NAME OF MOTHER Martha Arnold

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Balto City

14. Informant (Address) Mrs. Mary Atkinson 201 N. Monroe St

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) June 17 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to June 17 1931

that I last saw h alive on June 17 1931

and that death occurred on the date stated above, at 12:30 P.M.

The CAUSE OF DEATH was as follows:

Chronic glomerulo-nephritis
& hypertension

(duration) ? yrs mos ds

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs mos 17 ds

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. C. Jonas M. D.

19 (Address) W. Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: June 19 31

20. UNDERTAKER: A. S. Marshall ADDRESS: 1534 Pa Ave

NOV 16 1931

C. HANDSEL JONES, M. D.

Registrar

aCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

69718 69718

CERTIFICATE OF DEATH

124002

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1758 E. North Ave St. 8-17 Ward)

Length of residence in city or town where death occurred 44 yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Mary Frances Coll

(a) Residence: No. 1758 E North Ave St.. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co Md
13. NAME Dorsey Co Furn
14. BIRTHPLACE (city or town) (State or country) Balto. Co Md
15. MAIDEN NAME Mary Bell
16. BIRTHPLACE (city or town) (State or country) Balto Co Md
17. INFORMANT Mrs Rose Gallagher
(Address) 1758 E North Ave
18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Date June 18 1931
19. UNDERTAKER J. H. Montrella
(Address) 2537 Eastwood
20. FILED JUN 19 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) June 17 1931

22. I HEREBY CERTIFY That I attended deceased from several years 19 to June 17 1931
I last saw her alive on June 17 1931 death is said to have occurred on the date stated above, at 2:17 pm

The principal cause of death and related causes of importance were as follows

	Date of onset
Cardiac Dilatation Emphysema	not obtained
Tympanites Diabetes ?	
Cirrhosis of Liver	

Other contributory causes of importance
Cirrhosis of Liver ? Diabetis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? 1758 E North Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. O'Connor M D
(Address) 1701 N. Carolina

Spec. 1-19 — A Co.—200 Blks.

69719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 VE 69719

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 901 N. Bond St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME August Fehte

(a) RESIDENCE NO. 901 N. Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lillian C. Fehte

6 DATE OF BIRTH (month, day, and year): Aug 2nd 1871

7 AGE: Years 59 Months 10 Days 13 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Stage
(b) General nature of industry, business, or establishment in which employed (or employer): Hand and
(c) Name of employer: Painter

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: August Fehte

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Lillian Fehte
(Address) 901 N. Bond St.

15 Filed JUN 16 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/11/31 19

17 I HEREBY CERTIFY, That I attended deceased from 6/7/31 19 to 6/12/31 19

that I last saw h alive on 6/12/31 19

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) known yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Samuel Levy M. D.

6/17/31 (Address) 910 W Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem Date of Burial: June 19th 1931

20 UNDERTAKER: Charles F. Gill ADDRESS 3109 Frederick ave.

Spec.—9-30—A. & Co.—250 Bks.

41
46 69720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69720

115-001

REGISTERED NO

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No 9-14 ST (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Erline

(a) RESIDENCE NO 1907 E. Homestead ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 3 mos. 26 ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or Divorced. (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	21	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Heilzler Bros

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: William Erline

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Barry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Kearns
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ____, 19__ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 31

17
I HEREBY CERTIFY, That I attended deceased from
March 19, 1931 to June 16 1931
that I last saw h[illegible] alive on June 16 1931
and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Rheumatic Fever
Chronic Rheumatic Endocarditis and Myocarditis; Mitral Stenosis and Insufficiency (duration) 7+ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency (duration) ___ yrs. 4 mos. ___ ds.

18 Where was disease contracted if not at place of death? Maryland

Did an operation precede death? Yes Date of May 19, 1931

Was there an autopsy? Yes Removal of tonsils

What test confirmed diagnosis? X Ray, Electrocardiogram

(Signed) Caroline C. Bedell M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakwood Cemetery	June 19 1931
20 UNDERTAKER	ADDRESS
Henry W. Mearsdon	805 N. Calvert St

30—M. & T.—100 B—50L

E 69721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1001 E 69721

REGISTERED NO. 87

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hosp ST. 15-63 WARD)

2-FULL NAME Julius or Jos Chezes

(a) RESIDENCE NO 375 W. Harrison ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Chezes

6 DATE OF BIRTH (month, day, and year): June 15-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44		3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 8c
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Levin 1439 E Balto

15 [illegible] 1931. 192 [illegible] Registrar

C Hampson Jones, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

two hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H E Bruns, M. D. (Coroner)

June 15 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Workmen Cem, Jct Carroll

DATE OF BURIAL: 6-15 1931

20 UNDERTAKER: Jack Levin, Inc., 1439 E Balto St

ADDRESS

—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69722

CERTIFICATE OF DEATH.

92-001 E 69722

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 904 N Patterson Pk Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dennis Splaine

(a) RESIDENCE NO. 904 N Patterson Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of or) WIFE of Mary J. Splaine

DATE OF BIRTH (month, day, and year) Sept. 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	9		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Oil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Dennis Splaine Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mc Keown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Interment (Address) Holly Shopper 904 N Patterson Park Ave

15 Filed JUN 16 1931 19 C. HAWKES JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1 19 31 to June 15 19 31

that I last saw h alive on June 15 19 31

and that death occurred on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Mitral Regurgitation

Hypertension

(duration) yrs. 1 mos 15 ds.

CONTRIBUTORY (Secondary) Senile Cerebral Thrombosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gurdin

(Signed) J. Ned Thrasher M. D.

(Address) 600 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes state 1) Means and Nature of Injury, and 2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL June 19 1931

20 UNDERTAKER Geo M. Caudle Son

ADDRESS 811 N Wolfe

...ec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

723 | 31 E 69723

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2312 Bryant ave ST.) 13-54 (WARD)

2 FULL NAME Cecilia Lipsitz

(a) RESIDENCE NO 2312 Bryant ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

7 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Gabril Lissitzki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Esther —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Lipsitz
(Address) 2312 Bryant ave

15 [illegible] 18 1931 18 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17/31

17

I HEREBY CERTIFY, That I attended deceased from June, 1928, to June 17, 1931

that I last saw h alive on June 15, 1931

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

1 Cerebral hemorrhage
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) ... hypertension nephritis
(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis Schatzow M. D.

6/18 1931 (Address) 1800 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run — DATE OF BURIAL June 18 1931

20 UNDERTAKER Jos Levine & Bro ADDRESS 1127 Balto st

[illegible] JAMES W. JONES, M. D.

Cor.—10-10-29—A Co.—100 Bks.

69724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-00E 69724

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Emersonian Apts. 1 D. St. 13-54 Ward)

2-FULL NAME Louis J. Adelsdorf

(a) RESIDENCE NO. Emersonian Apts. 1 D. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 13, 1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	49	2	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mallory Hat Co.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Adelsdorf

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Carrie Eliel

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Mrs. S. Weiller.
(Address) Emersonian Apts.

15 Filed 1931 C. HARRY JONES, M.D. Registrar

War

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

6/17 1931 (Address) 3832 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cem.

DATE OF BURIAL: 6/18/1931

20 UNDERTAKER: Haas Sondheimer & Son

ADDRESS: 1902 Eutaw Place

Spec.—9-26—A. & Co.—250 Blks.

69725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69725

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1721 N. Collington Ave. WARD 8th)

2 FULL NAME Frances A. Snowden

(a) RESIDENCE NO. 1721 N. Collington ave. ST. WARD

(Usual place of abode) (If not resident give town and state)

Length of residence in city or town where death occurred 22 yrs. 11 mos. 18 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 29 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Edward G. Snowden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Helen M. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mr Edward G. Snowden 1721 N. Collington Ave

15 DATE RECEIVED: JUN 18 1931 REGISTRAR: C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1931

17 I HEREBY CERTIFY, that I attended deceased from March 26 1931 to June 17 1931.

that I last saw her alive on June 15 1931

and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What tests (bacteriological, microscopical, chemical, X-ray, etc.) were made? Clinical

(Signed) Wallis H. A. Meyer M. D.

6/17 1931 (Address) 1031 N. Caroline str.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetery DATE OF BURIAL: June 20 1931

20 UNDERTAKER: Henry Theel Sons, Inc ADDRESS: 1301 E. Eager St.

30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69726

CERTIFICATE OF DEATH

E 69726

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1106 S. Sharp St. ST. 23-31 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Jefferson. (C)

(a) RESIDENCE NO. 1106 S. Sharp St. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ---yr---- mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a If married, widowed or divorced HUSBAND of ~~WIFE of~~ Jeanesta Jefferson. (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know

14 Informant Jeanesta Jefferson. (C) wife.

(Address) 1106 S. Sharp St.

15 Filed JUN 18 1931, 19__ C. HAMBY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) H. M. Reinhardt Coroner, M. D.

6/18, 19 31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	June 18 1931
20 UNDERTAKER	ADDRESS
Walter B Spriggs	1211 Hanover

Rec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69727

CERTIFICATE OF DEATH

89-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 69727

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Union Memorial Hospital ST. 32-40 WARD)

2 FULL NAME Daniel Gross Finney

(a) RESIDENCE NO. Ruxton, Maryland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
male	white	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 19, 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5 yrs.	8 mo.	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Dr. J. M. T. Finney, Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Virginia Milton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital records

15 Filed ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18, 1931

17

I HEREBY CERTIFY, That I attended deceased from 6-4-31, 19... to 6-18-31, 19...

That I last saw him alive on 6-18-31, 19...

and that death occurred, on the date stated above, at 11:55 A.M.

The CAUSE OF DEATH* was as follows:

Bilateral otitis media

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) ... Strep. Meningitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 6-5-31

Was there an autopsy? no

What test confirmed diagnosis? Operation, & lumbar puncture

(Signed) Frances W. Gluck M. D.

..., 19... (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Churchville Harford Co. Md. DATE OF BURIAL: June 1931

20 UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1900 Eutaw Place

E. HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69728 — V — 69728

CERTIFICATE OF DEATH

131

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1911 Fleet St. Park WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm. Armeling

(a) RESIDENCE No. 1911 Fleet St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 7 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Door-keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Broadway Mo. Picture Corp.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Armeling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Eliz. Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Edw. J. Armeling 108 N. Eleven St

15 Filed FEB 1931 19 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 15. 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1930, to June 15, 1931

that I last saw him alive on June 15, 1931

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Mully M. D.

6/IV 1931 (Address) 1500 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Carmel Cem

DATE OF BURIAL June 19 19 31

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E. Eager St

Rec.—9 20—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO. 69729

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) ST. 7-9 (WARD)

2 FULL NAME William W. Cash

(a) RESIDENCE NO. Eagle Rock Virginia ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie

7 DATE OF BIRTH (month, day, and year) Sept-5-1856

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robert M.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUN 16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June-18 1931

17 I HEREBY CERTIFY, That I attended deceased from May-25, 1931, to June 18, 1931

that I last saw him alive on June 18, 1931

and that death occurred, on the date stated above, at 12 07 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Miliary tuberculosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6-8-31

Was there an autopsy? yes - Terminal & Hosp. Clinical Findings

What test confirmed diagnosis?

(Signed) Thos. S. Cullen M. D.

6/18, 1931 (Address) J.H. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cliffon Woodlawn DATE OF BURIAL June 18 1931

20 UNDERTAKER Geo. A. Little ADDRESS 2700 Edmondson Ave

Spec.—9 30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69730

CERTIFICATE OF DEATH

62 E 69730

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 18-26 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Georgie Bailey

(a) RESIDENCE NO 861 W. Fairmount Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov. 4, 1900

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	11	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

11 NAME OF FATHER George Bailey

12 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

13 MAIDEN NAME OF MOTHER Lillie Brown

14 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

15 Informant (Address) Records of Balto. City Hospitals

Date JUN 18 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-15-31

17
I HEREBY CERTIFY, That I attended deceased from 6-1-31, 19 , to 6-15-31, 19

That I last saw her alive on 6-15-31, 19

and that death occurred, on the date stated above, at 10:16A m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) ... Alcoholism, chronic infusion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podgor M. D.

6-15-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Auburn Cemetery — DATE OF BURIAL June 18, 1931

20 UNDERTAKER Mrs. Katie F. Williams — ADDRESS 32[illegible] Lanvale St.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 16th DAY July
OF 1965 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #E 66281- MARCH 5 1931 AND
ENDING WITH #E 69730 June 18, 1931 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul

END OF REEL